
	<b>GILES CHEMICAL ~ PREMIER MAGNESIA</b>		
	<b>Company Form</b>		
	Title: <b>Supplier Corrective/Preventive Action Report (SCAR)</b>	Number: <b>Q12-FM-100-010</b>	
	Owner: <b>Deborah Durbin</b>	Revision: <b>03</b>	
	Effective Date: <b>05/27/14</b>	Page: <b>1 of 2</b>	

## SUPPLIER CORRECTIVE/PREVENTIVE ACTION REPORT (SCAR)

<b>SCAR Number:</b>		
<b>Date:</b>		<b>Due Date:</b>
<b>Initiated By:</b>		<b>Assigned To:</b>
<b>Supplier:</b>		<b>Supplier Contact:</b>
<b>Product:</b>	<b>Lot#, Item#, etc.:</b>	<b>Giles PO#:</b>
<b>Production Date:</b>	<b>Product Location:</b>	<b>Receive Date:</b>
<b>Affected Qty:</b>	<b>Qty Rejected:</b>	<b>Disposition:</b>

Generated By: ☐ Internal Audit    ☐ Customer Complaint    ☐ In-Process  
☐ External Audit    ☐ Consumer/Customer Inquiry    ☐ Other: \_\_\_\_\_

### 1. Initial Description of Non-Conformance: *(To be completed by Quality)*



<b>Date Incident Occurred:</b>
<b>Complaint Description:</b>

### 2. Identify Root Cause(s) of Non-Conformance: *(Response from vendor required within 10 days)*

<b>Root Cause(s):</b>
<b>Completed By:</b>

### Controlled Document

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**3. Action Plan:** *(Response from vendor required within 10 days)*

Immediate Action(s) to be Completed:	Person Responsible	Target Date	Date Corrected
Short Term Corrective Action(s) to be Completed:	Person Responsible	Target Date	Date Corrected
Long Term Corrective Action(s) to be Completed:	Person Responsible	Target Date	Date Corrected

**4. Verification of the effects of CAPA:** *(to be completed by Quality)*

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Approval Signatures/Dates: ( all applicable parties )				
	Name	Title	Signature	Date
Quality				
Production				
Operations				

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