|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SUPPLIER CORRECTIVE ACTION REQUEST** | | | | | **SCAR #** | |  |
| **Part Number:** |  | | **PO #/ Report/ Line Item:** | | |  | |
| **Description of**  **Non-conformance:** |  | | | | | | |
| **SUPPLIER INFORMATION** | | | | | | | |
| **Supplier Company Name:** |  | | **Date Issued:** | | |  | |
| **Supplier Contact:** |  | | **Response Due:** | | |  | |
| **CONTAINMENT** | | | | | | | |
| **Containment Action:** |  | | **Effective Date:** | | |  | |
| **INVESTIGATION** | | | | | | | |
| **Root Cause Determination:** |  | | | | | | |
| **SUPPLIER ACTION** | | | | | | | |
| **Corrective and/or Preventive Action:** |  | | | | | | |
| **Changes required:** | Procedure Process QMS Training Other (Specify) | | | | | | |
| **Completion Date:** |  | **Documentation attached?**  Y  N/A  N | | | | | |
| **VERIFICATION** | | | | | | | |
| **Method:** | Observation Plan (Specify) | **Additional Action Required?** Y (Specify) N | | | | | |
| **Comments:** |  | | | | | | |
| **SCAR CLOSURE** | | | | | | | |
| **QA/RA:** |  | | | **Date:** | |  | |