

## 8D form

|                    |  |                                      |                                      |                                  |   |                                   |                     |                                  |                       |
|--------------------|--|--------------------------------------|--------------------------------------|----------------------------------|---|-----------------------------------|---------------------|----------------------------------|-----------------------|
| <b>D0</b>          | <b>Concern Title:</b>  |                                      |                                      |                                  |   |                                   | <b>Date Opened:</b> |                                  |                       |
|                    | <b>Type</b>  | Internal<br><input type="checkbox"/> | Customer<br><input type="checkbox"/> | EH&S<br><input type="checkbox"/> | Calibration<br><input type="checkbox"/> | Audit<br><input type="checkbox"/> | <b>NCR number:</b>  |                                  |                       |
|                    |  |                                      |                                      |                                  |   |                                   |                     | <b>Customer Reference Number</b> |                       |
| <b>Part Number</b> |  |                                      |                                      |                                  | <b>Part Description</b>                 |                                   |                     |                                  |                       |
| <b>D1</b>          | <b>D1 Team (Department)</b>  |                                      |                                      |                                  | <b>D2</b>                               | <b>D2 Problem Definition</b>      |                     |                                  |                       |
|                    | Team Leader:   |                                      |                                      |                                  |   |                                   |                     |                                  |                       |
|                    | Quality  |                                      |                                      |                                  |   |                                   |                     |                                  |                       |
|                    | Technical  |                                      |                                      |                                  |   |                                   |                     |                                  |                       |
|                    | Production   |                                      |                                      |                                  |   |                                   |                     |                                  |                       |
|                    | Production   |                                      |                                      |                                  |   |                                   |                     |                                  |                       |
|                    | Production   |                                      |                                      |                                  |   |                                   |                     |                                  |                       |
|                    | Quality Manager  |                                      |                                      |                                  |   |                                   |                     |                                  |                       |
|                    | Director   |                                      |                                      |                                  |   |                                   |                     |                                  |                       |
| <b>D3</b>          | <b>D3 Interim Containment Action(s): -</b>                               |                                      |                                      |                                  |   |                                   | <b>Owner</b>        | <b>Date Implemented</b>          |                       |
|                    |  |                                      |                                      |                                  |   |                                   |                     |                                  |                       |
| <b>D4</b>          | <b>D4 Root Cause(s): - (Details – see page2)</b>                         |                                      |                                      |                                  |   |                                   |                     |                                  | <b>% Contribution</b> |
|                    |  |                                      |                                      |                                  |   |                                   |                     |                                  |                       |
| <b>D5</b>          | <b>D5 Chosen Permanent Corrective Action(s): - (Details – see page3)</b> |                                      |                                      |                                  |   |                                   | <b>Owner</b>        | <b>% Effective:</b>              |                       |
|                    |  |                                      |                                      |                                  |   |                                   |                     |                                  |                       |
|                    | <b>Verification: -</b>   |                                      |                                      |                                  |   |                                   |                     |                                  |                       |
|                    |  |                                      |                                      |                                  |   |                                   |                     |                                  |                       |
| <b>D6</b>          | <b>D6 Implemented Permanent Corrective Action(s):</b>                    |                                      |                                      |                                  |   |                                   | <b>Owner</b>        | <b>Date Implemented</b>          |                       |
|                    |  |                                      |                                      |                                  |   |                                   |                     |                                  |                       |
|                    | <b>Validation: -</b>   |                                      |                                      |                                  |   |                                   |                     |                                  |                       |
|                    |  |                                      |                                      |                                  |   |                                   |                     |                                  |                       |
| <b>D7</b>          | <b>D7 Prevent Recurrence Actions: -</b>                                  |                                      |                                      |                                  |   |                                   | <b>Owner</b>        | <b>Date Implemented</b>          |                       |
|                    |  |                                      |                                      |                                  |   |                                   |                     |                                  |                       |
|                    | Implementation in:   |                                      | <input type="checkbox"/>             | Product FMEA                     |   | <input type="checkbox"/>          | Control Plan        |                                  |                       |
|                    |  | <input type="checkbox"/>             | Process FMEA                         |                                  | <input type="checkbox"/>                | Procedure                         |                     |                                  |                       |
| <b>D8</b>          | <b>D8 Team and Individual Recognition Actions Taken:</b>                 |                                      |                                      |                                  |   |                                   | <b>Date Closed:</b> |                                  | <b>Closed By</b>      |
|                    |  |                                      |                                      |                                  |   |                                   |                     |                                  |                       |