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| --- | --- |
| UNIT Name: |  |

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| **Supplier Details** | |
| Supplier Name and Address |  |

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| --- | --- |
| **Raw Material / Packing Material and Nonconformance Details** | |
| Material Description |  |
| Invoice No. and Date |  |
| Supplier Lot No. |  |
| Date Identified |  |
| Non conformance details |  |
| CAPA No. |  |

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| Your investigation to determine the root cause of the problem, corrective action taken to correct this deficiency, action taken to prevent recurrence, and effective date for each correction is required.  Please provide documentation to support the above with data that may include but not limited to Technical analysis, test data, inspection checklist(s), operator-training record, process change, etc.  Please return on or before the response date. |

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| **Name** | **Designation** | **Signature** | **Date** |
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| **Supplier Response** | | | | |
| Response Date | |  | | |
| Root cause Details | |  | | |
| Corrective Action Taken | |  | | |
| Comments (If any) | |  | | |
| Supporting Evidences  (If Any) | |  | | |
| **Name** | **Designation** | | **Signature** | **Date** |
|  |  | |  |  |