Supplier Corrective Action Request

ISO 9001:2015 QMS

Section A. DOCUMENT IDENTIFICATION		
SUPPLIER CORRECTIVE ACTION REQUEST NO._____ SCAR TYPE (Select as appropriate) ☐ **Safety Concern** - Safety Concerns must be forwarded to the Business Unit HS Departments for review. Classification of **Process Nonconformity** at Supplier Audit: ☐ High ☐ Medium ☐ Low ☐ Improvement Opportunity Classification of **Product Nonconformity**: ☐ High ☐ Medium (Form not required for Low Severity or below) Classification of **Systemic Nonconformity**: ☐ High ☐Medium ☐Low ☐ Improvement Opportunity		
SCAR Number: **Issue Date**: **Due Date:**	**Originator Information:**	**Buyer Information:**
Applicable Nonconformance Reports:		
Supplier:		
Supplier Representative:		
Supplier Representative email address:		
Supplier Representative Phone Number:		

Section B. IDENTIFICATION OF PRODUCT AFFECTED (Product Nonconformity only) (D1)		
Purchase Order Number:		**Quantity of N/C Parts:**
Part Number:	**Rev:**	**Date of Inspection:**
Part Description:		
Lot ID:		

Section C. DESCRIPTION OF NONCONFORMITY (D2)
Drawing/Specification Requirement: **Detailed description of the nonconformity:**