

SUPPLIER CORRECTIVE ACTION REQUEST

From:

PURCHASED MATERIAL INSPECTION REPORT

DISCREPANCIES:

REJECT DISPOSITION (MRB):

USE AS IS _____ REWORK _____ RETURN TO VENDOR _____ OTHER _____

INITIAL/DATE:

_____/_____
Quality Assurance

_____/_____
Engineering

_____/_____
Purchasing

SUPPLIER TO COMPLETE THE FOLLOWING:

RESUBMIT TO OUR PURCHASING DEPARTMENT WITHIN **10 DAYS** OF RECEIPT

CAUSE OF DISCREPANCY

CORRECTIVE ACTION TAKEN TO ELIMINATE RECURRENCE OF DISCREPANCY

Supplier signature _____ Title _____ Date _____