



Supplier Corrective Action Form QCL-0043

Company Name: _____

Date: _____

PO number: _____

Part Number: _____

Revision: _____

Finding: (what was wrong) _____

Containment Actions: (what did you do immediately to make sure you contained the problem)

Root Cause: (what caused the problem)

Corrective Action Plan: (what are you going to do to make sure this doesn't happen again)

Verification: (Did you implement your plan)

Validation: (after some time, see if your plan was effective. Are you still having problem?)

