|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Occurrence Date:** | | | **internal  external (Supplier)**  **external (Customer)** | | | **Priority: High  Low** | | | |
| **Claim-No.:** | | | | **SAP No.:** | | **Containment Level:  1  2** | | | |
| **Complaint/Concern:** | | | | | | **Repetitive error** | | | |
| **Issuer, Dept., Tel.:** | | | | | | **Customer:** | | | |
| **Albonair Part-No.:** | | | **Part-Name:** | | | **Customer Plant:** | | | |
| **Customer Part-No.:** | | | **Serial No.:** | | | **Production Date:** | | | |
| **Affected quantity:** | | | **Delivery Note No.:** | | | **Delivery Date:** | | | |
|
|  | | | | | | | | | |
| ***1* *Team***  **Name Dept.**            **Responsible: Tel. No.:** | | | ***2* *Problem* *description (5 Why)***  What is the problem?  Where occurs the problem?  How becomes the problem apparent?  When occurs the problem?  Why is it a problem? | | | | | | |
|  | | | | | **Yes / No** | |
| Can the complaint appear on other single parts, assy groups or modules? | | | | |  | |
| Is it possible that the same failure may have been sent to other customers or plants ? | | | | |  | |
| Are sample(s) available? | | | | |  | |
| Date of request: | | | | |  | |
| ***3* *Interim (Containment) actions*** | | | | | | **Yes / No** | **Implementation Date / Responsible:** | | |
| **-** **Labelling the selected parts/container** | | | | | |  |  | |  |
| **- 100%-check of the stock** | | | | | |  |  | |  |
| **- Visualizing failure samples and major quality issues** | | | | | |  |  | |  |
| **- Actions by the customer(s)** | | | | | |  |  | |  |
| ***4* *Root Cause:***  ***Why is the error occurred? (5 Why method)***   1. Why? 2. Why? 3. Why? 4. Why? 5. Why?   ***Why is the error not detected?*** ***(5 Why method)***   1. Why? 2. Why? 3. Why? 4. Why? 5. Why? | | | | | | | | | |
| **Decision supplier / issuer  accepted  rejected**  **comment:** | | | | | | | | | |
| ***5* *Recommended Permanent Corrective Actions:*** | | | | | | | | | |
| ***6* *Implement Permanent Corrective Actions*** | | | | | | | | | |
| **Implementation Date       Responsible:**  **Effectiveness proven :****Responsible:** | | | | | | | | | |
| ***7* *Corrective Actions to Prevent Recurrence*** | | | | | | **Yes / No** | **Implementation Date /  Responsible** | | |
| **- FMEA check** | | | | | |  |  | |  |
| **- Revise of FMEA** | | | | | |  |  | |  |
| **- Review of control plan /inspection plan** | | | | | |  |  | |  |
| **- Training employee** | | | | | |  |  | |  |
| **- Lessons Learned** | | | | | |  |  | |  |
| **- Review of ……………..** | | | | | |  |  | |  |
| ***8*** | ***Problem Resolution Assessment*** | | | | **Completed on:**  **Responsible:** | | | | |
|  |  | **The root cause(s) have been fully resolved** | | |
|  |  | ***Congratulations to the Team!*** | | | | | | | |
|  |  | **There are further actions to be carried out by:** | | |  | | **Date:** | | |