|  |  |  |
| --- | --- | --- |
| **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:**  |