

KREIS TOOL & MFG. COMPANY

SUPPLIER CORRECTIVE ACTION REQUEST (SCAR)	SCAR No.
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Reference :	Comments:
Supplier Name:	
P.O.#:	Date Received:
Part#:	
Qty:	

Description of Actual Problem Identified (condition found):	Qty (Non-Conforming Part): _____
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<i>KTMC Initiated by:</i>	Date Initiated:	
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Received and Entered into SCAR System by:	Date:	
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Assigned to:	Reply Due Date:	
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To be completed by supplier

Immediate Action:	
Root Cause:	
Long Term Action (to prevent occurrence/recurrence of a problem):	
	Planned Completion Date:
Supplier Submitted by:	Date Action Plan Submitted:

KTMC Comments: (by Approval Authority)	

<i>Approved by:</i>	Date Action Plan Approved:	
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<i>KTMC Follow Up by:</i>	Date of Follow Up:	
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Effective? <input type="checkbox"/> Yes <input type="checkbox"/> No	Evidence:
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Closed Out by:	Date Closed Out:	
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