



Supplier Quality Notice

SQN# _____ INTERNAL # _____ DATE # 2016-06-06

SUPPLIER	ABC
Name: Click here to enter text.	Plant: Click here to enter text.
Contact: Click here to enter text.	Issuer: Click here to enter text.
Email: Click here to enter text.	Email: Click here to enter text.
Phone: Click here to enter text.	Phone: Click here to enter text.

Criticality: Concern Rejection Repeat Reject

Defect for: Quality Delivery/Packaging Documentation Warranty

Part#	Part Description	Qty N/C	Qty Suspect	Qty, in House	Tracking Information
Problem Description – include details of effect, pictures					

Supplier Action Required			
Containment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Personnel to sort/reworks parts at ABC:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certified next 3 shipments: <input type="checkbox"/> Yes <input type="checkbox"/> No	Provide Clean Point:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Written Corrective Action: <input type="checkbox"/> Yes <input type="checkbox"/> No	(Using Internal CA form initial response due in 24 hrs., RC and permanent CA 10 days)		

FOLLOW-UP (ABC Internal) - Disposition

SCRAP Return Rework/Repair RMA #: _____ Date: 2011-11-15

Supplier Charge Back

Admin. Charge (\$500.00 or OEM chargeback): _____	Customer charges: _____
Part Cost: _____	Excess transportation: _____
ABC line shut down: _____	Travel, accom., expenses: _____
Customer Line shut down: _____	Labour costs: _____
Sort/rework costs: _____	Lift truck: _____

CA Response Review

<p>24 hr. response on time <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Containment/Cleanpoint/Certified shipments OK: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Root Cause Analysis approved: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Permanent CA approved: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>On-site verification required: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Supplier Form</td> <td># Click here to enter text.</td> </tr> <tr> <td colspan="2">If no, explain Click here to enter text.</td> </tr> </table> <p>Approver: _____ Date: _____</p> <p>Approver: _____ Date: _____</p> <p>Approver: _____ Date: _____</p>	Supplier Form	# Click here to enter text.	If no, explain Click here to enter text.	
Supplier Form	# Click here to enter text.				
If no, explain Click here to enter text.					

80QPP-F-034
Rev. 1-02AUG12
App. By: M.J.J. Quail

SQN closed: Yes No Date: _____