



Supplier Corrective Action Report

Appendix-7
Rev. 0

SCAR#: _____

Ibis Tek Contact Information

Contact Name:		Phone:		Ext:	
Title:		Ibis Tek Facility:			

NCR#:		PO#:			
Part #:		Rev#:		Quantity in Question:	

Date Initiated:		Conatainment Approved:			
CAPA Approved:		Date Closed:			

Supplier Information

Supplier:		VIN#:			
Supplier Location:					

CAPA Team

Facilitator :		Phone:		Ext:	
Quality:		Phone:		Ext:	
Engineering:		Phone:		Ext:	
Manufacturing:		Phone:		Ext:	
Materials:		Phone:		Ext:	
Other:		Phone:		Ext:	

Problem Description:					
Containment Actions:					
Finished Product Quantity at Supplier:			100% Inspection Start Date:		
Quantity in Transit:		100% Inspection Comp. Date:			
Quantity at Ibis Tek:		Containment Part Serial #:			

Root Cause:					
Corrective Action:					
Preventative Action:					
Validation of CAPA:					