# SUPPLIER CORRECTIVE ACTION REQUEST (SCAR) FORM

This form has been provided by TQA. Customer to document any Finding or Event non-conformances with the Product or Service. Customer to complete Section A. The Supplier should complete Sections B through E with signature and date. When returned, the Customer completes section D and approves the Corrective Action Plan. Customer to monitor future shipments and Close the Corrective Action in Section E.

<table>
<thead>
<tr>
<th>Supplier Name:</th>
<th>Date:</th>
<th>SCAR #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customer Rep:</td>
<td>Finding:</td>
<td>Event:</td>
</tr>
</tbody>
</table>

A. Describe the Finding or event:

Customer Rep. Signature: ___________________________ Date: ______________________

B. Identify the Direct Cause:

C. Identify Contributing Cause:

Supplier Rep. Responsible: ___________________________ Date: ______________________

D. Identify the Corrective Action:

E. Identify any Preventive Action:

Completion Date: __________________ Supplier Rep. Responsible: ______________________

D. Corrective Action Plan Approved: (Customer)

Customer Signature: ___________________________ Date: ______________________

E. Corrective Action Verified & Closed: (Comments)

Customer Signature: ___________________________ Date: ______________________