Arrow Science and Technology, LLC	**Arrow Supplier Corrective Action Request Form**

Supplier please complete sections 2 thru 5 and return to Arrow Science and Technology at info@arrowscitech.com within 10 business days.

Supplier Company Name: **Supplier Address:**	**Supplier Contact:** **Supplier Contact Phone Number:** **Supplier Contact Email Address:**
	NCR/CAR Number:
Arrow Contact: **Arrow Contact Phone Number:** **Arrow Contact Email Address:**	**Arrow Buyer**: Mayra Sharp **Arrow Buyer Phone Number:** **Arrow Buyer Email Address**: msharp@arrowscitech.com

STEP 1 – NON-CONFORMANCE DESCRIPTION (To be completed by Arrow):
Identify the finding/issue(s) which requires Corrective Action (CA) and Root Cause Analysis (RCA). Include the requirement(s), the finding, and the "as evidence by" as stated on the Nonconformance Report (NCR)

Requirement: (Drawing, Specification, Standard)
Finding: (What are the details of the nonconformity?, Is this a recurring issue?)
As Evidenced By:

Tag/NCR Number:	**Date Initiated:**	
Part Number:	**Part Name:**	**Qty:**
Purchase Order Number:		
Document Requirement(s): (list standard, specification, procedure, work instruction, etc.)		

Supplier please complete Step 2 within *3 Business Days (72 HOURS)* of Issue Date

STEP 2 – CONTAINMENT ACTIONS:

Detail the containment actions taken, the dates of containment (if complete, just type "complete"), and who performed the task for potential areas affected, at Arrow, work in progress, items in stock, at the sub-tier supplier, and any other areas affected.

Respond to each question. If the question does not apply to this response, please put N/A.			
	Extent of Condition		**Responsible Party**
1	**a) How many total parts were affected?** **b) Where are they?**	**Qty** _____ _____ **Shipping** _____ **Stock** _____ **In Transit** _____ **Other**	
2	**How many are conforming parts?**	**Qty** _____	
3	**How many are nonconforming parts?**	**Qty** _____	
4	**What steps were taken to ensure the nonconforming product does not leave suppliers premises, (i.e., Quality Alert, Stop Shipment, etc.)?**		
5	**Was the sub-tier supplier at fault?**	☐ **Yes** ☐ **No**	
	If yes, enter Supplier CAR number.		

Communication of nonconformance to ALL affected parties. List all parties notified of released nonconforming parts (internal and external) and date notified.			**Responsible Party**
6	**Was there a Post Delivery Notification issued to Arrow?**	☐ **Yes** ☐ **No**	

	Party or Persons Notified	**Date**	**Responsible Party**
1			
2			
3			

Containment Actions taken to correct the immediate nonconformance. Include the investigation activities. Include objective evidence that a completed response was acted on.		**Responsible Party**	**Expected Completion**
1			
2			
3			
4			
5			

Direct Cause – (The cause that directly resulted in the issue):
Include details of what happened, where it happened, and who was involved.

Please complete steps 3, 4, 5, and 6 within *10 days of Issue Date (or return of part)*

STEP 3 – ROOT CAUSE:
Answer the following questions to determine if the root cause can be attributed to Standardization, Understanding, Obstacles, or Capability. *If another Root Cause methodology is used, please attach to this form for objective evidence*

Standardization Problem (Define the process and document if needed.)

Is the failed process well-defined and perhaps documented such that, if followed, we believe will give us the results we want?	
Are quality requirements adequately defined?	

Understanding (Provide training and check understanding.)

Can we objectively determine that everyone involved completely understands the process?	
Does everyone responsible have the required skills?	

Implementation (Identify and remove the process obstacles.)

Can we objectively determine that this process can be followed?	
Do employees commonly have to work around the standard process to do the job?	
Are there steps in the process that are easily done wrong?	
Are the right tools and equipment used?	
Are these tools and equipment properly maintained and calibrated?	
Are there problems with parts and materials used in the process?	
Are there contributing factors in the workspace (material flow, space, housekeeping, lighting, ergonomics, etc.)?	
Are products and materials clearly identified?	
Are parts and materials stored properly to avoid damage?	

Capability of the Process (Revise the process and any related documentation.)

What process changes are needed to prevent the recurrence of this problem?	

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Root Cause Summary Statement:
The Root Cause is the most basic reason for deficiency which, if eliminated, would prevent the problem from recurring. Include what failed in manufacturing and/or inspection. If you have identified that a sub-tier supplier is responsible, include the sub-tier supplier's root cause statement with this response.

STEP 4 – CORRECTIVE / PREVENTATIVE ACTION TASKS:
List all the corrective / preventative actions to be taken for each individual Root Cause. Make sure that the actions proposed address the root cause(s) that were identified. Include responsible parties, and targeted completion dates in your response Include objective evidence that a completed response was acted on, this is required.

NOTES: 1) If your CA/PA actions reference attachments, they must be submitted with your response.
2) Is the CA/PA applicable to other areas? If so, identify the owner responsible for implementing CA in other areas.

	CA/PA Required	Responsible Party	Expected Date of Completion
1			
2			
3			
4			
5			

Comments:

List other products, processes, machines, etc. that, upon review, may have similar issues. Does the problem identified exist in other products, processes, procedures, machines, etc.? Does the problem affect another supplier business area? Is it Plant-wide? Include these in your CA/PA actions.

	List other products, procedures, machines, etc	Business Area / Plant wide?	Responsible Party	Expected Date of Completion
1				
2				
3				
4				

Comments:

STEP 5 – VERIFY THE EFFECTIVENESS OF THE CORRECTIVE/PREVENTATIVE ACTION:

Describe the process used to monitor / measure the CA/PA effectiveness in eliminating the Root Cause(s) and to ensure that the permanent actions taken have prevented recurrence of the problem.

Evidence of completed action is **mandatory**; include changes in any drawing, data analysis, process (including any rework documentation), policies and work instructions with this document via electronic attachment.

Ensure that the responsible party and the effective date are identified for each completed action

List actions to verify each CA/PA action listed in Step 4.			
	Verification Action Plan	Responsible Party	Expected Completion Date
1			
2			
3			
4			
5			
Is a planning change required? **If yes, identify who, where, when, and how the planning change was validated.**		☐ **Yes** ☐ **No**	
Was there a Delta FAI required? **If yes, enter the date the FAI(s) were performed:**		☐ **Yes** ☐ **No**	
Are there any documents to be modified relative to this response (i.e. processes, work instructions, procedures). **List the documents to be modified and the date of the modification:**		☐ **Yes** ☐ **No**	
1	**Date:**		
2	**Date:**		
3	**Date:**		
4	**Date:**		

5		**Date:**		

Comments:

STEP 6 – FOLLOW-UP:

Determine and include any actions to ensure the corrective action continues to be effective in precluding recurrence of the nonconformance(s) – this may include

	Follow-Up Actions	Responsible Party	Date Performed
1			
2			
3			
4			
5			

Return to Arrow Contact listed on page 1 after each step is completed.