

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SUPPLIER CORRECTIVE ACTION REPORT/REJECTION NOTICE  Parts 2 to 4 to be completed by the supplier and returned with the goods within 30 days.  (Attach additional sheets if required) | | | | | | |
| Part 1: | | | | | | |
| SUPPLIER | | REJECTION NOTICE NO. | | DATE | | |
| PURCHASE ORDER | | GOODS RECEIVED NOTE | | SUPPLIERS COFC / ADVICE NO. | | |
| DRAWING NO. / SPEC. | | DESCRIPTION | | QTY DELIVERED | | QTY REJECTED |
| REJECTION CATEGORY: | | BUYER: | | SERIAL NO(S): | | |
| REASON FOR REJECTION: | | | | | | |
| Part 2: IMMEDIATE CONTAINMENT (STOCK, WIP, DESPATCH, TRANSIT AND ASSOCIATED PARTS): | | | | | | |
| Part 3: CONFIRM ROOT CAUSE AND CORRECTIVE ACTION: | | | | | | |
| Part 4: DETAIL ACTION TAKEN TO PREVENT RECURRENCE: | | | | | | |
| ACTION FOR NON-CONFORMING MATERIAL | | | QTY | | LIABILITY: | |
| RETURNED |  | |  | | ACTIONED BY | |
| RETAINED |  | | REPLACEMENTS NOT REQUIRED  REPLACEMENTS REQUIRED ETC. | | | |