**[Short Client Name]**

**Supplier Corrective Action Request (SCAR)** Rev.0

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | ***This section to be completed by [Short Client Name]*** | | | | | | | | | | | | | | | | |  |  |
| **Supplier:** |  |  | | | | | |  | | **Attention:** |  | | | | | | | | |  |
|  |  |  |  | |  |  |  |  | |  |  | |  | | |  |  |  |  |  |
| **Phone #:** |  |  | | | | | |  | | **Fax #:** |  | | | | | | | | |  |
|  |  |  |  | |  |  |  |  | |  |  | |  | | |  |  |  |  |  |
| **Description of Nonconformance:** | | | | | | | |  | | If the nonconformance is parts-related, complete the following: | | | | | | | | | |  |
|  | | | | | | | |  | | **Our PO #:** |  | | | | | | | | |  |
|  | |  |  | |  | | |  |  |  |  |  |
|  | | **Part #:** | | | | | | | **Rev:** |  | |  |
|  | |  |  | |  |  | | |  |  |  |  |
|  | | **Part Description**: | |  | | | | | | | |  |
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|  | | **Quantity Affected**: | | | | | |  | | | |  |
|  | |  |  | |  | | |  |  |  |  |  |
|  | | **RMA # (if applicable):** | | | | | |  | | | |  |
|  | | | | | | | |  | |  | | | | | | | | | |  |
| **Date Sent to Supplier:** | | | | |  | | |  | | **Sent by (Company Rep):** | | | | |  | | | | |  |
|  | | | | |  | | |  | |  |  | | | | | | | | |  |
| ***RESPONSE TO THIS ISSUE MUST BE RECEIVED WITHIN 20 DAYS OF RECEIPT; FAILURE TO DO SO MAY RESULT IN REMOVAL OF YOUR COMPANY FROM FUTURE PURCHASING CONSIDERATION*** | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | This section to be completed by Supplier | | | | | | | | | | |  |  |  |  |  |
| **Root Cause of Nonconformance:** | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
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| **Corrective Action Taken or Planned:** | | | | | | |  | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | |
| **Signature of responsible manager:** | | | | | |  | | | | | | | **Date:** | | |  | | | | |
|  | | | | | |  | | | | | | |  | | |  | | | | |
| **Print Name and Title:** | | |  | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | |
| **SUPPLIER STOP HERE! RETURN TO:** | | | | | | | |  | **[Full Client Name Reg Caps]**  **FAX: [Fax]**  **E-MAIL: [Email for SCAR Processing Person]** | | | | | | | | | | | |
|  |
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|  |  |  | |  | This section to be completed by [Short Client Name] | | | | | | | | | | |  |  |  |  |  |
| Response Accepted? | | | |  | | | *If not attach additional sheets with explanation and follow-up.* | | | | | | | | | | | | |  |
|  | | | |  | | | | | | |  | |  | | |  | | | | |
| **Purchasing Signature**: | | | |  | | | | | | |  | | **Date:** | | |  | | | | |