



SUPPLIER CORRECTIVE ACTION REQUEST – 8D Response

For Supplier	Training see <u>w</u> v	ww.yf.com or	www.tactair.com co	orrective Actions wil	l be validated by YF/T	actair Supplier Qu	uality on next Sup	plier visit
Supplier Name & Address:						CAI	R Date of Issue:	
Reply To:						CAI	R DUE DATE:	
Supplier e-mail(s):								
Part Number/	Description:							
							_	
PO Number:		PO Line #	PO Lot #:	PO Line Qty:	QTY Defective	:	YF/TFC QAR#:	
(D1) Problem Statement / Non Conformance Description: Specific detailed explanation								
YF/TFC Notes from QAR:								
(D2) Form a Cross Functional Team: Names, positions, phone numbers, email, indicate team leader								
(D3) Containment Actions/Interim Corrective Action: Protect YF/TFC from non-conforming parts and support our production								Completion Date:
(D4) Root Cause: Why made? Root Cause: How escaped?								
(D5) Permanent Corrective Action (PCA): Provide objective evidence								Completion Date:
(D6) Validation: Does your PCA prevent the issue?								Completion Date:
(D7) Verification: How will you ensure that this fix will be permanent and continuous? Include read across to all other similar parts and processes that could have this potential issue								Completion Date:
(D8) Congratulate Your Team: Thank you for proactively resolving this issue, capture "Lessons Learned"								Completion Date:
Date "Conforming Material " will be available: Supplier Quality Representative Approval:								Completion Date: