**[Short Client Name]**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   |   | ***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**: |   |   |
|  |        |   |
|  |   |
|  |   |  |  |  |  |  |   |   |
|  | **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:** |   |
|          |
|   |
| **Corrective Action Taken or Planned:** |   |
|           |
|   |
| **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]** |
|   |
|   |
|   |   |   |   | This section to be completed by [Short Client Name] |  |   |   |   |   |
| Response Accepted? |        | *If not attach additional sheets with explanation and follow-up.* |   |
|  |  |  |  |  |
| **Purchasing Signature**: |        |  | **Date:** |        |