|  |
| --- |
|  |

|  |
| --- |
| **Initiator:** |
| **NCR #**  |  | **RMA #** |  | **Rossell PO #** |  |
| **Project** |  | **Customer** |  | **Rejected Quantity:** |  | **UOM:**  |  |
| **Initiation Date**  |  | **Response Due Date:** |  |
| **Part Number:** |  | **Description:** |  |
| **Serial number/** **Lot number:** |  | **Detection point:** |  |
| **Contact person from Rossell Techsys:** |  | **Email :** |  |
| **Supplier Information:** |
| **Supplier:** |  | **Email**  |  |
| **Phone:** |  | **Ship Date:** |  |
| **Supplier’s Representative Name:** |  | **Email:** |  |
| **Problem statement:** |
| **Actual condition:** |
|  |
| **Should be:** |
|  |
| **Pictures:**  |
|  |
| **Supplier to complete following pages for root cause and corrective/ preventive action** |
| **Who** |  |
| **What** |  |
| **Where** |  |
| **When** |  |
| **Why**  |  |
| **How** |  |
| **How many**  |  |

|  |
| --- |
| **Team Selection:** |
| **Member names** | **Department** | **Title** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Preliminary analysis** |

**Make sure the following is considered during your root cause determination.**

|  |
| --- |
| * Identify the root cause corrective action which address the fundamental breakdown or failure of a process
* Implement horizontally in other similar parts or processes
* Correction of element of the process that caused the problem.
* Implementation of corrective actions and prevent recurrence.
 |
| **Below Questionnaire can help to find root cause of the identified problem. For “Yes” / “No” answers; Please tick the box for the one which applies** |
| **Sl no** |  | **Yes** | **No** | **If Yes, explain how:**  |
| 1. | Did you visit the associated workplace to review the reported non-conformance? | [ ]  | [ ]  |  |
| 2.  | Are work instructions and procedures reviewed? | [ ]  | [ ]  |  |
| 3.  | Did you talk to employees involved with this process?  | [ ]  | [ ]  |  |
| 4. | Is the Rossell Techsys requirement not adequately defined or documented? | [ ]  | [ ]  |  |
| 5. | If Sub-tier process is involved, has the specification or requirement been flowed down to your sub-tier  | [ ]  | [ ]  |  |
| 6.  | Have any changes been implemented around the time of this defect for process(es) related to this defect? | [ ]  | [ ]  |  |
| a. | Tooling & Fixtures | [ ]  | [ ]  |  |
| b. | Suppliers of detail components, materials, or processes | [ ]  | [ ]  |  |
| c. | Process sequencing | [ ]  | [ ]  |  |
| d. | Machine & equipment (or new machines and equipment) | [ ]  | [ ]  |  |
| e. | Personnel | [ ]  | [ ]  |  |
| f. | Measurement process | [ ]  | [ ]  |  |
| g. | Measurement equipment | [ ]  | [ ]  |  |
| h. | Work instructions/procedures | [ ]  | [ ]  |  |
| i. | Storage/handling of material | [ ]  | [ ]  |  |
| j. | Environmental changes | [ ]  | [ ]  |  |
| k. | Detail component changes | [ ]  | [ ]  |  |
| 7. | What root cause analysis tool did you use for determining root cause?  |  |  |
| **3x5 Why Analysis** |
|  **Direct Cause (What immediate cause led to the non-conformance?) Explain why the problem occurred**  **(e.g. design/drawing error, manufacturing process, assembly/installation instructions)** |
| **Why 1?**  | **Why 2?**  | **Why 3?**  | **Why 4?**  | **Why 5?** |
|  |  |  |  |  |
| **Escape Cause (Why was the non-conformance not caught by inspection, test, or other process controls?) Examples: inadequate in-process/final inspection, testing, process control)**  |
| **Why 1?**  | **Why 2?**  | **Why 3?**  | **Why 4?**  | **Why 5?** |
|  |  |  |  |  |
| **Systemic Cause (What core processes, systems, procedures, etc. allowed the non-conformance to occur?) (Examples: inadequate requirement flow down, manufacturing process planning, configuration management.** |
| **Why 1?**  | **Why 2?**  | **Why 3?**  | **Why 4?**  | **Why 5?** |
|  |  |  |  |  |
| **Root Cause Review** |
| **Sl No** |  | **Yes**  |  **No** | **If Yes, list other part numbers** |
| **1.** | Is the identified cause corrective action address the fundamental breakdown or failure of a process? | [ ]  | [ ]  |  |
| **2.** | Is the Corrective action include all applicable parts/processes? | [ ]  | [ ]  |  |
| **3.** | Has the element of the process that caused the root cause been corrected | [ ]  | [ ]  |  |

**Permanent Corrective Actions & Reoccurrence Prevention**

Complete corrective/preventive actions with assignee, dates & objective evidence.

At least one activity for each root cause (direct, detection, systemic).

**Note:** Attach objective evidence of the completed verification (ex. Include photos of any modified equipment, visual aids implemented etc.)

Any reference to a document / procedure should include a document # and name.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity Type** | **Detailed Description of Corrective/Preventive Activity** | **Responsible (Name/Title)** | **Expected Completion Date** | **Objective Evidence after Completion** | **Closure date** | **Mistake proof level** |
| **Detection** |  |  |  |  |  |  |
| **Systemic** |  |  |  |  |  |  |
| **Direct** |  |  |  |  |  |  |

**Supplier to refer Supplier Quality Assurance Manual for information on mistake proof level.**