



## 8 D Report

Supplier:		Date:	Complaint No.:
Location:		8D Initiator:	
Part Name:		Approved by:	
Part Number:		Qty. delivered:	
Etimex Order No.:		Qty. complained:	
Deliv. Note No.:		Qty. rejected:	
Deliv. Note Date:		Replaces 8D dated:	

D1 Establishing the Team		D2 Problem/Defect Description		
Coach:				
Team Members:				
D3 Containment Action(s)		Responsibility	Date	Date
D4 Marking of OK Parts		Responsibility	Date	Date
D5 Root Cause		Responsibility	Date	Date
D6 Corrective Action(s)		Responsibility	Date	Date
D7 Preventive Action(s)		Responsibility	Date	Date
Implementation in:				
D8 Verification of Effectiveness:		Responsibility	Date	Date
Remarks				
				Document No.