

# Supplier Corrective Action 8-D Form

## Standard Motor Products Independence

Attachment D:

Please use this 8-D form to respond to all SCAR's.

**Note:** Preliminary response required by Sub-Contractor within 24 hours after notification of nonconformance.

Information not fitting on this form should be added by attaching worksheets and spreadsheets.

General Information						
SCAR #:		Part #:		Part Description:		
RMA #:				Date Initiated:	Date Revised:	
DNCAR #:				Supplier:		
SMP-I	Standard Motor Products - Independence			Address:		
Address:	P.O. Box 788 -- Independence, KS 67301			Address:		
Contact:				Contact:		
Tel:				Tel:		
Fax:				Fax:		
Email:				Email:		
1. Define the Team						
Job Title		Name		Job Title	Name	
2. Problem Description, Non-conformance Test Results						
3. Containment & Interim Corrective Actions				SMP-I Use Only:	Debit Summary	
Date Manufactured:				<b>Action</b>	<b>Qty/ Time</b>	<b>Cost/ Rate</b>
Quantity Manufactured:				Defective parts		
Lot #s affected:				Down time		
Date Shipped:				Sorting per hour		\$75.00
Quantity Shipped:				3rd Party Screening		
				Scrap		
<b>Sort results:</b>	<b>At Supplier</b>	<b>At SMP-I</b>	<b>At Customer</b>	Rework per hour		\$75.00
Defective				Premium Freight		
Total Sort				Containment		
Total Defective:		0		Cust. chargebacks		
Total Amount Sorted:		0				
<b>Certified Shipments:</b>				Receiving Inspection (\$100)		
Start Date:		End Date:		Late Response (\$100)		
Identification/Label used for each shipment:				Administration Fee		\$ 200
				<b>Amount to be debited to supplier:</b>		

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Describe Containment actions taken:

Describe Interim Corrective Actions taken:

### 4. Root Cause Analysis

List tools used to determine root cause (ie, Brainstorm, 5 Why, Fishbone) Attach analysis.

Summary of Root Cause - Occurrence:

Summary of Root Cause - Analysis:

### 5. Identify and Implement Permanent Corrective Actions (Provide Action Plan with Due dates and responsibilities.)

Summary of Permanent Corrective Actions

### 6. Verify Corrective Action Effectiveness

Verification Method

Action	Date	Responsibility	Results

### 7. Prevent Reoccurrence in like Processes and Products

List similar processes/ products

Have all related documents been revised and/or updated? (Control Plan, FMEA's, Work Instructions, etc)

Doc. Name	Doc. #	Date	New Revis

### 8. Team Recognition

Are all actions complete?

Have all Team Members signed off on Corrective Action?

Has an updated, completed 8-D been forwarded to the SMP-I contact?

Has the SMP-I Facility approved the 8-D and Corrective Actions?

If yes to all questions above, Congratulate your Team.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	Yes
<input type="checkbox"/>	Yes
<input type="checkbox"/>	Yes



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