



# CONCERN ANALYSIS REPORT

**GENERAL**

TRACKING#	CUSTOMER/SUPPLIER/DEPARTMEN T	DATE OPENED	FINAL RESPONSE DUE DATE	DATE REPSPONSE RECEIVED	ISSUED BY
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**TEAM MEMBER(S)**

Team Leader:	
Members:	

**DESCRIPTION OF PART/PROCESS**

PART NUMBER / PROCESS NUMBER	PART NAME / PROCESS NAME	SOURCE / CATEGORY
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**DESCRIPTION OF CONCERN (DEFECT / DEFICIENCY)**

	SUSPECT QUANTITY
	QUANTITY DEFECTIVE

**CONTAINMENT ACTION(S)**

RESPONSIBLE/DUE DATE	ACTION TAKEN	DATE COMPLETED
	Internal:	
	In Transit:	
	At Customer:	
	Other:	

**ROOT CAUSE(S)**

System:
Product:
Process:

**CORRECTIVE ACTION(S)**

RESP. PARTY / DUE DATE	ACTION(S) TO BE TAKEN (Align Numbers to Correspond with Root Cause Listed Above)	DATE COMPLETED
	System:	
	Product:	
	Process:	



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**CORRECTIVE ACTION IMPACT – PROCESS REVIEW**      **APPLICABLE: YES/NA**

Enter applicable Department	Dept:		Dept:		Dept:		Dept:		Dept:	
	REVISED	REVIEWED	REVISED	REVIEWED	REVISED	REVIEWED	REVISED	REVIEWED	REVISED	REVIEWED
Similar Process										
QM / QP										
Process Flow										
Control Plan										
DFMEA/PFMEA										
SOP										
Other										

**PREVENTIVE ACTION(S)**

RESP. PARTY / DUE DATE	ACTION(S) TO BE TAKEN	DATE COMPLETED

**VERIFICATION OF EFFECTIVENESS**

RESP. PARTY/DUE DATE	COMMENTS:	QUANTITY INSPECTED:	QUANTITY DEFECTIVE:	DATE COMPLETED

**TEAM LEADER SIGNOFF**

	EVIDENCE ATTACHED: NUMBER OF PAGES	DATE CLOSED
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