

report date	claim-nr	article	claim date
customer / supplier	production nr	order nr	quantity

1. TEAM (Teamleader underlined Abt.; DW	2. problem description

3. corrective action	responsible	date	effectiveness

4. root cause	who/where (department)

5. planned corrective action	date	effektivness

6. implemtened corrective action	responsible	date	effektivness

7. prevent recurrence	responsible	date	effektivness
Product FMEA <input type="checkbox"/> Process FMEA <input type="checkbox"/> Control Plan <input type="checkbox"/> instruction <input type="checkbox"/>			

8. problem solved	closure date	responsible
signature team leader		
signature involved department		