Somaschini North America, LLc
4601 NIMTZ PARKWAY • SOUTH BEND, IN 46628
Phone: (574) 968-0273 • Fax: (574) 968-0278

Supplier Corrective Action Request

SCAR#_____

Submitter Name: _____ _____
First Last

Phone: :_____ **Date:** _____

Att: Quality Control Manager **Return Number:** _____

This report of rejected material is brought to your attention for corrective action.

Part Name			**Part Number**		**Job Number**
Quantity Received	**Sample Size**	**Samples Rejected**	**Quantity Rejected**	**Purchase Order No.**	**Supplier RGA#**

The material identified above has drawn attention to the following defect(s):

Disposition

Return to Supplier

☐ SCAR copy to Customer (Consigned Product)

☐ SCAR issued - Use as is

☐ Deviation Authorized
Deviation No. _____

☐ Sort / Rework at Suppliers Expense:
Authorized by: _____
Sort / Rework Cost: $ _____

☐ $50.00Administration fee: _____

☐ Other: _____

Quality Approval: Operations Approval:
Date: Date:

ORIGINAL: **Q.A.**

An 8-D must be initiated and completed through Step #3 (Containment) and returned to Somaschini N.A. Within 24 hours from receipt of this Supplier Corrective Action Request.

The 8-D has 15 calendar days to be completed. (Through closure of corrective action) A copy should be returned to the Quality Assurance Manager at Somaschini North America, LLC for verification and approval.

Internal Use Only - SCAR Closure

Response Date	Initials	Response Accepted?	Date Accepted	Initials
		☐ Yes - Close SCAR Log		
		☐ No - Return to Supplier		

COPY: MATERIALS MGMT.

SBG Form #0010 **Submit** Date: 02-06-13