

# *Federal Screw Products*

## SUPPLIER CORRECTIVE ACTION REQUEST FORM

The purpose of this letter is to inform your company that we have observed a non-conformance that *Federal Screw Products* has observed in a recent shipment. Attached is SCAR # \_\_\_\_\_ pursuant to the ISO 9001:2008 standards or other consensus standard as listed below. Below please find the Criteria that may assist you in completing this form. Please feel free to contact us with any questions that you may have.

### CRITERIA FOR EFFECTIVE CORRECTIVE ACTION FROM SUPPLIER

1. Supplier completes the appropriate sections as shown on the SCAR (supplier corrective action request) form.
2. Supplier notifies *Federal Screw Products* of any suspect material that may have been shipped and takes the needed steps to prevent shipment of non-conforming items to *Federal Screw Products*.
3. Supplier effectively identifies the root cause of the non-conformance. The root cause must identify system and process problems. Assigning human factors (such as a mistake) is not enough. An investigation must be made to determine why the system allowed the non-conformance to occur.
4. Corrective action must address the root cause of the non-conformance and should in most cases mistake proof the system for any human factors, to prevent this from happening again.
5. The supplier is responsible for implementation and verification of the C/A. A person independent of responsibility for implementation must verify effectiveness of the corrective action.
6. A preliminary response showing the results of the investigation and interim actions taken must be sent in **ten business days**. The final response stating the permanent corrective actions and implementation date must be sent in **15 business days**.

Sincerely,

*Federal Screw Products*

Matthew J. Dent  
Quality Assurance Manager

# Federal Screw Products

DATE: \_\_\_\_\_

SCAR NO: \_\_\_\_\_

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: *Federal Screw Products*  
245 Ambrogio Drive  
Gurnee, IL 60031

RETURN TO:

Matthew J. Dent  
Quality Assurance Manager

Phone: 773-992-2600 ext. 131

FAX: 773-992-2615

E-Mail: [mdent@callfsp.com](mailto:mdent@callfsp.com)

<b>Federal Screw Part no.</b>	<b>Part Description</b>	<b>P.O. Number</b>	<b>Qty Recieved</b>	<b>Qty. Rejected</b>
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**Description of non-conformance:**

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# *Federal Screw Products*

**Supplier To Complete the Following Information:**

**Results of Investigation:**

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**Interim Actions:**

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**Root Cause:**

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**Permanent Corrective Action:**

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**Corrective Action Implementation Date:**

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**Name:(print)** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_