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**[PCB Piezotronics, Inc.](http://www.pcb.com/) QUALITY CONCERN #:**

(This section to be completed by Initiator.)

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| Initiator: |  | Responsible Department: | Choose an item. | Tech Center: | Choose an item. |

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| Date: |  | Quantity: |  | Model / P/N: |  |

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| Customer Name: |  | | Contact Name: |  | CO#(ref): |
| *Indicate Manufacturing Site* | | Unknown Depew Farmington Halifax Provo Seattle Supplier | | | |

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| Description of Concern**:** |

(This section to be completed by correction database administration)

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| **Assignee:** |  | Reassigned To: |  | **Due Date**: |  |

(Quality Concern Assignee is responsible for the proper completion of following section.)

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| **Containment Decision**  Yes - containment action required per TA05 instructions. No containment required - record reason:  If yes, confirm completed containment report filed @ [R:\Quality\Containment Sheets](file:///R:\Quality\Containment%20Sheets). Record Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completion Date:\_\_\_\_\_\_\_   |  |  |  |  | | --- | --- | --- | --- | | **(Print & Sign) Material Review Board Record** (All four signatures per QA018 required for “program” product.) | | | | | Q.A Authority: |  | Sales: |  | | Production: |  | Engineering: |  | |
| **Failure Analysis**  **Failure Mode Description** (from QC database): Choose an item. No Failure Analysis required.  See EN003 on file by QC#. Record Name: Completion Date: |
| **Root Cause Analysis**  (To complete Five Why analysis, **record problem statement**, repeat process for each problem)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Why1?:  Why2?:  Why3?:  Why4?:  Why5?:  **True Root Cause** (i.e. Why was obligation not fulfilled? Do not just repeat the problem statement.):  **Cause Code** (from QC database): Choose an item. Record Name: Record Date: |
| **Corrective Action** (Record action taken to address each True Root Cause detected.)  Action(s) Taken with date effective**:** |
| **If Closure Plan, record If Closure Plan, record Manager Approval**  **Planned Completion Date: Print & Sign:** |
| **Preventive Action** (Record action taken, in addition to above corrective action(s); that may prevent problem(s) from reoccurring. Can these actions be applied to similar products and/or processes?)  Action(s) Taken with date effective:  **Verification Evidence**: Record evidence confirming planned action(s) taken are effectively implemented. Some examples include: updated documents, training records, completed ECO’s and sampling results).  Action(s) Taken**:** |
| *For external customer complaint, record if customer is satisfied?:* YES /  NO  Repaired/Replaced as per C.O.#: |
| **This Section Completed By:** Name: Date: |

**Quality Management Review and Disposition.**

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| Quality Management Name: Date: |
| **Disposition Status**: Corrective Action Closed Corrective Action Plan Approved – **NEW CLOSURE DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Rejected (returned to assignee for correction) |
| Review Notes: |