

Supplier Name: \_\_\_\_\_ SCAR Number: \_\_\_\_\_

SCAR Date: \_\_/\_\_/\_\_ Product ID: \_\_\_\_\_ Product Name: \_\_\_\_\_

Description of NCF:  
\_\_\_\_\_  
\_\_\_\_\_

Disposition:

Accepted with variation/deviation

Scraped

Returned

Reworked

**To be filled in by Supplier**

Root Cause Analysis:  
\_\_\_\_\_  
\_\_\_\_\_

Corrective Action Plan:  
\_\_\_\_\_  
\_\_\_\_\_

Preventive Action Plan:  
\_\_\_\_\_  
\_\_\_\_\_

Supplier Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Is Corrective Action Plan Approved? **YES/NO**

Is Preventive Action Plan Approved? **YES/NO**

Approved By: \_\_\_\_\_ Date: \_\_/\_\_/\_\_