AMETEK PDS - Supplier Corrective Action Report Form

Supplier Corrective Action Report

To be completed by AMETEK PDS:

1. SCAR Number:
2. Supplier Name:
3. Supplier Code:
4. Type of Request:
5. Date Issued:
6. Issued By:
7. Issued To:
8. Date Due:
9. Part Number:
10. Purchase Order:
11. Quantity:
12. Reported Discrepancy:

To be completed by Supplier:

13. Supplier Confirmed Discrepancy and Root Cause:

14. Supplier Containment Action(s):

15. Supplier Corrective Action(s):

16. Supplier Verification or Validation of Corrective Action Effectiveness
(Document plan and send update within 15 days of SCAR submittal)

AMETEK Review:

Accepted By:

Rejected By: Reason

Date Returned to Supplier: Returned by:

Verification Closure (sign and date):