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|  | **DMN-8D Report** | | | **8D DMN No.-** | |
| **Supplier** |  | **Date Notified** |  | | |
| **Location** |  | **Initial Response** |  | | |
| **Part No.** |  | **Target Close Date** |  | | |
| **Product Name** |  | **Actual Close Date** |  | | |
| **Drg. No.** |  |
| **D1- SUPPLIER TEAM MEMBER NAMES** | | **D2- PROBLEM DESCRIPTION** | | | |
| Champion |  | What |  | | |
| Team Leader |  | Who |  | | |
| Team Members |  | Where |  | | |
|  | When |  | | |
|  | Why |  | | |
|  | How Much |  | | |
| **D3- IMPLEMENTING CONTAINMENT ACTIONs** | | | | **Target Date:** | **Actual Date:** |
| ICA |  | | |  |  |
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| **D4- IDENTIFY PROBLEM ROOT CAUSE** | | | | | |
| Why1 |  | | | | |
| Why2 |  | | | | |
| Why3 |  | | | | |
| Why4 |  | | | | |
| Why5 |  | | | | |
| **Root Cause:** |  | | | | |
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| **D5- PERMANENT CORRECTIVE ACTIONS** | | | | | |
| Corrective Action Plan | | | Resp. by | | |
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| **D6- IMPLEMENT PERMANENT CORRECTIVE ACTIONS** | | | | | |
| Corrective Action Plan | | Resp. by | Target date | Actual date of Completion | |
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| **D7- PREVENT RECURRENCE:** | | | | | |
| Corrective Action Plan | | Resp. by | Target date | Actual date of Completion | |
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| **Doc. Review:-** | | | | | |
| **D8- TEAM AND INDIVIDUAL RECOGNITION** | | | | | |
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