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|  | **DMN-8D Report** | | | | | | **8D DMN No.-** | |
| **Supplier** | M/S XYZ Ltd. | | **Date Notified** | | | 02.02.2019 | | |
| **Location** | Delhi/India | | **Initial Response** | | | 02.02.2019 | | |
| **Part No.** | PN 321 | | **Target Close Date** | | | 10.02.2019 | | |
| **Product Name** | Oil Sump | | **Actual Close Date** | | | 10.02.2019 | | |
| **Drg. No.** | 321-A | |
| **D1- SUPPLIER TEAM MEMBER NAMES** | | | **D2- PROBLEM DESCRIPTION** | | | | | |
| Champion | Mr. P.K | | What | | | Shrinkage | | |
| Team Leader | Mr. R.K | | Who | | | Customer name | | |
| Team Members | Mr. S.K | | Where | | | In Process | | |
| Mr. T.K | | When | | | Last batch | | |
| Mr. S.K.K | | Why | | | SH in Ingate | | |
|  | | How Much | | | 2% | | |
| **D3- IMPLEMENTING CONTAINMENT ACTIONs** | | | | | | | **Target Date:** | **Actual Date:** |
| ICA | Immediately stop the consignment  and segregate the good parts | | | | | | 02.02.2019 | 02.02.2019 |
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| **D4- IDENTIFY PROBLEM ROOT CAUSE** | | | |  | | | | |
| Why1 | Why SH at Ingate area | | | | | | | |
| Why2 | Why high pouring temperature | | | | | | | |
| Why3 | Why pyrometer reading was not correct | | | | | | | |
| Why4 | Why checking of pyrometer’s condition was not done | | | | | | | |
| Why5 |  | | | | | | | |
| **Root Cause:** | Checking of pyrometer’s condition was not done | | | | | | | |
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| **D5- PERMANENT CORRECTIVE ACTIONS** | |  | | | | | | |
| Corrective Action Plan | | | | | | Resp. by | | |
| **PM/ Condition of Pyrometer will be checked periodically w.r.t Master one.** | | | | | | Maintenance Supervisor | | |
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| **D6- IMPLEMENT PERMANENT CORRECTIVE ACTIONS** | | | | |  | | | |
| Corrective Action Plan | | | Resp. by | | | Target date | Actual date of Completion | |
| Weekly PM/Condition checking Schedule has been made and checked the all Pyrometer | | | Maintenance Supervisor | | | 10.02.2019 | 10.02.2019 | |
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| **D7- PREVENT RECURRENCE:** | | |  | | | | | |
| Corrective Action Plan | | | Resp. by | | | Target date | Actual date of Completion | |
| Weekly schedule will be made | | | Maintenance Supervisor | | | Weekly | Continuing | |
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| **Doc. Review:-** | | | | | | | | |
| **D8- TEAM AND INDIVIDUAL RECOGNITION** | | |  | | | | | |
| Congratulation to team member | | | | | | | | |