|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| idirect_logo_plain_cmyk | | **Supplier Corrective Action Report**  13865 Sunrise Valley Drive, Herndon VA 20171  e-mail: [quality@idirect.net](mailto:quality@idirect.net)  web: [www.idirect.net](http://www.idirect.net) | | | | | |
|  | | | | | | | |
|  | iDirect CAR Number: | | |  | Creation Date: | *Enter Date* |  |
| Related Problem Report No:/RMA # | | |  | SCAR Due Date: |  |  |
| Report Created By: | | |  |  |  |  |
|  | | | | | |  |
| Supplier Name: | |  | | | |  |
| Supplier Address: | |  | | | |  |
| Supplier Phone Number: | |  | | | |  |
|  | | | | | |  |
| iDirect Part Number: | |  | |  | |  |
| iDirect Part Revision: | |  | |  |
| iDirect Part Description: | |  | | | |  |
| SCAR analysis reports are considered confidential and proprietary to iDirect. | | | | | | | |
| **D1: Supplier Contact Details** | | | | | | | |
| *Enter name and contact details for individual who performed the SCAR investigation* | | | | | | | |
| **D2: Problem Description** | | | | | | | |
| *Detailed problem description* | | | | | | | |
| **D3: Containment** | | | | | | | |
| *Describe how problem was contained. This may include inspection or additional testing.* | | | | | | | |
| **D4: Root Cause** | | | | | | | |
| *Define root cause including a detailed analysis of how root cause was determined.* | | | | | | | |
| **D5: Permanent Corrective Action** | | | | | | | |
| *Define corrective actions taken that will directly address root cause and prevent reoccurrence.* | | | | | | | |
| **D6: Permanent Corrective Action Implementation** | | | | | | | |
| *Update status of corrective action implementation.* | | | | | | | |
| **D7: Preventive Action** | | | | | | | |
| *Define preventive actions which will prevent occurrence of the root cause on future or similar products or processes.* | | | | | | | |
| **D8: Validation** | | | | | | | |
| *Describe in detail how the effectiveness of the corrective actions were validated.* | | | | | | | |