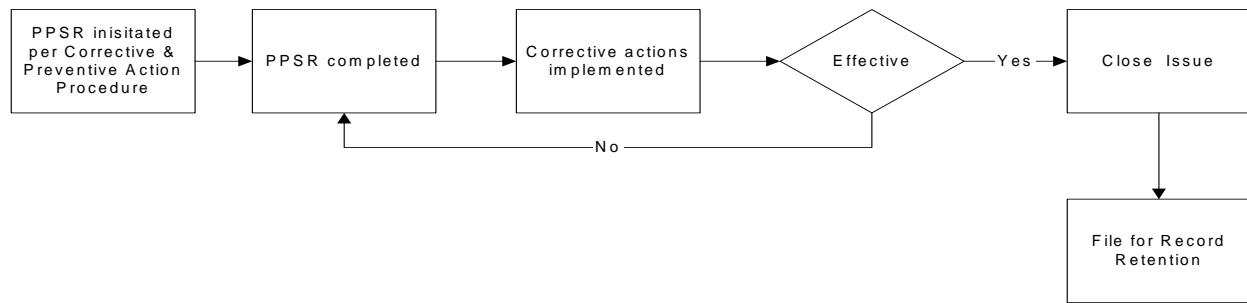


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PROCESS MAP



1.0 PURPOSE

To provide instructions on how to effectively complete a Practical Problem Solving Report.

2.0 SCOPE & RESPONSIBILITY

- Customer Initiated Issues
- Internally Initiated Issues

The Corrective Action Champion shall be responsible to ensure a Multifunctional team addresses the concern, and to ensure proper actions are taken to prevent reoccurrence.

3.0 METHOD

- 3.1 Once a problem has been identified, a Champion should be assigned to initiate and follow up on Corrective Action. Refer to Corrective and Preventive Action Procedure. **The Champion will be assigned by a member of the Plant Mgmt. team.**
- 3.2 The Champion will locate the Practical Problem Solving Report form and complete using the following steps.
- 3.3 Obtain a Report Tracking Number from the Document Control Coordinator; this will assist you in tracking closure to the issue. Once you have the report number, complete the following:
 - a. **Circle general reason for report**
 - b. **Tracking#** - indicate tracking number received from DCC **(if applicable)**
 - c. **Repeat Issue** – indicate if this issue has occurred before (yes or no answer preferred)
 - d. **Author** – Champion of issue
 - e. **Phone # & Date** – Champion contact number and date issue was generated
 - f. **Problem Shift** – indicate shift issue was discovered on
 - g. **Program** – Indicate which program it was discovered on
 - h. **Problem Found By** – indicate area issue was discovered (inspection, customer, etc)
 - i. **Customer** – Indicate which customer the issue came from (if applicable)
 - j. **# of Items Found**- Indicate the frequency of defects (if any)
 - k. **Problem Description (General)** – Indicate the initial problem described – brief (i.e. liaison report finding)
 - l. **Problem Definition (Real Problem)** –The real problem may be different than the initial problem

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identified with more detail, CSN, color, etc. or the same.

- m. **Sketch** – include sketch or picture as needed to illustrate the issue, as applicable
- n. **Point Of Cause** – use this area to describe the details of where the problem is occurring (IP station 15, Customer assembly line, etc.)
- o. **Quality** – Identify the standard , deviation to the standard and the frequency
- p. **Protect (Internal Containment)** – The team will identify the initial containment activities (in house, at customer or supplier) to prevent the immediate reoccurrence of the issue. Containment activity should include **but not limited to**:
 - Breakpoint – if applicable (CSN#, Serial #, etc)
 - Due Date – Date the containment activity will be instituted
 - Who – Champion responsible for containment activity action item.
 - Status – Indicate completion percent by filling in R-Y-G (Red, Yellow Green) Red => Not defined ; Yellow=> In process, but not instituted; Green => Containment in place
 - External req. – Is there containment needed outside of our four walls or at the customer or supply base
- q. **Multifunctional Team Members** – List the team member names and contact numbers, as applicable.
- r. **Process / Part Checks** – indicate yes or no to the sixteen questions. The intent of the questions is to assist in the Fish bone diagram root causing. **If there is an abnormal event describe in the box provided.**
- s. **Direct Cause Analysis** – Identify all potential failures even if known to not be the issue
 - i. Man - Was this an operator error. Following Standard Work this should of been identified from the Process/Part Checks
 - ii. Machine - Was the error proofing functioning properly; are the heatstakes punching consistently; etc.
 - iii. Method – Is the Standard Work posted clear and defined enough for the operator. Is there a work instruction posted?
 - iv. Material – Is the incoming material Nonconformed product? Has the supplier sent the incorrect parts?
 - v. Problem – This should be the same as the real problem, if not it should be based off the items found during the brainstorming.

Note: Cross all items that you have verified that are not potential problems and identify each issue that is standing on a 5-Why root cause analysis separately so each can be addressed.
- t. **Root Cause Analysis** –Continue to ask “WHY” until the lowest level of answers is achieved (you can not ask “why” anymore). This will provide you with the root cause answer. Root cause analysis should answer the following nonconformance’s:
 - i. Product - what caused the product nonconformance?
 - ii. Process – What process failed and allowed the nonconformance to escape?
 - iii. System – What system failed that manages the process?

Note: Most probable cause is identified as the issue most likely to have occurred.
- u. **Predict** – PFMEA / DFMEA? Was this identified during our process or design process, what was the Risk Priority Number associated with it before and now.
- v. **Permanent Corrective Action / Long Term Countermeasures** – The team will identify the measures to put in place (in house, supplier) to prevent reoccurrence of the issue. Countermeasures should include:

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- Date – Date the action item activity will be instituted
 - Who – Champion responsible for activity action item
 - Status – Indicate completion percent by filling in squares (4), using 4 squares filled as action item completed 100%
- w. **Quality Planning Documentation** – indicate the date the applicable quality documentation was updated to document the nonconformance.
- x. **Any Similar Areas?** – Indicate Lessons Learned for similar areas (programs, departments, parts, suppliers, etc) - Corrective Action Impact
- y. **Verification / Follow-Up & Evaluation** – Determine if the PPSR activity was effective – have you prevented the potential for reoccurrence?
- If yes, indicate the measurement method that helped you determine effectiveness in the Resolved area.
 - If NO, indicate the Date, Name and Area that does not meet the verification criteria for closure in the Not Resolved area.
- z. **Have all team members signed and dated the PPSR form once the Problem Description (Real Issue) is defined.**
- aa. **Management Closure** – this approval signature and date will be obtained following verification and/or during the management review meetings for Corrective Actions.
- B. Following approval for closure, the initiator shall complete a Corrective Action check sheet and turn into Document Control per Corrective & Preventive Action Procedure.
- NOTE: All areas should be complete for the PPSR to be effective.
- NOTE: The DCC should be updated on the status as necessary. Once the PPSR is closed, provide the original or copy to the DCC for filing.

4.0 SUPPORT PROCESS / FORMS

Corrective and Preventive Action Procedure
 5 Why Analysis Form
 Deep & Wide Instructions
 PPSR Form

5.0 REVISION HISTORY

7/31/02 – INITIAL release for approval SV
 3/1/04 – update and rename to meet new TS numbering structure – SV
 2/19/05 – Minor edits, added reference to Product, Process and Systemic root cause failures per AQSR CAR CB-R-03.
 8/1/07 – Updated section 3.0 to match current form.

6.0 ENVIRONMENTL IMPACTS AND BENEFITS

None

7.0 RECOMMENDED TRAINING AREAS

All Department Managers

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8.0 DEVIATION PROCESS

Proper completion of a Practical Problem Solving Report is essential to the operating functions of a Corrective Action. The activity indicated in this instruction provides the frame work for the organization to ensure all applicable areas are reviewed to ensure successful completion and closure to the nonconformance.