

7-STEP CORRECTIVE ACTION FORM

7-Step Initiator / Team Leader:		Status: <input type="checkbox"/> open <input type="checkbox"/> closed
Phone:	Fax:	
e-mail:		Issue Date:
DaimlerChrysler Lead Responsibility:		
Phone:	Fax:	Revision Date:
e-mail:		
Supplier Name:	Supplier Code:	Location:
Part No.:	Description:	
Date of Occurrence:	Vehicle Family Affected:	Source of Complaint:
NC Ticket Number:	Other Reference Number (specify):	
Containment Date/Time (see Step 2 note):	Date Root Cause Identified:	Date PCA Identified:
Date PCA Verified:	Date PCA Implemented:	Date Closed:

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1. Problem Identification/Description
2. Interim Action / Containment (response to the issuing location is due within 24 hr of NCT issuance)
3. Root Cause Analysis
Was this a Recurring Problem? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain failure of prior corrective action plan below)
4. Permanent Corrective Action
5. Verification of Corrective Action Plan
6. Controls & Prevention
7. Verify Corrective Action Resolves Issue & Lessons Learned