

**SUPPLIER QUALITY FAILURE ANSWER SHEET**

<b>Quality Failure #</b>

<b>Supplier:</b>		<b>Part/ Material:</b>	
<b>Supplier Response to Quality Failure Notice (QFN)</b>		<b>DENSO Part No:</b>	
<b>Initial Actions Taken at Supplier:</b>		<b>Details of Quality Failure/ Investigation:</b>	
<input type="checkbox"/> Visual Sort	Sort #: _____ Total NG: _____	Confirm Defect Does Occur?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Dimensional	Sort #: _____ Total NG: _____	Confirm Process Detects Defect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Repair/ Rework	Sort #: _____ Total NG: _____	Date Defect Confirmed On:	_____
ID Mark: _____	Completion Date: _____	Note: _____	
Notes on Investigation/ please summarize containment activities:			
<b>Root Cause(s) of Defects:</b>		<b>Corrective Action(s) for Root Cause:/ Implementation Date</b>	
What was primary reason(s) for defect occurrence?		Please note both Physical C/M and System C/M	
<b>Cause(s) of Non-Detection:</b>		<b>Corrective Action(s) for Non-Detection:/ Imp'l Date</b>	
<b>Standardization of Corrective Action</b>		<b>How has the Effectiveness of the C/A been Verified?</b>	
<input type="checkbox"/> Policy/ Procedure, Name: _____		(i.e. inspection activities- when/ results, etc.)	
<input type="checkbox"/> Job Instruction/ Work Manual, Name: _____			
<input type="checkbox"/> Check Sheet/ Chart, Name: _____		<b>How will the Corrective Action be monitored</b>	
<input type="checkbox"/> Other: _____		<b>to prevent reoccurrence (i.e. added inspection item, etc.)?</b>	
None (Explain): _____			
Implementation Date: _____			
<b>Results of Review of Similar: Parts, Processes, Materials for Prevention Activities</b>			<b>Supplier Response</b>
<input type="checkbox"/> OK <input type="checkbox"/> Needs C/A Implementation Date: _____			Approved
Explanation: _____			Approval Date
			Checked:
			Written