

INSERT YOUR COMPANY LOGO/NAME HERE

F-660-003

Provider Corrective Action Request

Date:	PCAR No.:	
Part / Item:	Part No.:	
Dept. / Provider:	Job No. / PO No.:	
Qty. Rejected:	Serial / Batch Nos.:	
DESCRIPTION OF NONCONFORMANCE		
	Identified by (Signature / Date):	
Date:	DISPOSITION	
Rework <input type="checkbox"/>	Use AS-IS <input type="checkbox"/>	Scrap <input type="checkbox"/>
Remarks:		
Approved (Signature / Date):	Approved (Signature / Date):	Approved (Signature / Date):
Due Date:	CLOSEOUT	
Customer Authorize: Yes <input type="checkbox"/>	No <input type="checkbox"/>	Customer Authorization Ref.:
Re-inspected: Yes <input type="checkbox"/>	No <input type="checkbox"/>	Inspection Report No.:
Corrective Action: Yes <input type="checkbox"/>	No <input type="checkbox"/>	Corrective Action No.:
Approved (Signature / Date):	Approved (Signature / Date):	