

FO866	<h1>4D-Report</h1>	Claim-No.
		Creation date:

Supplier:	
Article-No.:	
Order-No. – Position:	
Person in charge / Supplier:	
Person in charge / STCH:	
Assessment:	Claim: <input type="checkbox"/> Accepted <input type="checkbox"/> Not accepted Repetitive failure: <input type="checkbox"/> Yes <input type="checkbox"/> No

1. Problem description: (What exactly is not ok, detailed and clear description)

2. Cause of failure: (Why is it not how it should be? Multiple questions – Method Ishikawa)

3. Immediate action:

4. Activity for root cause: (Description of the effective problem solving and also of the future failure prevention)

Closure: Comments

Person in charge:		Closure date:	
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Response time:

The supplier is committed to return the completed 4-D report to the responsible buyer within 5 working days upon receipt of the claim.