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| Quality Assurance | 8D – Report |  |

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| **Supplier Data** | **Hilti Supplier Nr.:** | **Supplier Contact Person:** | **Date Report:** |
|  |  |  |
| **Supplier Name:** | Supplier Plant: | Supplier Complaint Nr.: | Version Report: |
| **xy** |  |  |  |

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| --- | --- | --- | --- | --- |
| **Customer Data** | | **Customer Nr.:** | **Customer Contact Person:** |  |
|  |  |  |
| **Customer Name:** | | **Customer Reverence from:** | Customer Complaint Nr.: |  |
| **HILTI AG** | |  |
| Distribution List Customer: |  | | | |

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| **Item Data** | | **Hilti Item Nr.:** | | Supplier Item Nr.: | Repair Order: | | | |
|  | |  |  | | | |
| **Item Description:** | | Delivery Note Nr.: | | Scope of Delivery Items (piece): | Invoice Number: | | | |
|  |  |  |  | | | |
| Production Lot / Charge: | Production Order: | **Drawing / Index / Rev. Level:** | | Faulty Items: | Production Line: | | | |
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| **Report Type:** | **4D** | **8D** | **Note:** If in D3-D7 a line shows not the full text of description, with the line-tabs to the left of the document to broaden the line accordingly, so that the text is displayed in full. |  |  |  |  |  |  |
| Scope: | D1-D4 | D1-D8 |  |  |  |  |  |  |

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| **D1 Establishing the Team:** | | | | | |
| Team Lead: | Department / Function: | E-Mail: | | Phone Nr.: | |
|  |  |  | |  | |
| Team: | Department / Function: | Team: | | Department: | |
|  |  |  | |  | |
|  |  |  | |  | |
| **D2 Problem/Defect Description:** | | | | | |
|  | | | | | |
| **D3 Containment Action(s):** | | | Implementation Date | | Responsible Person(s) |
| 1 | | |  | |  |
| 2 | | |  | |  |
| 3 | | |  | |  |
| 4 | | |  | |  |
| 5 | | |  | |  |
| **D4 Root Cause(s):** | | | | | Participation % |
| 1 | | | | | % |
| 2 | | | | | % |
| 3 | | | | | % |
| 4 | | | | | % |
| 5 | | | | | % |
| **D5 Corrective Action(s)** Mid-/Long-term**:** | | | Date Planned | | Responsible Person(s) |
| 1 | | |  | |  |
| 2 | | |  | |  |
| 3 | | |  | |  |
| 4 | | |  | |  |
| 5 | | |  | |  |

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| **D6 Implemented Corrective Action(s):** | Date Achieved | Responsible Person(s) |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| **Effectiveness of the corrective action (s) checked:** | Date Achieved | Responsible Person(s) |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| **D7 Preventive Action(s)** **to Prevent a Recurrence of the Error:** | Date Achieved | Responsible Person(s) |
| Product FMEA tested and revised according to the new findings |  |  |
| QM system tested (procedures, work instructions) |  |  |
|  |  |  |
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| **D8 Result Final Interview:** | **Date** | **Participants** |
|  |  |  |
| **Confirmation by HILTI** |  |  |

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| **Other Documents:** |
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| **Other Documents:** |
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| **Photo Documentation:** | **Photo Documentation:** |
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| **Photo Documentation:** | **Photo Documentation:** |
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