



SUPPLIER CORRECTIVE ACTION REPORT

This form must be submitted within 30 days of receiving notification of nonconforming product from Landoll Corporation. No related debits or invoices will be paid until Landoll Corporation receives this form.

1. References (related documents):

SUPPLIER: _____ CONTACT: _____ TEL: _____ FAX: _____ E-MAIL: _____	Landoll Incident Control No.: _____ Supplier Return No.: _____ Landoll Part No.: _____ Supplier Part No.: _____ Purchase Order (original): _____ Invoice (original): _____
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2. Description of nonconformity:

3. Interim containment action:

4. Root cause:

5. Chosen permanent corrective action:



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cont.

6. Implemented permanent action:

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7. Action to prevent recurrence:

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8. Effectiveness of action plan taken, remarks:

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Supplier (signature)

Signature:	Date:
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Landoll Corporation Accepts Rejects Corrective action report.

Landoll Corporation (signature)

Signature:	Date:
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