



Supplier Corrective Action Report

***Preventive Action**

Describe action taken to ensure problem does not recur:

Implementation Date:

***Verification**

Describe activities used to verify effectiveness of Corrective Action:

Verifier name:

Date:

Evoqua Approval

Accepted by:

Date:



Supplier Corrective Action Report

Field Descriptions *Suppliers to complete areas with asterisk (*)*

CAR number – The unique number for this Corrective Action Report. (May be auto generated)

Date Issued – The date this CAR is issued

Date response due – The date when this completed CAR is due back to the Evoqua originator (within 10 working days unless specified by Evoqua)

Originator – Evoqua personnel submitting the CAR

*Supplier – Company name of the supplier

*Supplier contact – Name of the contact with supplier

*Phone – Supplier contact's phone number

*Email – Supplier contact's email address

PO Number – Purchase Order Number which includes the part identified for this Corrective Action

Part number – Part Number of the part identified for this Corrective Action

Quantity affected – Number of parts identified for this Corrective Action

Defect / problem - Describe the Defect or problem

***Containment** – Describe detailed actions taken to address the defect / problem

***Root Cause** – Describe what actually caused the problem

***Corrective Action** – Describe the actions taken to fully address the problem

***Preventive Action** – Describe the actions taken to ensure this problem does not recur

***Verification Activity** - Describe activities used to verify the effectiveness of Corrective Action

Evoqua Approval – Signature of manager accepting the specific details and actions defined in this CAR