



QUALITY NOTICE RESPONSE

SUPPLIER: _____		SUPPLIER CODE: _____		<input type="checkbox"/> INITIAL RESPONSE (STEPS 1 THROUGH 2B) <input type="checkbox"/> PROGRESS UPDATE RESPONSE <input type="checkbox"/> FINAL RESPONSE (STEPS 1 THROUGH 5A) <input type="checkbox"/> FOLLOW-UP COMPLETE												
PART NAME: _____		PART NO: _____														
P. O. NUMBER: _____		QN NUMBER: _____														
PROBLEM AS REPORTED: 																
WRITTEN REQUIREMENT (SPECIFICATION, DIMENSION, TOLERANCE): 																
ACTION REQUIRED	RESPONSIBILITY	RESULTS OF ACTION (use attachments, when required, to fully describe details)	DATE COMPLETED													
STEP 1: INVESTIGATE AND DEFINE NON-CONFORMANCE																
STEP 2A: CONTAIN NON-CONFORMANCE AT SUPPLIER AND EMD																
STEP 2B: DELIVERY PLAN FOR CONFORMING PARTS																
STEP 3: 5W3X PROBLEM SOLVING: IDENTIFY ROOT CAUSE AND CORRECTIVE ACTION																
STEP 4: IMPLEMENT CORRECTIVE ACTION																
STEP 5A: EVALUATION AND FOLLOW-UP PLAN																
STEP 5B: FOLLOW-UP COMPLETE INCLUDING SIMILAR PRODUCTS / PROCESSES																
<div>CORRECTIVE ACTION APPROVAL</div> <table><tr><td colspan="2">SUPPLIER: _____</td><td>ELECTRO MOTIVE: _____</td><td><input type="checkbox"/> Approved <input type="checkbox"/> Rejected</td></tr><tr><td>SUPPLIER QUALITY MANAGER</td><td>SUPPLIER PLANT MANAGER</td><td>EMD SQE</td><td></td></tr><tr><td colspan="4">Distribution:</td></tr></table>					SUPPLIER: _____		ELECTRO MOTIVE: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	SUPPLIER QUALITY MANAGER	SUPPLIER PLANT MANAGER	EMD SQE		Distribution:			
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