

Supplier Quality Assurance Checklist

Corrective Action Request

Date: _____

Supplier Name: _____

Contact Person: _____

Email: _____

Phone: _____

Checklist

Item	Description	Confirmed (Yes/No)	Comments
1	Identify the root cause	_____	_____
2	Immediate corrective action taken	_____	_____
3	Preventive actions implemented	_____	_____
4	Verification of effectiveness	_____	_____
5	Documentation updated	_____	_____

Summary of Actions Taken

Signature

Supplier Representative: _____

Date: _____

For any questions, please contact our Supplier Quality Assurance team.