



2 Norelco Drive, Toronto Ontario, Canada. M9L 2X6 (416) 246-1782 Fax (416) 246-1552

Supplier Quality Notice

SQN# _____ INTERNAL # _____ DATE # 2020-04-24

SUPPLIER	ABC
Name: Click here to enter text.	Plant: Click here to enter text.
Contact: Click here to enter text.	Issuer: Click here to enter text.
Email: Click here to enter text.	Email: Click here to enter text.
Phone: Click here to enter text.	Phone: Click here to enter text.

Criticality: ☐ Concern ☐ Rejection ☐ Repeat Reject

Defect for: ☐ Quality ☐ Delivery/Packaging ☐ Documentation ☐ Warranty

Part#	Part Description	Qty N/C	Qty Suspect	Qty, in House	Tracking Information
Problem Description – include details of effect, pictures					

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Supplier Action Required					
Containment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Personnel to sort/reworks parts at ABC:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certified next 3 shipments:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provide Clean Point:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Written Corrective Action:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Using Internal CA form initial response due in 24 hrs., RC and permanent CA 10 days)		

FOLLOW-UP (ABC Internal) - Disposition

☐ SCRAP ☐ Return ☐ Rework/Repair RMA #: _____ Date: 2011-11-15

Supplier Charge Back

Admin. Charge (\$500.00 or OEM chargeback): _____	Customer charges: _____
Part Cost: _____	Excess transportation: _____
ABC line shut down: _____	Travel, accommodation., expenses: _____
Customer Line shut down: _____	Labor costs: _____
Sort/rework costs: _____	Lift truck: _____

CA Response Review

24 hr. response on time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Supplier Form	# Click here to enter text.
Containment/Clean point/Certified shipments OK:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain Click here to enter text.	
Root Cause Analysis approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Permanent CA approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
On-site verification required:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Approver: _____	Date: _____	Approver: _____	Date: _____
Approver: _____	Date: _____	Approver: _____	Date: _____
Approver: _____	Date: _____	Approver: _____	Date: _____



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SQN closed: Yes ☐ No Date: _____