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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Anschrift /Ansprechpartner (address / responsible) (E-Mail / Tel.Nr.)*** | | | | | | | | | | | | | | | | |
| 8 D – REPORT | | | | | | | | | | | | | | | | |
| **SBS-Reklamations-Nr.:**  **(SBS-Report-no.)** | | |  | | | | | | **Lief.-beanstand.-Nr.:**  **(Ref. No.)** | | | | | | | **Eröffnet am:**  **(Start Date)** |
| **Kunde / Adresse: SBS Feintechnik, Hermann-Burger-Str. 31**  **(Customer / Location) D – 78136 Schonach**  **Ansprechpartner (responsible): Edgar.Neininger@SBS-feintechnik.de** | | | | | | | | |  | | | | | | |  |
| **Berichtsdatum:**  **(Status Date)** |  | | | **Zeichnungsnummer/Index:**  **(Drawing Number/Index)** | | |  | | | | | | | | | |
| **Reklamation anerkannt**  **(complaint acknowledged)**  **Ja (Yes)  Nein (No)** | | | | **Teilenummer:**  **(Part Number)** | | | |  | | | | | | | | |
| **Teilebezeichnung:**  **(Part Name)** | | | |  | | | | | | | | |
| **Anzahl niO-Teile:**  **(number nio parts)** | |  | | **beanstandete Lieferung: (Datum / Stückzahl): complaint delivery (date / number of parts)** | | | | | | | |  | | | | |
| **1 Team**  **Name, Abt. (Dpmt)** | | | | **2 Beanstandungsgrund**  **(reason for complaint)** | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | |
| **Teamleit. (Champ.)** | | | |
|  | | | |
| **3 Sofortmaßnahme(n)**  **(Immediate Action(s))** | | | | | | | | | | **verantwortlich**  **(responsible)** | | | **Einführungsdatum**  **(Implem. date)** | | | |
|  | | | | | | | | | |  | | |  | | | |
| **4 Fehlerursache(n)**  **(Root Cause(s))** | | | | | | | | | | **Auswirkung / Was kann passieren?**  **(consequence / what can happen?)** | | | | | | |
|  | | | | | | | | | |  | | | | | | |
| **5 Geplante Abstellmaßnahme(n)**  **(Chosen Permanent Corrective Action(s))** | | | | | | | | | | **Wirksamkeitsprüfung erfolgreich**  **(Verification successfully)** | | | | | | |
|  | | | | | | | | | | **Ja (Yes)** | **Nein (No)** | | | | **Datum (Date)** | |
| **6 Eingeführte Abstellmaßnahme(n)**  **(Implemented Permanent Corrective Action(s))** | | | | | | | | | | **Ergebniskon-trolle durch / mit (Controls)** | | | | **Einsatztermin**  **(Implement. date)** | | |
|  | | | | | | | | | |  | | | |  | | |
| **7 Fehlerwiederholung verhindern**  **(Action(s) to Prevent Recurrence)** | | | | | | | | | | **verantwortlich**  **(responsible)** | | | | **Einführ.termin**  **(Implem.date)** | | |
| **Änderung einführen in:**  **(Implementation in):** | | | |  | | Product FMEA | | | |  | | | |  | | |
|  | | Process FMEA | | | |  | | | |  | | |
|  | | Control Plan | | | |  | | | |  | | |
|  | | Pro­cedure | | | |  | | | |  | | |
| **8 Teamerfolg gewürdigt**  **(Congratulate your Team)** | | | | | | | | | | **Name / Datum (Name / Date)** | | | | | | |
|  | | | | | | |
| **Ersteller (Rep.by)** | | | | | **Abschluß­datum (Close Date)** | | | | | **Tel-Nr. / Fax-Nr.** | | | | | | |
|  | | | | |  | | | | |  | | | | | | |