





SUPPLIER CAPA FORM (Corrective & Preventive Action Plan)

| | Acknowledgement of NCM/ADR & CAPA Request Due by: 1/2/00 | | | | |
|--|--|------------------------------|---|-----------------------------|--|
| STEP #1: | NCM #(s): | | Date of ABG Issuance | : | |
| | ADR #(s): | | Date of Supplier Response | | |
| Acknowledge | Supplier: | | <u> </u> | | |
| Receipt, Define | ABG sku(s): | | Full | | |
| Issue | Lot #(s): | | Description | | |
| | Trade name: ABG PO(s): | | of Issue: | | |
| | Abd 1 0(3). | For Internal Use Only | | | |
| SQD Assignee: | Supplier Recipient's Email: | | erse Event #: Field Complaint #: | CatsWeb CAPA#: | |
| | | | Containment Response Due bu | 1/2/00 | |
| | Containment Response Due by: 1/2/00 Describe Containment Actions Taken: Date | | | | |
| STEP #2: | | <u>Becche Containment / </u> | | Duto | |
| Containment | | | | | |
| Not applicable for ADRs | | | | | |
| | | | | 4 (7 (0 0 | |
| | R/C of Material/Component I | | Ise (R/C) Determination Due by: R/C of Quality System Escape Po | | |
| STEP #3: | rive of Material component i | | The of Quarty System Escape re | <u>miliar</u> (monute date) | |
| | | | | | |
| Determine Root | | | | | |
| Cause | | | | | |
| | | | | | |
| Which R/C Method(s) were | e used? 5 Why Ishi | kawa Kepner-Tregoe | e DOE Other (list) Corrective Action PLAN Due by: | 1/7/00 | |
| | Describe Action(s) Tal | | Verification of Effectiveness of A | | |
| STEP #4: | <u> </u> | <u></u> | | <u> </u> | |
| Corrective | | | | | |
| | | | | | |
| Action(s) Action(s) taken to correct defective | | | | | |
| material; reduce the rate of | | | | | |
| failure; reduce the rate of | | | | | |
| escape | | | | | |
| | | P | Preventive Action PLAN Due by: | | |
| | Describe Action(s) Tal | ken Date | Verification of Effectiveness of A | ction(s) Date | |
| STEP #5: | | | | | |
| Preventive | | | | | |
| Action(s) | | | | | |
| Action(s) taken to eliminate | | | | | |
| the cause(s) of failure and/or | | | | | |
| escape | | | | | |
| | | | | | |
| | SUPPLIER TEAM | | | | |
| STEP #6: | (names, titles): | | | | |
| Recognize Team | AMWAY TEAM | | | | |
| | (names, titles): | | | | |
| For Steps #1 and #2 - Send Reponses To: For Steps #3 - #6, all future contact is dependent on issue type/origin: | | | | | |
| | | | | | |
| | | | Product Quality NCM's SQD Scientist Arrival Defect Reports (ADR's) - QA Lab | | |
| | /Personal Care, ANA Buyouts | | For NCM's & QA Lab ADR's, the Name & Email Address of your assigned SQD Scientist | | |
| Amway.SQD.Ada@amway.com | | | can be found in the Email Message that this CAPA FORM was attached to. | | |
| | | Arrival Defect Reports (A | -, | PC/Costa Rica | |
| | ment.us@amway.com | Arrival Defect Reports (A | ADR's) - Transportation Tra | ansportation Specialist | |
| Gurwitch Products | Our witch Departments | | | | |
| Quality@ | GurwitchProducts.com | | | | |