



# Supplier Corrective Action Report

This form must be submitted within 30 days of receiving notification of nonconforming product from Landoll Company, LLC. No related Debits or Invoices will be paid until Landoll Company, LLC receives this form.

**1. References (related documents):**

Supplier: _____	Landoll Incident Control #: _____
Contact: _____	Supplier Return #: _____
Telephone: _____	Landoll Part #: _____
Fax: _____	Supplier Part #: _____
E-Mail: _____	Purchase Order # (original): _____
	Invoice # (original): _____

**2. Description of nonconformity:**

**3. Interim containment action:**

**4. Root cause:**

**5. Chosen permanent corrective action:**



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**6. Implemented permanent action:**

**7. Action to prevent recurrence:**

**8. Effectiveness of action plan taken remarks:**

\_\_\_\_\_  
Supplier Signature

\_\_\_\_\_  
Date:

Landoll Company, LLC     Accepts /  Rejects

Corrective Action Report

\_\_\_\_\_  
Landoll Company, LLC Signature

\_\_\_\_\_  
Date: