

Corrective Action Request Form

GKN Westland Aerospace

Form : BSO 10.1.0.1
 Revision: A
 Date: 03.27.2023

Corrective / Preventive Action Request		
SCAR#: SC0000	Date:	
Supplier:	DUE Date:	
Address:	SQE:	
Contact:	Buyer:	
Phone:	CC:	
From: GKN Westland Aerospace	Reference RI/SU#:	
Purchase Order/Line Item #:	Part #:	QTY:
RMA #/Remittance Account #:	Revision: N/A	
DISCREPANCY		
This is notification that material received from your facility was rejected for the following reason(s).		
Is:		
Should Be:		
SUPPLIER CORRECTIVE ACTION REQUEST REPLY		
You are required to furnish a statement showing the Root Cause, Corrective Action, and/or Preventative Action to preclude repetition of these defects within fifteen (15) working days from the date of this notice. Return this form to: GKN Westland Aerospace, 3951 AL HWY 229 S, Tallassee, AL 36078 ATTN: Supplier Quality Engineer		
Cause of Discrepancy:		
Correction:		
Corrective / Preventive Action to preclude Recurrence / Occurrence:	Follow Up Action:	
Effective/Completion Date:	Follow up Completed By:	
Responsible Person: Title, Print Name:	Signature:	Date:

Failure to return this form with appropriate corrective action may result in removal from GKN Aerospace Approved Supplier List and/or cancellation of this order.

*In addition to the requested information above you may also send any attachment(s) (8Ds, images, etc.) as Objective Evidence to help with the Root Cause Corrective Action submittal.