





# 8D - Report



<b>3. Immediate action:</b>	<b>Yes</b>	<b>No</b>	<b>Responsible person</b>	<b>Date</b>
3.1 Current production blocked and checked	<input type="checkbox"/>	<input type="checkbox"/>		
3.2 All finished goods blocked and checked	<input type="checkbox"/>	<input type="checkbox"/>		
3.3 Storage raw material blocked and checked	<input type="checkbox"/>	<input type="checkbox"/>		
3.4 Increased pre-shipping inspection	<input type="checkbox"/>	<input type="checkbox"/>		
3.5 Department heads are informed about the defect patterns	<input type="checkbox"/>	<input type="checkbox"/>		
3.6 Analysis of provided samples and internal processes	<input type="checkbox"/>	<input type="checkbox"/>		
3.7 Specific marking of parts, box labels and pallet labels to be applied	<input type="checkbox"/>	<input type="checkbox"/>		

**Further immediate action performed:**

**Results of immediate action:**

**4. Failure causes:**



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<b>5. Planned corrective measures:</b>		<b>Responsible person</b>	<b>Date</b>	
<b>6. Implemented corrective measures:</b>		<b>Responsible person</b>	<b>Date</b>	
<b>7. Preventive measures:</b>				
<b>Modification required?</b>	<b>Yes</b>	<b>No</b>	<b>Responsible person</b>	<b>Revision date</b>
7.1 Working instruction	<input type="checkbox"/>	<input type="checkbox"/>		
7.2 Working plan	<input type="checkbox"/>	<input type="checkbox"/>		
7.3 FMEA for product, process, design	<input type="checkbox"/>	<input type="checkbox"/>		
7.4 Test instruction	<input type="checkbox"/>	<input type="checkbox"/>		
7.5 Test plan	<input type="checkbox"/>	<input type="checkbox"/>		
7.6 Packing instruction	<input type="checkbox"/>	<input type="checkbox"/>		
7.7 Modification of drawing	<input type="checkbox"/>	<input type="checkbox"/>		
7.8 Failure prevention (PokaYoke)	<input type="checkbox"/>	<input type="checkbox"/>		
7.9 Employee training	<input type="checkbox"/>	<input type="checkbox"/>		



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**Further preventive measures:**

Large empty rectangular box for further preventive measures.

**8. Efficacy of the measures:**

Yes

No

Checked by

Date

8.1 Successful check of measures?

**Other remarks:**

Large empty rectangular box for other remarks.

\_\_\_\_\_  
**Closing date**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Signature**