|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Bezeichnung:**  **Description:** |  | | | | **8D Startdatum:**  **8D Start Date:** |  | | **Reklamierte Stückzahl:**  **Number of rejected parts:** | | |  |
| **Teilenummer MTCE:**  **Part number MTCE** |  | | | **Teilenummer Kunde**  **Part number customer** | |  | | | | | |
| **Produktionsstandort**  **Production location:** |  | | | **Kontaktperson Produktion: Production contact:** | |  | | | | | |
| **Kunde, Standort:**  **Customer, location:** | | | | **Ansprechpartner Kunde:**  **Customer contact:** | | **Abteilung:**  **Department:** | | | | **Tel*.* Nr.:**  **Phone no.:** | |
| **8D Methode nach VDA 4 - Sicherung der Qualität in der Prozesslandschaft /** 8D method according to VDA 4 - Assurance of quality in the process  Für längere Texte bitte Blatt 2 oder Anhang benutzen / For longer text please use page 2 or attachments | | | | | | | | | | | |
| 1) Team: Name / Abteilung / Telefon:  Team: Name / Department / Phone: | | 2) Problembeschreibung / Failure description: | | | | | | | | | |
| Bestandsprüfung / *Inventory Audit* | | | **Verantwortlich** / ***Person in charge:*** | | | | **Nein /No** | | **Ja / Yes** | | |
| Lagerbestand betroffen / Parts in stock affected? | | |  | | | |  | |  | | |
| Umlaufbestände betroffen /In-process parts affected ? | | |  | | | |  | |  | | |
| Ausgelieferte Teile betroffen / Shipped parts affected? | | |  | | | |  | |  | | |
| **3) Sofortmaßnahme(n) / Containment action(s):** | | | | | **Verantwortlich:**  **Person in charge:** | | **Termin:**  **Due date:** | | **Erledigt, Datum:**  **Completion date:** | | |
| **4) Fehlerursache(n) / Root cause(s):** Angewendete Methode */ applied method* :  5 [Why](http://de.wikipedia.org/wiki/5-Why-Methode)  [Ishikawa](http://de.wikipedia.org/wiki/Ursache-Wirkungs-Diagramma.org/wiki/Ursache-Wirkungs-Diagramm) | | | | | | | | | | | |
| **Analysis Tool**  **5-Why**   |  |  | | --- | --- | | 5 why Occurence | 5 Why Non-Detection | | * XXX? * XXX. | * XXX? * XXX. | | * XXX? * XXX. | * XXX? * XXX. | | * XXX? * XXX. | * XXX? * XXX. | |  |  | |  |  |   **Ishikawa**  Cause  More likely  Cause  But less likely  Cause  But less likely  Cause  But less likely  Cause  More likely  Cause  But less likely  Cause  But less likely  **Failure**  **Mode**  Cause  But less likely  Cause  But less likely  **Measurement**  **Machine**  **Men**  **Environment**  **Material**  **Process**  Cause  But less likely  Cause  But less likely  Cause  More likely  Cause  But less likely | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Reklamation akzeptiert? / Claim accepted?**   Ja **/ Yes**  Nein **/ No** | | | | | | | |
| **5) Korrekturmaßnahme(n) / Corrective action(s):** | | | | | **Verantwortlich:**  **Person in charge:** | **Termin:**  **Due date:** | **Erledigt, Datum:**  **Completion date:** |
| **6) Eingeführte Maßnahme(n), Wirksamkeitsprüfung/**  **Implemented action(s), verification:** | | | | | **Verantwortlich:**  **Person in charge:** | **Termin:**  **Due date:** | **Erledigt, Datum:**  **Completion date:** |
| **7) Vorbeugemaßnahme(n) / Preventive action(s):** | | | | | **Verantwortlich:**  **Person in charge:** | **Termin:**  **Due date:** | **Erledigt, Datum:**  **Completion date:** |
|  | Lessons Learned Card | Immer / | *always* | |  |  |  |
|  | ECR/ECO Prozess / ECR/ECO process | Nein / No | Ja / Yes  ID: \_\_\_\_\_\_ | |  |  |  |
|  | D-FMEA-Aktualisierung / D-FMEA-update | Nein / No | Ja / Yes | |  |  |  |
|  | P-FMEA-Aktualisierung / P-FMEA-update | Nein / No | Ja / Yes | |  |  |  |
|  | Produktionslenkungsplan aktualisiert  Control-plan update | Nein / No | Ja / Yes | |  |  |  |
|  | Qualitätsmanagementsystem aktualisiert  Quality management system update | Nein / No | Ja / Yes | |  |  |  |
|  | Sind weitere Prozesse, Produkte betroffen?  Are other processes, products concerned? | Nein / No | Ja / Yes | |  |  |  |
| **8) Würdigung Teamerfolg / Congratulate your team**  Erledigt von: / Done by: | | | | Datum: / Date: XX.XX.XXXX | | | |
| **Abschlussdatum - Verifiziert / Date of closure – Verified**  XX.XX.XXXX | | | | **Unterschrift des Verantwortlichen / Signature of person in charge** | | | |

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| **Weitere Information / Further Information** |
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