



Quality Problem Report

CTF# _____

Customer Tracking # _____

Discovered by: Customer Operator QC Other:	Customer:	
	Customer Contact:	
	Customer Phone:	
	Part Number:	

Problem Description	Date		By
	Opened		
	Update		
	Update		
	Closed		

Team Members/ Title or Position	
_____	_____
_____	_____
_____	_____
_____	_____

Containment Information		Date	By
Internal			
In-transit			
At Supplier			
At Customer*			
Customer contact info:			

*If nonconforming product is suspected to be at a customer location contact the customer immediately.

Items Investigated/Actions Taken	R/C?	Date	By

(R/C= Root Cause. Possible answers: Y=Yes, N=No, C=Contributory)



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Root Cause

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Corrective Action

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Preventive Action

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Verification

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Additional Information/Comments/Observations:

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