



Supplier Corrective Action Response (SCAR)

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For Information Only

From: Supplier Name Address Contact Phone #	SCAR No:			
	SCAR Due Date:			
	Epicor DMR No:			
Reply to: XOS Attn: Supplier Quality Program Manager 15 Tech Valley Drive, East Greenbush, NY 12061 E-Mail: sqm@xos.com or Fax: 518-880-1520	Supplier RMA No:			
	XOS Part No:			Rev
	Purchase Order No.			
	Qty Rec.		Qty Rej.	

Please identify and provide a Root Cause and Corrective Action on this response form.
Supplier must address and comment on all of the following items listed below.
(Use additional sheets as necessary):

1.	Specification:
2.	Discrepancy or nonconformance identified.
3.	Root Cause of the nonconformance.
4.	Action(s) taken to correct the specific nonconformance.
5.	Action(s) taken to correct the root cause of the nonconformance.
6.	Action being taken to ensure that other parts are not affected by the same or similar discrepancies.
7.	How did the discrepant part(s) escape supplier inspection/quality system?
8.	Target date(s) for implementation of corrective action.

XOS



Supplier Additional Information (Optional)

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XOS Additional Information (Optional)

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Supplier Quality Manger, GM, or Equivalent – Signature		Date:	
Corrective Action (SQM Circle)	Approved	Not Approved	
XOS SQM Approval – Signature		Date:	

Disposition of Parts (SQM Check)	
Return to Vendor (RTV)	
Sort/In-House Rework at XOS	
Accept and Use As Is	