

# PART DEFECT REVIEW FORM

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**Format No.:**

Date of Review:

Date of Defect Noted:

Part No.:

Part Name:

Part Defect Noted by:

Signature:

*How defect was detected? – Note by defect founder:*

**Full Description of Defect:**

Who were operator & Supervisor at manufacturing this Part?

**Is there Whole lot required for re-inspection: [            ] YES            [            ] NO**

**REASON FOR, IF YES OR NO:**

**What Correction / Corrective / Preventive Action Required?**

**Is there material reach to customer of partly / full / Bench?**

**What action are taken to return material & customer negotiations?**

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**SINGATURE OF FAULT DETECTOR:**

**SIGNATURE OF MANAGER - WORKS**