

SCAR#

Supplier Corrective Action Request (SCAR)

| | |
|---------------------------------------|--------------------------|
| Supplier: | Attention: |
| Phone #: | Email: |
| Description of Nonconformance: | Part #: |
| | Part Description: |
| | |
| Ibis Tek PO #: | |
| Quantity Affected: | |
| RMA # (if applicable): | |
| SCAR Issued By: | |
| SCAR Issued Date: | |

Note: If any fields exceed character maximums, please attach a separate document with complete responses.

Figure 1:

This section to be completed by Supplier
(depending on the issue, the Supplier may be instructed to use XPER form P-369)

Root Cause of Nonconformance:

Corrective Action Taken or Planned:

Signature of Responsible Manager: _____ **Date:** _____

Responsible Manager Name & Title:

SUPPLIER OBLIGATION COMPLETE HERE

Please return completed form to:
supplierquality@xperusa.com

RESPONSE TO THIS ISSUE MUST BE RECEIVED WITHIN 30 DAYS OF RECEIPT; FAILURE TO DO SO MAY RESULT IN REMOVAL OF YOUR COMPANY FROM FUTURE PURCHASING CONSIDERATION

Other Notes (optional):

[Empty blue box for other notes]

Figure 1:

THIS SECTION TO BE COMPLETED BY XPER

Response Accepted?

*If not, attach additional sheets
with explanation and follow-up.*

Approval Signature:

Date:

[Empty blue box for approval signature]

[Empty blue box for date]