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| Von IMA Schelling Austria gefordert:  demanded by IMA Schelling Austria |  | 4 D Report (es sind nur die Felder 1-5 erforderlich / only fields 1-5 are required) |  | 8 D Report |
| Reklamationsbericht:  complaint-number |  | | | |
| Lieferant:  supplier |  | | | |
| Artikelnummer:  item-number |  | | | |

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| 1. **Problembeschreibung / description of the problem** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 1. **Team- Zusammenstellung / team** | | | | | | | | | | | | | | | | | | | | |
| Name / name |  | | | | |  | | | | | | | | |  | | | | | |
| Abteilung / department |  | | | | |  | | | | | | | | |  | | | | | |
| Telefonnummer / phone. |  | | | | |  | | | | | | | | |  | | | | | |
| 1. **Sofortmaßnahme(n) / vorläufige Maßnahme(n) / Immediate/ provisional action(s)** | | | | | | | | | | | | | | | | | | |  | |
| Lagerbestand betroffen / parts in stock affected? | | |  | | | Nein / No |  | | | Ja / Yes | |  | | | | | | | Einführungs-Datum / Date of introduction   Unterschrift / signature | |
| Umlaufbestände betroffen / in– process parts effected? | | |  | | | Nein / No |  | | | Ja / Yes | |  | | | | | | |
| Ausgelieferte Teile betroffen / shipped parts affected? | | |  | | | Nein / No |  | | | Ja / Yes | |  | | | | | | |
| Falsche Artikel retour? Incorrect item back? | | |  | | | Nein / No |  | | Ja / Yes | | |  | | | | | | |
| 1. **Grund - Ursache des Problems / cause of the problem** | | | | | | | | | | | | | | | | | | |
| 1. **Abstellmaßnahme (n) / Corrective action(s)** | | | | | | | | | | | | | | | | | | | Einführungs-Datum / Date of introduction   Unterschrift / signature | |
| 1. **Überprüfung der Abstellmaßnahme(n) / checking the corrective action(s)** | | | | | | | | | | | | | | | | | | | Einführungs-Datum / Date of introduction   Unterschrift / signature | |
| 1. **Maßnahme(n) zur Vermeidung von Wiederholfehlern / action(s) to Prevent Recurrence** | | | | | | | | | | | | | | | | | | | Einführungs-Datum / Date of introduction   Unterschrift / signature | |
| Sind andere Prozesse, Produkte betroffen / are other processes, products concerned? | | | | | | | | | | |  | | Nein / No | | |  | | Ja / Yes |
| 1. **Erfolgskontrolle / von Schelling auszufüllen / success check by Schelling** | | | | | | | | | | | | | | | | | | | | |
| Sofortmaßnahme(n) erfolgreich  / immediate action(s) successful: | | ja/yes | | | nein/no | | | geprüft am  / tested | | | | | |  | | | von / by | | |  |
| **Bemerkung:** | | | | | | | | | | | | | | | | | | | | |
| Langfristige Maßnahme(n) erfolgreich  / long-term action(s) successful: | | ja/yes | | nein/no | | | | geprüft am  / tested | | | | | |  | | | von / by | | |  |
| **50€ Bearbeitung:**  ja/yes nein/novon/by | | | | | | | | | | | | | | | | | | | | |