8D Corrective Action Report

Wabtec CORPORATION

Pl. Fill out Highlighted Gray area below

Customer:		**Date Open:**	
VBI Part & Serial Number:		**Revision Date(s):**	
Part Description:		**8D Approver :**	
Reject #		**RMA**	
Initiated By & Contact information:		**Qty:**	

D1 TEAM MEMBER NAMES/TITLES:

D2 DETAILED PROBLEM STATEMENT/DESCRIPTION:

D3 CHOOSE AND VERIFY INTERIM CONTAINMENT ACTION(S) (ICA):

D4 DEFINE AND VERIFY ROOT CAUSE(S):

D5 CHOOSE AND VERIFY PERMANENT CORRECTIVE ACTION(S) (PCA):

D6 IMPLEMENT AND VALIDATE PERMANENT CORRECTIVE ACTION(S) (PCA):

D7 SYSTEM PREVENTION ACTIONS TO PREVENT RECURRENCE:

D8 TEAM AND INDIVIDUAL RECOGNITION: Recognize the collective efforts of the team.

Implementation Date		Date Closed	
Closed By			

CUSTOMER ACTION REQUIRED

Corrective action Reviewed/Approval By ☐ Acceptable ☐ Unacceptable

Approval Date: