# How to use the 8D Report Form

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| The white fields with have to be filled by  the company who caused the defect. |  | The grey fields with orange border  have to be filled by LAPP. |

## 1 Team

This is the first step of the 8D process. The 8D team shall be cross-functional and shall include as members the process owner, a member from QA, and others who will be involved in the containment, analysis, correction and prevention of the problem. The names of the members as well as their positions in the company organisation must be enumerated in this part of the report.

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| Have all relevant departments been included in the team? | Yes |  | No |  |
| Have names and department names been provided? | Yes |  | No |  |

## 2 Description of Defect

This step involves a detailed assessment of the problem. It shall include the following details: What is the problem? When did the problem happen? Who has detected the problem? Where has it been detected? How many non-conforming parts / meters / cable drums are there? Why is it a problem (known or expected effects at end customers)?

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| Has the defect been described in detail, including pictures (if necessary)? | Yes |  | No |  |
| Have the effects of the defect been described properly? | Yes |  | No |  |
| Has additional information been provided, if necessary? | Yes |  | No |  |

## 3 Containment Action

This discipline includes all activities to contain the problem, i.e. to immediately avoid further incidents of the same issue. Based on initial problem investigation, all batches that are potentially affected by the same problem must be identified and their locations pinpointed (stock, work in progress, in transit or already delivered). If possible, specific batch numbers and date codes of potentially affected batches shall be enumerated in this portion of the report. Further spread of defective products must be avoided by appropriate actions, e.g. blocking of stock, inspection and sorting, additional incoming or outgoing inspections, labelling of inspected products. It should also be assessed if customers must be advised of certain actions, e.g. inspection and sorting. A first risk assessment should be conducted.

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| Have appropriate containment action been taken and described? Will they avoid further incidents? | Yes |  | No |  |
| All information provided regarding quantity, stock, work in progress, in transit, delivered products? | Yes |  | No |  |
| All information provided for traceability (name, part number, lot numbers, production dates, …)? | Yes |  | No |  |
| Have the implementation dates of each containment action been provided? | Yes |  | No |  |
| Have customers been advised of additional actions, if necessary? | Yes |  | No |  |

## 4 Root Causes – Occurrence / Non-detection

This 8D process step includes the failure analysis and investigation to determine the root cause for the occurrence of the problem and for the lack of detection.   
Regarding the root causes (occurrence): A detailed description of the actual failure mechanism must be given, to show that the failure has been fully understood. All events resulting from the root cause and leading to the failure mechanism must be included in the explanation. As much evidence as possible must be provided, to show that the identified root cause was the real reason behind the problem.   
Regarding the root causes (non-detection): It should be explained why the defect was not detected before despatch to the customer. Particularly, all corresponding inspections should be noted and explained why they were not effective.  
Regarding both aspects of root causes (occurrence and detection): The root cause analysis is critical for the success of corrective action. Not only superficial symptoms should be examined, but instead, the underlying causes must be identified. Also, potential causes should be listed and should only be excluded if well-founded reasons for the exclusion are given. It must be possible to correct the identified root causes by appropriate corrective action. If “root causes” cannot be corrected, they should not be called “root causes”.  
The identification of root causes can be supported by methods like 5 Why, Pareto-Analysis, Fault Tree Analysis, Factor Tree Analysis.

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| Have the root causes for the occurrence of the defect been described properly? | Yes |  | No |  |
| Has the reasons for non-detection been described properly? | Yes |  | No |  |
| Have other possible causes been considered, documented and ruled out after examination? | Yes |  | No |  |
| Have 5 Why, Pareto, Fault Tree, Factor Tree or other methods been applied? | Yes |  | No |  |

## 5 Corrective Action – Occurrence / Non-Detection

This discipline identifies all possible corrective actions to address the root cause of the problem with regard to occurrence and detection. The rationale behind each corrective action in relation to the root cause shall be explained and proven. Training of operators shall not be accepted as corrective action. In case of process changes, the respective documents should be listed, e.g. work instructions, inspection plans, inspection instructions, etc.  
Regarding planned actions: Responsible persons and deadlines must be defined.

Regarding finished actions: Date of implementation must be noted.

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| Have appropriate corrective actions been taken (for both occurrence and non-detection)? | Yes |  | No |  |
| Has each action item been linked very clearly to the corresponding root cause? | Yes |  | No |  |
| Have planned dates or implementation dates been provided? | Yes |  | No |  |
| Have any documents been changed / updated (e.g. work instructions, inspection plans) | Yes |  | No |  |

and have they been named clearly (see point 8)?

## 6 Verification of Corrective Action

The sixth discipline of the 8D is to prove the effectiveness of the implemented corrective actions. The effectiveness must be proven by facts and figures. The connection between root causes, corrective action and the presented proof of effectiveness must be obvious. Detailed descriptions of the assessment method must be given (how, when). The review period must be adequate to the frequency of the occurrence, i.e. the review period should be designed long enough to ensure statistical repetition of the defect. Usually, short-term and long-term (e.g. after 3 to 6 months) effectiveness should be distinguished.  
Regarding planned effectiveness assessment: Responsible persons and deadlines must be defined.

Regarding finished effectiveness assessment: Date of implementation must be noted.

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| Has the effectiveness assessment been clearly linked to the corresponding corrective actions? | Yes |  | No |  |
| Have planned dates or implementation dates been provided? | Yes |  | No |  |
| Has the effectiveness of the corrective actions been proven by data (attached or referenced)? | Yes |  | No |  |

## 7 Preventive Action

This next discipline should not be mistaken with 'correcting' the problem. Prevention of the problem requires the identification of products and processes that are similarly open to the same problem, even if not affected under the current situation. Actions necessary to prevent these from being affected by a similar problem in the future are called preventive actions. All preventive actions must be enumerated, along with the persons in charge and target dates of completion. An important aspect of this discipline is the general standardisation of processes and application of preventive methods like FMEA.

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| Have similar products and processes been identified, which could possibly be also affected? | Yes |  | No |  |
| Have appropriate actions been taken to prevent issues with these products or processes? | Yes |  | No |  |
| Has the FMEA been updated? | Yes |  | No |  |
| Have any documents been changed / updated (e.g. work instructions, inspection plans) | Yes |  | No |  |

and have they been named clearly (see point 8)?

## 8 New and updated documents

If the corrective action or preventive action effected new or changed documents, then these documents should be referenced here. Document name and revision should be given. Relevant documents are: Work instructions, process instructions, inspection plans, inspection instructions and FMEA.

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| Have new or changed documents, related to points 5a, 5b and 7, been referenced? | Yes |  | No |  |