CORRECTIVE ACTION REQUEST

FORM 02-QGXF108-E-2

Ship a completed copy of form (inside of box) along with the failed capacitors to the address below.

Corrective Action Request
Cornell Dubilier
140 Technology Place
Liberty, SC 29657-3300
USA

Note – An RMA (Return Material Authorization) number is not necessary for a corrective action request unless credit is to be issued for the returned samples verifying the nonconforming condition.

Please fill in all of the requested below:

Primary Company Name: _____ Secondary Company Name: _____

Primary Contact Name: _____ Secondary Contact Name: _____

Primary Contact Email: _____ Secondary Contact Email: _____

Primary Contact Phone #: _____ Secondary Contact Phone #: _____

Primary Contact Fax #: _____ Secondary Contact Fax #: _____

Details regarding nonconformity

Part number as marked on capacitor: _____

Number of known nonconforming capacitors: _____

Explanation of nonconforming condition:

Capacitor samples included: Yes No If yes, how many are included?

Has your company experienced this nonconformity in the past? Yes No If yes, please provide a few details:

If the CA request is to be sent directly to the REP agency, please include this information in writing with the CA request paperwork and samples. Within 24 hours from the time the request is received and validated, a CA request will be emailed to the individual requesting the CA. The CA receipt provides confirmation of receipt, CDE assigned FA# and provide information about any need for additional samples or information.