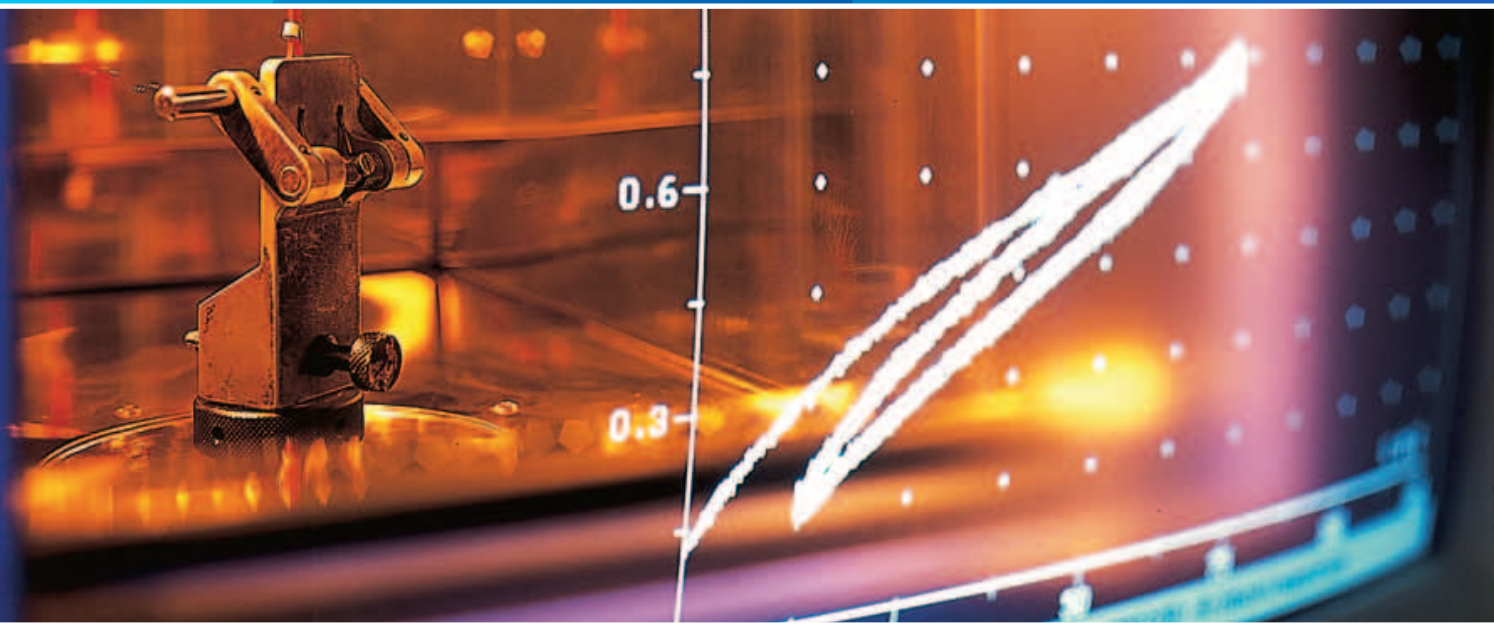


8D-REPORT GUIDELINE

FOR SUPPLIERS | RL0002 REV.0



WESTLAND

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1. Purpose

The aim of this guideline is a detailed description of the 8D problem-solving and reporting method for suppliers of WESTLAND.

2. Scope

The content of this guideline applies to all suppliers that supply products and production processes (e.g. anodic treatment or coating etc.) to WESTLAND.

3. Terms

8D-Report = 8 Disziplinen-Report
Ishikawa-Diagramm = Cause-Effect-Diagram

4. Description of 8D steps

Every complaint raised by WESTLAND must be executed according to the 8D method, unless something different is required in written by WESTLAND. As a first step WESTLAND requires an interim report based on 3 already executed disciplines (3D), 24 hours after the receipt of the complaint. In addition to this the finalized 8D Report must be completed on time as well (8D=10 working days after the receipt of the complaint).

The 8D method works only effectively if the 8D Report demonstrates a promptly progress of the corrective actions. Therefore the 8D Report should be used as a „Äüliving,Äù tool for processing of complaints.

On the last page is an image of the WESTLAND 8D Report that suppliers might use for processing of complaints.

4.1. Description of the disciplines

D1: Collecting of all relevant information

- Prepare the 8D process and ensure that all relevant information are available.

D2: Problem description

- Describe the problem of the internal/external customer by investigation of „Äúwhat went wrong and why did it go wrong,Äù. Work on a containment of the problem (what, where, when, how many ,Ä¶).)

D3: Containment action

- Define, verify and implement a containment action, to contain the effects of the problem until a permanent corrective action is already found. Proof the effectiveness of the actions.

D4: Root cause

- Define and verify the root cause(s) und proof every possible root cause by comparing it against the description of the problem incl. available data. Define and verify also the certain step in the process where the problem appeared.

D5: Chosen corrective action

- Chose an optimal and permanent corrective action. Demonstrate that the chosen corrective action eliminates the problem verifiable and that there are no unwanted side-effects.

D6: Implemented permanent corrective action

- Plan and implement the chosen permanent corrective actions. Define how you ensure to proof the effectiveness of the permanent actions continuously.

D7: Actions to prevent recurrence

- Modify the necessary systems, instructions and processes, to avoid that adequate or similar problems reappear.

D8: inal remark / congratulate your team

- Finalise the team work. Assess the gain in experiences and chose who to inform about this.

4.2. Checklist of disciplines

D1: Collecting of relevant information

- ✓ Did WESTLAND require containment actions or are these actions mandatory?

- ✓ How did we verify the containment action?

- ✓ Is the complexity of the failure characteristic known (are all specifications quantified and confirmed by measurements)?

- ✓ Is an 8D Report already existing due to the problem (e.g. repetitive failure)?

- ✓ Did we name an 8D-Team leader respectively a person responsible for the complaint?

- ✓ How is the customer considered in the 8D team?

- ✓ Are there members of the effected department/plant considered in the 8D team?

- ✓ Does the team structure ensure the availability of every necessary information and of the required experiences?

- ✓ Are the roles and responsibilities clearly defined within the team?

- ✓ Has the team enough authority to take decisions?

D2: Problem description

- ✓ Do we have a definite description of the specific problem?

- ✓ Are the symptoms/failure characteristics definite?

- ✓ Did a 5-Why-Analysis already take place and/or did we create an Ishikawa-Diagram?

- ✓ Did the problem appear before? If so, in which certain process step?

- ✓ Does the process reflect the latest released status?

- ✓ Are there samples available with these failure characteristics?

- ✓ Are all required data collected and analyzed?

- ✓ Do we have enough information to identify/ assess the potential failure characteristics?

- ✓ What impact do the containment actions have on the deviation?

- ✓ May this problem also affect other/ similar components or (sub-)assemblies?

- ✓ Do we have a confirmation of the problem description by the team?

D3: Containment action

- Are there containment actions necessary and/or required by WESTLAND?

- Are criteria already defined to select the containment actions?

- Are all responsible dept./plants involved in the decision of the containment actions?

- Did we consider appropriate tools for advanced quality planning (e.g. FMEA, control plans)?

- Is definitely ensured, that the containment actions protect WESTLAND completely of the failure effect?

- How did we verify all containment actions?

- Are the containment actions well-balanced in terms of risk/benefit relation?

- Do we have a definite plan for implementation of the containment actions (who, when, what)?

- Did we inform WESTLAND via 8D-Report?

D4: Root cause

- Which sources of information did we use by collecting the list of potential failure root causes?

- Which quality tools did we use with the aim to find the root cause of the failure?

- Did we perform a 5-Why-Analysis or an analysis acc.to Ishikawa Diagram?

- Are we able to identify the influences that have caused the problem?

- Does the root cause(s) of the failure fit to the certain problem acc. to the problem description?

- Does it make sense to divide the 8D investigations in terms of the unique, potential failure root cause(s)?

- Did we dig deep enough in terms of analysis of the failure root cause(s)?

- How did we verify the failure root cause(s)?

- Is there a control system in place for the relevant parameters and is it able to identify the problem?

- Is there a need to improve the control system, if applicable?

D5: Chosen corrective action

- ✓ Which criteria are defined for selection of corrective actions and in terms of the point of slipping through?

- ✓ Which dept./plants must be involved in the planning of the corrective actions?

- ✓ Which options are considered by the choice of the permanent corrective actions?

- ✓ How did we verify the chosen corrective action and which evidence do we have, that these corrective actions solve the problem by its root cause?

- ✓ Did we identify and verify all risks whether the chosen corrective actions might cause other problems?

- ✓ Did the champion (if required) agree to the chosen corrective actions?

- ✓ Do we have a definite plan for implementation of the corrective actions (who, what, when...)?

- ✓ Which capacities are required for the implementation of the corrective actions and are they appropriate?

D6: Implemented permanent corrective action

- ✓ Which dept./plants must be considered by the implementation of the corrective actions?

- ✓ Is there a need to involve WESTLAND and/or our supplier?

- ✓ If so, who will coordinate these activities of WESTLAND and/or our supplier?

- ✓ How do we monitor the completion of the implementation plan?

- ✓ When is the point of exit in terms of the implementation of the containment actions?

- ✓ Which measurements were used in terms of validation of the chosen corrective action?

- ✓ How will we monitor the results on a long-term basis?

- ✓ Does the validation confirm that all failure root causes are completely eliminated?

- ✓ Are all process-related documents checked and updated?

D7: Actions to prevent recurrence

- Where did the problem occur in our process and how could it happen?

- Which procedure or condition allowed this problem to occur without getting detected?

- Are all effected processes and products identified?

- What will be done differently in the future to avoid a recurrence of the root cause?

- Who must be informed about the identified possibilities of the corrective actions?

- Is there a plan of coordination of the corrective actions and for standardization of the procedure (who, what, when,Ä¶) existing?

- How can we verify and validate the corrective actions?

- Did the champion agree to the corrective actions?

- Did we transfer the knowledge of the present 8D-Report into a ‚ÄúKnowledge Database,Äù and did we publish this?

D8: Final remark / congratulate your team

- Is there a possibility to congratulate the team after the successful completion of the 8D-Report?

- Proof of the 8D aim: What was well whilst the process of problem solving and where are opportunities for improvement?

- Is the 8D Report completed?

- Is the 8D-Report officially closed, signed and forwarded to WESTLAND?

- You will find further information as well as the 8D-Report on our web pages.

4.3. WESTLAND 8D report for suppliers

(see also screenshot below)

8D REPORT | EN

Claim-no. <input type="text"/>	Product-no. <input type="text"/>	Date of Complaint <input type="text"/>
Customer <input type="text"/>		Issue date <input type="text"/>
Product <input type="text"/>	Drawing-no. <input type="text"/>	Compound <input type="text"/>

D1 | Teammembers (Team leader is marked as TL)

D2 | Problem description (incl. photos, if possible)

D3 Containment action(s) <input style="width: 95%; height: 30px;" type="text"/>	Initial date <input style="width: 90%;" type="text"/>
	Responsible <input style="width: 90%;" type="text"/>

D4 | Root cause(s)

D5 Chosen permanent corrective action(s) <input style="width: 95%; height: 30px;" type="text"/>	Initial date <input style="width: 90%;" type="text"/>
	Responsible <input style="width: 90%;" type="text"/>

D6 Implemented permanent corrective action(s) <input style="width: 95%; height: 30px;" type="text"/>	Initial date <input style="width: 90%;" type="text"/>
	Responsible <input style="width: 90%;" type="text"/>

D7 Effectiveness / action(s) to prevent recurrence <input style="width: 95%; height: 30px;" type="text"/>	Reference <input style="width: 90%;" type="text"/>
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D8 Remark(s) <input style="width: 95%; height: 30px;" type="text"/>	Name creator <input style="width: 90%;" type="text"/>	Due date <input style="width: 90%;" type="text"/>
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(Completed as an example)

8D REPORT | EN

Claim-no. 12345678901234567890-ABC	Product-no. PN1234567890	Date of Complaint 1920-06-25
Customer Max Mustermann GmbH, 12345 Musterhausen, DE		Issue date 1920-06-25
Product Technically demanding functional part	Drawing-no. HDG 1234567890 Version 12345	Compound X123-45

D1 | Teammembers (Team leader is marked as TL)
A. Meyer (TL) / AB, B. Schmidt / CD, C. Schulz / EF, D. Schröder / GH

D2 | Problem description (incl. photos, if possible)
In delivery lot XXX, the customer found two assemblies with staggered components. The error occurred for the first time on this lot.

D3 | Containment action(s)
1. 100% check and rework all assemblies on the way to and from the customer. 2. 100% check and rework all existing assemblies. Introduce 100% testing in the ongoing assembly. 3. Carry out replacement delivery to secure customer needs.

Initial date
1920-06-25
Responsible
A. Meyer (TL) / AB

D4 | Root cause(s)
A new employee was employed in the assembly. This installed the components in a staggered manner. The mounting device allows incorrect assembly.

D5 | Chosen permanent corrective action(s)
1. Change the assembly device for the test run so that modules with incorrectly assembled components cannot be clamped.
2. Check whether this protection reliably detects incorrect assembly of the components.

Initial date
1920-06-25
Responsible
B. Schmidt / CD

D6 | Implemented permanent corrective action(s)
Supplementary maintenance instructions. The device for detecting the incorrectly installed components must be checked monthly. Update the documentation on the system. Training of production and maintenance personnel on the changes. Update training plans. Cancel the 100% inspection while the assembly is in progress.

Initial date
1920-06-25
Responsible
C. Schulz / EF

D7 | Effectiveness / action(s) to prevent recurrence
Check whether this error can also occur on assembly line Y. If possible, do the same on this line. Complete checklist for assembly planning. The devices must ensure that components cannot be installed offset.

Reference
There are many references here: a), b) and also c)

D8 | Remark(s)
Check the successful implementation of the agreed measures.

Name creator
D. Schröder / GH
Due date
1920-06-25

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THINK GLOBAL | ACT LOCAL ALWAYS THERE, WHENEVER YOU NEED US

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- CZ Ligum spol. s r.o. | 466 05 Jablonec nad Nisou
- DE Westland Gummiwerke GmbH & Co. KG | 49324 Melle
- DE Westland Walzentechnik GmbH | 48653 Coesfeld
- DE Westland - Konrad Wiese GmbH | 49584 Fürstenau
- ES Martín-Westland Soluciones Gráficas, S.L. | 28022 Madrid
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- RUS Ligum | 115230 Moscow
- SK Ligum spol s r.o. | 058 02 Poprad 2
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