

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)

<b>D3</b>   Containment action(s) <input type="text"/>	Initial date <input type="text"/>
	Responsible <input type="text"/>

**D4** | Root cause(s)

<b>D5</b>   Chosen permanent corrective action(s) <input type="text"/>	Initial date <input type="text"/>
	Responsible <input type="text"/>

<b>D6</b>   Implemented permanent corrective action(s) <input type="text"/>	Initial date <input type="text"/>
	Responsible <input type="text"/>

<b>D7</b>   Effectiveness / action(s) to prevent recurrence <input type="text"/>	Reference <input type="text"/>
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<b>D8</b>   Remark(s) <input type="text"/>	Name creator <input type="text"/>	Due date <input type="text"/>
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