



Customer

Name  
Department  
Phone  
Fax  
Address  
E-Mail  
Date

## 8D-Report

Our ref.:

Your ref:

Incoming date:

Date of complaint:

### **Type / problemname:**

KEBA materialname and -  
number

Customer materialname and -  
number, P/O number

Amount:

serial numbers

Problem occurred at:

- At start up  
 In the field

Customer:

8D Report status:

- Work in process  
 Closed
-



## 1D - team

Responsible:

Team:

## 2D – problem description:

Affected Systems:

Problem Description:

Defect:

Classification:

Frequency:

Always

Sporadic

Quality:

Reproduceable

## 3D – immediate measures

Activity ID:

operator:

date:

Description:

Result:

State:  Work in process  Closed

Activity ID:

operator:

date:

Description:

Result:

State:  Work in process  Closed

## 4D – root cause

Activity ID:

operator:

date:

Description:

Result:

State:  Work in process  Closed

## 5D – corrective action

---

operator:                      date:

Activity ID:  
Description:

Result:                      State:  Work in process       Closed

---

## 6D – verify corrective action and standardisation

operator:                      date:

Activity ID:  
Description:

Result:                      State:  Work in process       Closed

---

## 7D – preventive measures

operator:                      date:

Activity ID:  
Description:

Result:                      State:  Work in process       Closed

---

## 8D - closing

---