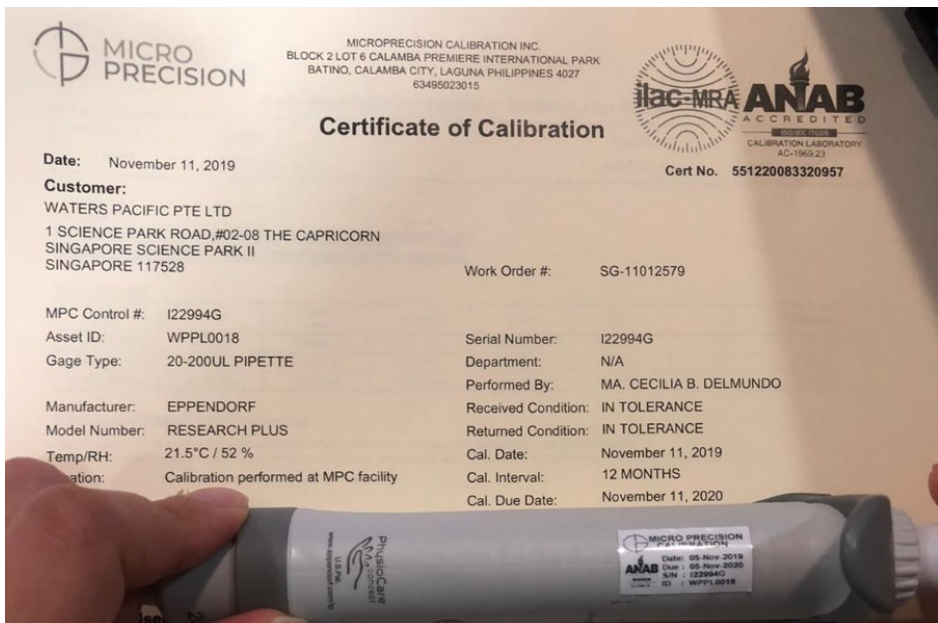


## Title: Supplier Corrective Action Request (SCAR)

Document No: 730006714

Version No: 01

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|                                                                                                                                                                                 |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <b>SCAR Number</b><br>SGYYMMNN                                                                                                                                                  | SCAR-SG200701                                                                  | <b>SCAR Assignee, Company</b> (Supplier designated point of contact)                                                                                                                                                                                                                                                                                                               | Amy Li Yan Yan, Micro Precision Calibration Pte Ltd                  |
| <b>SECTION 1: INTRODUCTION</b> (To be completed by Waters Supplier Quality / Quality Engineer)                                                                                  |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |
| <b>Source</b> (select all that apply):                                                                                                                                          |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |
| <input type="checkbox"/>                                                                                                                                                        | <b>CIT Number(s):</b> _____                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                           | <b>RMA Number(s):</b> _____                                          |
| <input type="checkbox"/>                                                                                                                                                        | <b>Stop Ship Number(s):</b> _____                                              | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                           | <b>Contract Manufacturer / Supplier declared:</b> _____              |
| <input type="checkbox"/>                                                                                                                                                        | <b>NCR Number(s):</b> _____                                                    | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                | <b>Other:</b> Calibration cert no: 551220083592482 & 551220083320957 |
| <b>NC Statement, Requirement</b> (Include, where applicable, part numbers, part descriptions, serial numbers, and date codes; requirement not met e.g. SOP number and revision) |                                                                                | Nonconformity Statement: There are multiple inaccuracies observed in the calibration records provided by Micro Precision Calibration.                                                                                                                                                                                                                                              |                                                                      |
|                                                                                                                                                                                 |                                                                                | Evidence 1: It was observed the calibration cert no. 551220083592482 dated 02 May 2020 contains multiples inaccuracies in the Notes section.                                                                                                                                                                                                                                       |                                                                      |
|                                                                                                                                                                                 |                                                                                | Evidence 2: It was observed on calibration cert no. 551220083320957 dated 11 Nov 2019 for equipment ID# WPPL0018 S/N# I22994G, the calibration date is 11 Nov 2019 and calibration due date is 11 Nov 2020. However, on the physical calibration sticker pasted on equipment by the service provider, the calibration date is 05 Nov 2019 and calibration due date is 05 Nov 2020. |                                                                      |
|                                                                                                                                                                                 |                                                                                |                                                                                                                                                                                                                                                                                                |                                                                      |
| <b>INITIATED BY</b> (Waters Supplier Quality / Quality Engineer)                                                                                                                | <b>Name/ Title</b>                                                             | <b>Sign</b>                                                                                                                                                                                                                                                                                                                                                                        | <b>Date</b>                                                          |
|                                                                                                                                                                                 | Lim Shaynee / Supplier Quality Engineer                                        |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |
| <b>APPROVAL BY</b> (Waters Quality Manager/ Designee)                                                                                                                           | Tan Kah Chin / Senior Quality Assurance Manager                                |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |
| <b>Issuance Date</b>                                                                                                                                                            | <b>Due Date for Sections 2 and 3</b> (Should be within 90 days from issuance.) | <b>Remarks (if any):</b> N/A                                                                                                                                                                                                                                                                                                                                                       |                                                                      |
| 14.Jul.2020                                                                                                                                                                     | 12.Oct.2020                                                                    |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |

## SECTION 2: ROOT CAUSE ANALYSIS AND INTERIM CONTAINMENT ACTIONS

### SECTION 2A: FORM A TEAM

List Team Members' Names/ Function  
(minimum 2 personnel)

Amy Li-Sales Engineer  
Leslie Rojas-Corporate QA

**SECTION 2B: IMPLEMENTED INTERIM CONTAINMENT ACTIONS** (Temporary fixes to protect customer, including Correction Actions. Where applicable, Part Number(s), Part Description(s), Quantities, Action Owner should be included. If containment is documented via Waters NCR, Waters NCR number should be included).

**Completion Date**  
(DD.MM.YY)

Micro Precision had issue revised Calibration Certificate number 551220083694795, both softcopy and hard copy sent to CM\_Flex.

Responsible: Li Yan Yan

The total of calibration certificate that MP-Singapore issued to Water SG are 177. When we review all the calibration certificate the we issued it is not affected by this issue. I will attach the list of equipment that MP-Singapore issued calibration certificate.

This is the evidence that the previous cert is already obsolete.

The screenshot displays the 'Equipment Information' window for a company 'WATERS SG / WATERS PACIFIC PTE LTD'. It shows details for a 'LOAD BOX' with ID 14354691, including its serial number, model, and calibration type. Below this, a table lists historical events: SHIPPING, FINAL INSPECTION, 17025 CALIBRATION, and RECEIVING. The '17025 CALIBRATION' event is highlighted, showing it was performed by AMYLI on May-02, 2020, with a status of 'COMPLETE'. To the right, the 'Permanent Notes' section contains a note about calibration, and the 'History Documents' section shows a list of certificates, with one marked as 'Obsolete certificate number'.

13.07.20

Micro Precision will issue correct calibration sticker for equipment ID# WPPL0018 S/N# I22994G with Cal Date 11-Nov-2019 and Due Date 11-Nov-2020

Responsible: Li Yan Yan

Conduct refresher training for all quality personnel regarding on the Quality Checking, Calibration Reports Processing and Final Inspection process of the calibrated equipment. Strictly implement initial checking on all calibrated equipment to ensure if the equipment bears correct and updated calibration labels.

Responsible: Joel De Vera/ Laboratory Manager

Completion Date: July 15, 2020

## Evidence

17.07.20

 **MP TRAINING RECORD**

Training Date: July 15, 2020 Page(s) 1

| TRAINING TITLE:                                     | OBJECTIVE(S):                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Quality Checking and Calibration Reports Processing | <ul style="list-style-type: none"> <li>This training aims to identify guidelines on processing quality checking and calibration report.</li> <li>This training covers quality checking, proper labelling of equipment up to final inspection process. Completion of calibration events and PI event on the Calibration Management Software through secured sign offs.</li> </ul> |

**Attending**  
The following personnel attended this training session.

| Name           | Signature                                                                           | Name | Signature |
|----------------|-------------------------------------------------------------------------------------|------|-----------|
| Ng Kian Hong   |  |      |           |
| Zhu Yong       |  |      |           |
| Yew Yee Hong   |  |      |           |
| Chen Ding Ting |  |      |           |
| Chen Yoke Tee  |  |      |           |
| Wai Yook Fook  |  |      |           |
| Lim Shi Yuan   |  |      |           |
| Director       |  |      |           |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Instructor Name: \_\_\_\_\_ Division: \_\_\_\_\_

COA-FM-002 REV. 05  
(27-Apr-2018)

## SECTION 2C: ROOT CAUSE ANALYSIS (RCA) AND RISK ASSESSMENT

(Objective evidence should be attached and referenced with running number e.g. Refer to Attachment 1).

### Case 1:

The calibration technician unintentionally committed typographical error inputting the superseded certificate number same as the new one because he just copied the certificate number and paste it on the note. It is done by the same technician because the CSR personnel ask him to copy the superseded certificate number on the note part but he just copy the new certificate number instead of the old certificate number. And also for the Calibration Performed the technician input "at" but it should be "for" because it is calibrated in MPC Facility, See attachment 1:



**Certificate of Calibration**



Cert No: 551220083592482

**Date:** May 02, 2020

**Customer:**  
WATERS PACIFIC PTE LTD  
1 SCIENCE PARK ROAD, #02-08 THE CAPRICORN  
SINGAPORE SCIENCE PARK II  
SINGAPORE 117526

**Work Order #:** SG-11014146

**MPC Control #:** 14354691      **Serial Number:** 14354691

**Asset ID:** 2096      **Department:** N/A

**Gage Type:** LOAD BOX      **Performed By:** SENGTHYE CHEW

**Manufacturer:** CHROMA      **Received Condition:** OPERATIONAL

**Model Number:** S14-03      **Returned Condition:** REPORT OF VALUE

**Size:** N/A      **Cal. Date:** May 02, 2020

**Temp/RH:** 22°C / 52 %      **Cal. Interval:** 12 MONTHS

**Location:** Calibration performed at MPC facility      **Cal. Due Date:** May 02, 2021

**Calibration Notes:**  
The user shall determine the suitability of the equipment for its intended use.  
The calibration status is defined as Report of Value.  
Calibration performed at Facilities Pte Ltd.  
See attached data, (1 page).  
This supersedes Certificate Number 551220083592482.

**REVIEWED & ACCEPTED**

SIGN: [Signature]

DATE: 13 May 2020

REMARKS: End of 2019

**Standards Used to Calibrate Equipment**

| I.D.   | Description | Model | Serial     | Manufacturer    | Cal. Due Date | Traceability #  |
|--------|-------------|-------|------------|-----------------|---------------|-----------------|
| CA0094 | MULTIMETER  | 3456A | 2823A25598 | HEWLETT PACKARD | Jun 10, 2021  | 1-12015829011-1 |

**Procedures Used in this Event**

| Procedure Name       | Description                                                                 |
|----------------------|-----------------------------------------------------------------------------|
| CHROMA 190XX PRODUCT | Using a Load Box to Verify Hipot Tester, Chroma 190XX Product, Jun 15, 2019 |

This is the evidence that the calibration is done in MPC facility.

**Work Order :** SG-11014146      **Open Date :** Apr 27, 2020

**Purchase Order :** 2020-102      **Expected Due Date :** May 6, 2020

**Status :** INVOICED      **Completed Date :** 5/29/20

**Terms :** NET 30

| Gage ID  | Status   | Manufacturer | Model No. | Serial No. | Location         | Event Type                                                                          |
|----------|----------|--------------|-----------|------------|------------------|-------------------------------------------------------------------------------------|
|          | Asset ID | Gage Type    | Cal Cycle | Completed  | Performed By     |                                                                                     |
| 14354691 | C        | CHROMA       | S14-03    | 14354691   | 17025 CALIBRATIO |  |
|          | 2096     | LOAD BOX     | 12 MONTHS | 7/13/20    | SENGTHYE CHEW    |                                                                                     |
| 7322788  | C        | CHROMA       | S14-03    | 7322788    | 17025 CALIBRATIO |  |
|          | 2097     | LOAD BOX     | 12 MONTHS | 7/13/20    | SENGTHYE CHEW    |                                                                                     |

Total items: 2

**Work Order Specific Notes:**

| Name         | Notes                                      | Date Inserted |
|--------------|--------------------------------------------|---------------|
| JIANYINGWANG | WO#SG-11014064#14146, Invoice#SG-11014146. | May 28, 2020  |

Case 2:

The calibration technician unintentionally committed typographical error inputting calibration date and due date for the unit with Equipment ID# WPPL0018 S/N I22994G. The one that they input on the physical sticker is 5 Nov 2019 to 5 Nov 2020 instead of 11 Nov 2019 to 11 Nov 2020. Likewise, this information has been overlooked by Final Inspection Personnel during the Final Inspection Process if the calibration dates and calibration due dates in certificate are matched with the calibration date and due date on the physical sticker.

See Attachment 1:

**Certificate of Calibration**

**Date:** November 11, 2019  
**Customer:** WATERS PACIFIC PTE LTD  
 1 SCIENCE PARK ROAD, #02-08 THE CAPRICORN  
 SINGAPORE SCIENCE PARK II  
 SINGAPORE 117528

**Work Order #:** SG-11012579  
**Cert No.** 551220083320957

**MPC Control #:** I22994G  
**Asset ID:** WPPL0018  
**Gage Type:** 20-200UL PIPETTE

**Manufacturer:** EPPENDORF  
**Model Number:** RESEARCH PLUS  
**Temp/RH:** 21.5°C / 52 %

**Serial Number:** I22994G  
**Department:** N/A  
**Performed By:** MA. CECILIA B. DELMUNDO  
**Received Condition:** IN TOLERANCE  
**Returned Condition:** IN TOLERANCE  
**Cal. Date:** November 11, 2019  
**Cal. Interval:** 12 MONTHS  
**Cal. Due Date:** November 11, 2020

**Location:** Calibration performed at MPC facility

**SECTION 2D: PLAN OF PERMANENT CORRECTIVE ACTION(S)** *(Each root cause in section 2 shall be addressed. Documentation shall be uploaded s appropriate. Where applicable, Part Number(s), Part Description(s), Quantities, Action Owner should be included).*

**Plan Date**  
(DD.MM.YY)

Conduct refresher training for all technicians regarding on the Calibration Process Flow with focused on affixing correct and updated calibration sticker on the equipment prior endorsement to QC/FI process. Implement counter checking of the Team Leader on the calibration labeling of the equipment.

Responsible: Joel De Vera/ Laboratory Manager

Completion Date: July 15, 2020

Evidence:

15.07.20

**MP TRAINING RECORD**

Training Date: July 15, 2020 Page(s) 1

**TRAINING TITLE:**  
Refresher Training for Calibration Process Flow

**OBJECTIVE(S):**  
• This training aims to refresh the team member on the Process of calibration with focused on affixing correct calibration sticker on customer equipment. And also for the customer request notes.

**Attending**  
The following personnel attended this training session.

| Name           | Signature | Signature |
|----------------|-----------|-----------|
| Ng Han Beng    |           |           |
| Shen Yeaning   |           |           |
| Yoon Yee Hoon  |           |           |
| Chen Song Boon |           |           |
| Chen Yuet Fee  |           |           |
| Lim Yee Hui    |           |           |
| Lim Yee Hui    |           |           |

Instructor Name: Joel De Vera  
 Position: Laboratory Manager

Date: July 15, 2020  
 Division: ME-Singapore

COA-FM-002 REV. 08 (14 AUG 2018)

Conduct refresher training for all quality personnel regarding on the Quality Checking, Calibration Reports Processing and Final Inspection process of the calibrated equipment. Strictly implement initial checking on all calibrated equipment to ensure if the equipment bears correct and updated calibration labels.

Responsible: Joel De Vera/ Laboratory Manager  
Completion Date: July 15, 2020

Evidence:



**MICRO PRECISION**  
MP TRAINING RECORD

Training Date: July 15, 2020 Page(s) 1

| TRAINING TITLE:                                     | OBJECTIVE(S):                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Quality Checking and Calibration Reports Processing | <ul style="list-style-type: none"> <li>This training aims to identify guidelines on processing quality checking and calibration report.</li> <li>This training covers quality checking, proper labelling of equipment up to final inspection process, Completion of calibration events and FI event on the Calibration Management Software through secured sign off.</li> </ul> |

**Attending**  
The following personnel attended this training session.

| Name          | Signature | Name | Signature |
|---------------|-----------|------|-----------|
| Ng Kai Hong   |           |      |           |
| Zhu Yong      |           |      |           |
| Yew Yee Heng  |           |      |           |
| Chen Seng Tay |           |      |           |
| Chua Yik Tee  |           |      |           |
| Wai Yung Fong |           |      |           |
| Lim Eui Yuen  |           |      |           |
| Chia Heng     |           |      |           |

Signature:   
Instructor Name: \_\_\_\_\_  
Position: \_\_\_\_\_

Date: \_\_\_\_\_  
Division: \_\_\_\_\_

CGA-FM-002 REV. 06 (17-Apr-2018)

Waters has agree to split the account as per MP proposal below, The address will be the key indicator on the calibration certificate to differentiate sites of the the company, see attachment;



MICRO PRECISION CALIBRATION PTE LTD  
BLOCK 5008 ANG MO KIO AVENUE 5 #07-02/03  
TECHPLACE II SINGAPORE 569874  
65 67484384

## Certificate of Calibration

Date: August 21, 2020

Customer:

WATERS PACIFIC PTE LTD

C/O: GES SINGAPORE PTE LTD  
28 MARSILING LANE  
SINGAPORE 739152

Work Order #: N/A

As a part of Final Inspection we put the serial number, cal date and the company name on the outside part of the packing of the unit. And also we hire a FI personnel that will check all the unit before it is shipped out to customer. Because before the Final Inspection is done by all the CSR so we hire one personnel that task to inspect all the equipment after QC completed the certificate.

The screenshot displays the Waters SCAR system interface. On the left, a sidebar contains navigation options: 'History', 'Additional', 'Charges', 'Repair', and 'Event Type'. The 'Event Type' section is expanded, showing a list of event types: 'SHIPPING', 'FINAL INSPECTION' (highlighted with a red circle), '17025 CALIBRATION', and 'RECEIVING'. The main window shows 'Equipment Information' for 'FINAL INSPECTION (14384691 - WATERS SG)'. It includes fields for 'Date' (2020-May-02), 'Sending Division' (MPC-SG), 'P.O. Number', and 'Work Order' (SG-11014146). A 'Comments' section contains the text: 'Checked With Slicker', 'Checked with CAL DATE & CAL DUE DATE', and 'Checked With Void'. On the right, there are sections for 'Permanent Notes', 'Item Recent Notes', 'Cal. Type', 'Lab Notes', 'History Documents', and 'Last Invoice'.

**SECTION 2E: PLAN ACTION(S) TO PREVENT RECURRENCE** *(Shall prevent problems on similar products, processes, locations or families. Documentation shall be updated as appropriate. Where applicable, Part Number(s), Part Description(s), Quantities, Action Owner should be included).*

**Plan Date**  
(DD.MM.YY)

**Root Cause Category**

*Select from Dropdown*

**Remarks (if any):**

| SUBMISSION BY <i>(by SCAR Assignee)</i> |                                                                     | Req?                     | Name/ Title | Sign | Date |
|-----------------------------------------|---------------------------------------------------------------------|--------------------------|-------------|------|------|
|                                         |                                                                     | X                        |             |      |      |
| RCA APPROVAL                            | Quality Manager/<br>Quality Supervisor<br><i>(of SCAR Assignee)</i> | X                        |             |      |      |
|                                         | Waters Supplier<br>Quality / Quality<br>Engineer                    | X                        |             |      |      |
|                                         | Other                                                               | <input type="checkbox"/> |             |      |      |

**Remarks (if any):**

|                                                                                              |                    |             |                                             |
|----------------------------------------------------------------------------------------------|--------------------|-------------|---------------------------------------------|
| <b>SECTION 3A: IMPLEMENTATION OF PERMANENT CORRECTIVE ACTION(S)</b> <i>(Attach evidence)</i> |                    |             | <b>Completion Date</b><br><i>(DD.MM.YY)</i> |
|                                                                                              |                    |             |                                             |
| <b>SECTION 3B: ACTION(S) TO PREVENT RECURRENCE</b> <i>(Attach evidence)</i>                  |                    |             | <b>Completion Date</b><br><i>(DD.MM.YY)</i> |
|                                                                                              |                    |             |                                             |
| <b>SUBMISSION BY</b> <i>(by SCAR Assignee)</i>                                               | <b>Name/ Title</b> | <b>Sign</b> | <b>Date</b>                                 |
|                                                                                              |                    |             |                                             |

|                                                                                                                                                                                                                                                            |                                                                                                            |                    |                                             |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------|-------------|
| <b>SECTION 4: VERIFICATION AND VALIDATION</b> <i>(Shall confirm that actions do not adversely affect the finished device. Examples: Refer to: ECO Number, Validation Protocol Number, Risk Management File. Where not applicable, document rationale).</i> |                                                                                                            |                    | <b>Completion Date</b><br><i>(DD.MM.YY)</i> |             |
|                                                                                                                                                                                                                                                            |                                                                                                            |                    |                                             |             |
| <b>Verification of Effectiveness:</b> <i>(Evidence reviewed to confirm effectiveness of actions; such as number of records monitored).</i>                                                                                                                 | <b>Acceptance Criteria:</b> <i>(Results that needs to be observed for actions to be deemed effective).</i> |                    | <b>Result</b><br><i>(Pass/ Fail)</i>        |             |
|                                                                                                                                                                                                                                                            |                                                                                                            |                    | <i>Choose an item</i>                       |             |
| <b>Remarks (if any):</b> <input type="checkbox"/> Attached extension request WPPL-FM-25.                                                                                                                                                                   |                                                                                                            |                    |                                             |             |
| <b>SUBMISSION BY</b> <i>(by SCAR Assignee)</i>                                                                                                                                                                                                             | <b>Req?</b>                                                                                                | <b>Name/ Title</b> | <b>Sign</b>                                 | <b>Date</b> |
|                                                                                                                                                                                                                                                            | X                                                                                                          |                    |                                             |             |

|                                                                                                                                                   |                                                                             |                                                                                                                                                                                  |                    |             |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------|-------------|
| <b>APPROVAL</b>                                                                                                                                   | <b>Quality Manager/<br/>Quality Supervisor</b><br><i>(of SCAR Assignee)</i> | X                                                                                                                                                                                |                    |             |             |
|                                                                                                                                                   | <b>Management Rep/<br/>QMS In-Charge</b> <i>(of SCAR Assignee)</i>          | X                                                                                                                                                                                |                    |             |             |
| <b>CAPA DETERMINATION</b> <i>(by Waters SQE/ QE below. Ineffective SCAR with no CAPA issued should be justified)</i>                              |                                                                             | <input type="checkbox"/> No CAPA needed, SCAR Effective. <input type="checkbox"/> No CAPA needed, justification in remarks.<br><input type="checkbox"/> CAPA number: CAPA-_____. |                    |             |             |
| <b>APPROVAL</b>                                                                                                                                   | <b>Waters Supplier<br/>Quality / Quality<br/>Engineer</b>                   | <b>Req?</b>                                                                                                                                                                      | <b>Name/ Title</b> | <b>Sign</b> | <b>Date</b> |
|                                                                                                                                                   |                                                                             | X                                                                                                                                                                                |                    |             |             |
| <b>APPROVAL</b>                                                                                                                                   | <b>Other</b>                                                                | <b>Req?</b>                                                                                                                                                                      | <b>Name/ Title</b> | <b>Sign</b> | <b>Date</b> |
|                                                                                                                                                   |                                                                             | <input type="checkbox"/>                                                                                                                                                         |                    |             |             |
| <b>FINAL<br/>APPROVAL</b>                                                                                                                         | <b>Waters Quality<br/>Manager / Designee)</b>                               | X                                                                                                                                                                                |                    |             |             |
| <b>Remarks (if any):</b> <input type="checkbox"/> Isolated occurrence of effectiveness fail. SCAR shall be revised and submitted before due date. |                                                                             |                                                                                                                                                                                  |                    |             |             |