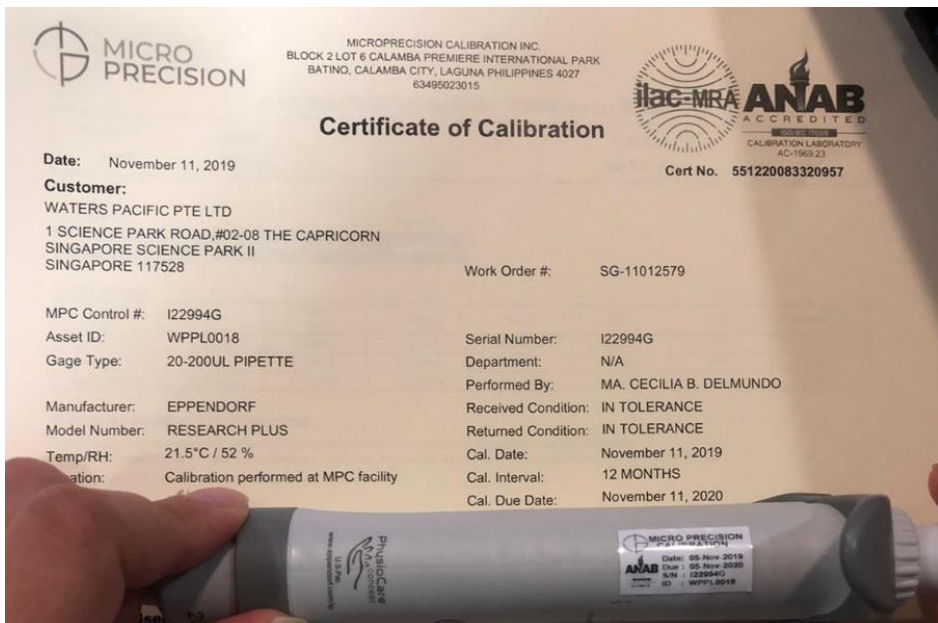


SCAR Number SGYYMMNN	SCAR-SG200701	SCAR Assignee, Company (Supplier designated point of contact)	Amy Li Yan Yan, Micro Precision Calibration Pte Ltd
SECTION 1: INTRODUCTION (To be completed by Waters Supplier Quality / Quality Engineer)			
Source (select all that apply):			
☐	CIT Number(s): _____	☐	RMA Number(s): _____
☐	Stop Ship Number(s): _____	☐	Contract Manufacturer / Supplier declared: _____
☐	NCR Number(s): _____	☒	Other: Calibration cert no: 551220083592482 & 551220083320957
NC Statement, Requirement (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# 122994G, 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.	
			
INITIATED BY (Waters Supplier Quality / Quality Engineer)	Name/ Title	Sign	Date
	Lim Shaynee / Supplier Quality Engineer		14 July 2020
APPROVAL BY (Waters Quality Manager/ Designee)	Tan Kah Chin / Senior Quality Assurance Manager		14.Jul.2020
Issuance Date	Due Date for Sections 2 and 3 (Should be within 90 days from issuance.)	Remarks (if any): N/A	
14.Jul.2020	12.Oct.2020		

SECTION 2: ROOT CAUSE ANALYSIS AND INTERIM CONTAINMENT ACTIONS	
SECTION 2A: FORM A TEAM <i>List Team Members' Names/ Function (minimum 2 personnel)</i>	
SECTION 2B: IMPLEMENTED INTERIM CONTAINMENT ACTIONS <i>(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).</i>	Completion Date <i>(DD.MM.YY)</i>
SECTION 2C: ROOT CAUSE ANALYSIS (RCA) AND RISK ASSESSMENT	
<i>(Objective evidence should be attached and referenced with running number e.g. Refer to Attachment 1).</i>	
SECTION 2D: PLAN OF PERMANENT CORRECTIVE ACTION(S) <i>(Each root cause in section 2 shall be addressed. Documentation shall be updated as appropriate. Where applicable, Part Number(s), Part Description(s), Quantities, Action Owner should be included).</i>	Plan Date <i>(DD.MM.YY)</i>
SECTION 2E: PLAN ACTION(S) TO PREVENT RECURRENCE <i>(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).</i>	Plan Date <i>(DD.MM.YY)</i>

Title: **Supplier Corrective Action Request (SCAR)**

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Root Cause Category		<i>Select from Dropdown</i>			
Remarks (if any):					
SUBMISSION BY <i>(by SCAR Assignee)</i>		Req?	Name/ Title	Sign	Date
		X			
RCA APPROVAL	Quality Manager/ Quality Supervisor <i>(of SCAR Assignee)</i>	X			
	Waters Supplier Quality / Quality Engineer	X			
	Other	☐			
Remarks (if any):					

SECTION 3A: IMPLEMENTATION OF PERMANENT CORRECTIVE ACTION(S) <i>(Attach evidence)</i>		Completion Date <i>(DD.MM.YY)</i>
SECTION 3B: ACTION(S) TO PREVENT RECURRENCE <i>(Attach evidence)</i>		Completion Date <i>(DD.MM.YY)</i>

SUBMISSION BY <i>(by SCAR Assignee)</i>	Name/ Title	Sign	Date

SECTION 4: VERIFICATION AND VALIDATION <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>		Completion Date <i>(DD.MM.YY)</i>
Verification of Effectiveness: <i>(Evidence reviewed to confirm effectiveness of actions; such as number of records monitored).</i>	Acceptance Criteria: <i>(Results that needs to be observed for actions to be deemed effective).</i>	Result <i>(Pass/ Fail)</i>
		<i>Choose an item</i>

Remarks (if any): ☐ Attached extension request WPPL-FM-25.

SUBMISSION BY <i>(by SCAR Assignee)</i>		Req?	Name/ Title	Sign	Date
		X			
APPROVAL	Quality Manager/ Quality Supervisor <i>(of SCAR Assignee)</i>	X			
	Management Rep/ QMS In-Charge <i>(of SCAR Assignee)</i>	X			
CAPA DETERMINATION <i>(by Waters SQE/ QE below. Ineffective SCAR with no CAPA issued should be justified)</i>		☐ No CAPA needed, SCAR Effective. ☐ No CAPA needed, justification in remarks. ☐ CAPA number: CAPA-_____.			
APPROVAL	Waters Supplier Quality / Quality Engineer	Req?	Name/ Title	Sign	Date
		X			
APPROVAL	Other	Req?	Name/ Title	Sign	Date
		☐			
FINAL APPROVAL	Waters Quality Manager / Designee)	X			

Remarks (if any): ☐ Isolated occurrence of effectiveness fail. SCAR shall be revised and submitted before due date.