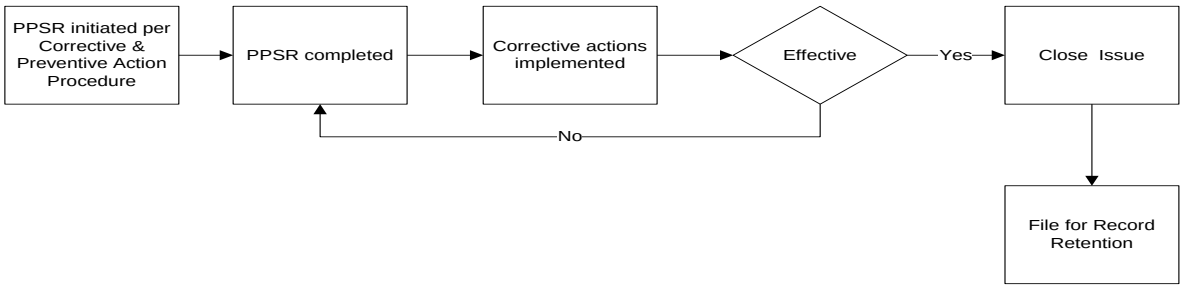
DESK TOP INSTRUCTION

Instruction Title			Instruction #
Practical Problem Solving Reporting			03C-DI01
Revision Date/Level	**Approval Date**	**Process Owner**	**Functional Owner**
9/1/10 Rev. Level:D	9/1/10	*Quality Manager*	*Quality Manager*

PROCESS MAP HERE



1.0 PURPOSE & SCOPE

Purpose:

To provide instructions on how to effectively complete a Practical Problem Solving Report.

Scope:

- Customer Initiated Issues
- Internally Initiated Issues

2.0 RESPONSIBILITY

The Corrective Action Champion shall be responsible to ensure a Multifunctional team addresses the concern, and to ensure proper actions are taken to prevent reoccurrence.

3.0 METHOD

3.1 Once a problem has been identified, a Champion should be assigned to initiate and follow up on Corrective Action. Refer to Corrective and Preventive Action Procedure. The Champion will be assigned by a member of the Plant Mgmt. team.

3.2 The Champion will locate the Practical Problem Solving Report form and complete using the following steps.

3.3 Obtain a Report Tracking Number (if applicable) from the Document Control Coordinator; this will assist you in tracking closure to the issue. Complete the following on form:

PPSR Header:

a. Circle general reason for report: Safety, Quality, Delivery, People, Cost, Other

b. **Author** – Champion of issue

c. **Phone # & Date –** Champion contact number and date issue was generated

d. **Problem Shift –** indicate shift issue was discovered on

e. **Program –** Indicate which program it was discovered on

f. **Customer #** - Customer tracking number (For example: PRR number)

g. **Internal Tracking#** - indicate tracking number received from DCC (if applicable)

h. **Problem Found By** – indicate area issue was discovered (inspection, customer, etc)

i. **Customer** – Indicate which customer the issue came from (if applicable)

j. **# of Items Found**- Indicate the frequency of defects (if any)

Section 1:

k. **Problem Description (General)** – Indicate the initial problem described – brief (i.e. liaison report finding)

Section 2:

l. **Problem Definition (Real Problem)** –The real problem may be different than the initial problem identified with more detail, CSN, color, etc. or the same.

Section 3:

m. **Sketch** – include sketch or picture as needed to illustrate the issue, as applicable

Section 4:

n. **Point Of Cause** – use this area to describe the details of where the problem is occurring (IP station 15, Customer assembly line, etc.)

Section 5:

o. **Quality** – Identify the standard , deviation to the standard and the frequency

Section 6:

p. **Other Areas Impacted -** Document other areas in the process that could have been affected by the issue reported

Section 7:

q. **Protect (Internal Containment)** – The team will identify the initial containment activities (in house, at customer or supplier) to prevent the immediate reoccurrence of the issue. Containment activity should include but not limited to:

i. **Breakpoint** – if applicable (CSN#, Serial #, etc)

ii. **Due Date** – Date the containment activity will be instituted

iii. **Who** – Champion responsible for containment activity action item.

iv. **Status** – Indicate completion percent by filling in R-Y-G (Red, Yellow Green) Red => Not defined ; Yellow=> In process, but not instituted; Green => Containment in place

v. **External req**. – Is there containment needed outside of our four walls or at the customer or supply base

Section 8:

r. **Process / Part Checks** – indicate yes or no to the sixteen questions. The intent of the questions is to assist in the Fish bone diagram root causing. If there is an abnormal event describe in the box provided.

Section 9:

s. **Direct Cause Analysis** – Identify all potential failures even if known to not be the issue

i. **Man** - Was this an operator error. Following Standard Work this should of been identified from the Process/Part Checks

ii. **Machine** - Was the error proofing functioning properly; are the heatstakes punching consistently; etc.

iii. **Method** – Is the Standard Work posted clear and defined enough for the operator. Is there a work instruction posted?

iv. **Material** – Is the incoming material Nonconforming product? Has the supplier sent the incorrect parts?

v. **Environment** – Is the current environment (i.e. humidity) causing the nonconformance?

vi. **Measurement** – Is the measurement system or the way the measurement is being taken a cause of the nonconformance?

vii. **Problem** – This should be the same as the real problem, if not it should be based off the items found during the brainstorming.

Note: Cross all items that you have verified that are not potential problems and identify each issue that is standing on a 5-Why root cause analysis separately so each can be addressed.

Section 10:

t. **Most Probable Cause** – Document the most probable reason the nonconformance occurred based off the fishbone diagram analysis

u. **Root Cause Analysis** –Continue to ask "WHY" until the lowest level of answers is achieved (you can not ask "why" anymore). This will provide you with the root cause answer. Root cause analysis should answer the following nonconformance's:

i. Product - what caused the product nonconformance?

ii. Process – What process failed and allowed the nonconformance to escape?

iii. System – What system failed that manages the process?

Section 11:

v. **Predict** – PFMEA / DFMEA? Was this identified during our process or design process, what was the Rish Priority Number associated with it before and now.

Section 12:

w. **Proposed Solution (s) –** Brainstorm possible solutions. Select those actions most feasible and implement. These items are then transferred into the Intermediate and Long Term Corrective Actions.

Section 13:

x. **Trial Run** – Performs trials (if applicable)

Section 14 and 15:

y. **Intermediate Action Plans / Long Term Countermeasures** – The team will identify the measures to put in place (in house, supplier) to prevent reoccurrence of the issue. Countermeasures should include:

i. **Breakpoint** – if applicable (CSN#, Serial #, etc)

ii. **Due Date** – Date the containment activity will be instituted

iii. **Who** – Champion responsible for containment activity action item.

iv. **Status** – Indicate completion percent by filling in R-Y-G (Red, Yellow Green) Red => Not defined ; Yellow=> In process, but not instituted; Green => Containment in place

Section 16:

z. **Verification / Resolution** – Determine if the PPSR activity was effective.

i. Has the issue reoccurred? Has all documentation been properly updated? Has the countermeasures put in place been effective for at least 20 days?

ii. Have you prevented the potential for reoccurrence?

1. If yes, indicate the measurement method that helped you determine effectiveness in the resolved area.

2. If NO, indicate to whom the corrective action has been assigned to.

Section 17

aa. **Lessons Learned** – Indicate Lessons Learned for similar areas (programs, departments, parts, suppliers, etc) - Corrective Action Impact

Section 18

bb. Document all team members involved in the corrective action. Have the Quality Engineer, Manufacturing Engineer and the Area Supervisor signed the PPSR form once all action items are completed?

Section 19

cc. **Management Closure** – this approval signature and date will be obtained following verification and/or during the management review meetings for Corrective Actions.

B. Following approval for closure, the initiator shall complete a Corrective Action check sheet and turn into Document Control per Corrective & Preventive Action Procedure.

NOTE: All areas should be complete for the PPSR to be effective.

NOTE: The DCC should be updated on the status as necessary. Once the PPSR is closed, provide the original or copy to the DCC for filing.

NOTE: The multiple 5 why tab should be used where applicable

4.0 SUPPORT PROCESS / FORMS

Number	Title	Number	Title
03C	Corrective and Preventive Action Procedure		
03C-F001	PPSR Form		
GM1927-69	Deep & Wide Instructions		

5.0 GLOSSARY OF TERMS

Term	Definition
PPSR	Practical Problem Solving Report

6.0 REVISION HISTORY

Rev Level	Sec / Paragraph	Change Made	Date	Initiated By
Initial Rel		INITIAL release for approval	7/31/02	SV
A		Update and rename to meet new TS numbering structure	3/1/04	SV
B		Minor edits added reference to Product, Process and Systemic root cause failures per AQSR CAR CB-R-03	2/19/05	SV
C		Updated section 3.0 to match current form	8/1/07	JK

7.0 ENVIRONMENTAL IMPACTS AND BENEFITS

None

8.0 RECOMMENDED TRAINING AREAS

All Department Managers

9.0 DEVIATION PROCESS

Proper completion of a Practical Problem Solving Report is essential to the operating functions of a Corrective Action. The activity indicated in this instruction provides the frame work for the organization to ensure all applicable areas are reviewed to ensure successful completion and closure to the nonconformance.