

SUPPLIER MATERIAL ACTION REQUEST		SMAR #:		
Supplier Name:	Supplier Email:	Request Date:		
Part Number:	Revision:	PO/Line#:		
Part Description:	Qty on Order:	Qty Rejected:		
I N I T I A T O R	Requirement:			
	Nonconformance:			
	Cause of Defect:			
	Corrective Action(s):			
	Effective Date:			
<input type="checkbox"/> Accept:		<input type="checkbox"/> Reject:		
O E C O M R B	Comments:			
	*NOTE: Supplier should consider SMAR completed only when Accept/Reject has been checked and the Form is signed by OEKO Quality.			
	<u>Quality Engineering:</u>	<u>Design Engineering:</u> *Signature kept in QN system	<u>Mfg Engineering</u> *Signature kept in QN system	<u>Customer (if applicable)</u> *Signature kept in QN system