

SUPPLIER MATERIAL ACTION REQUEST		SMAR #:		
I N I T I A T O R	Supplier Name:	Supplier Email:	Request Date:	
	Part Number:	Revision:	PO/Line#:	
	Part Description:	Qty on Order:	Qty Rejected:	
	Requirement:			
	Nonconformance:			
Cause of Defect:				
Corrective Action(s):				
Effective Date:				
O E C O  M R B	<input type="checkbox"/> Accept:		<input type="checkbox"/> Reject:	
	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