

Quality Control Incident Report

Report No.

Date

Factory/Line

Reported By

Department

Shift

Product/Item Name

Batch/Lot No.

Type of Incident

Incident Details / Description

Immediate Action Taken

Root Cause Analysis

Corrective/Preventive Measures

Reported By (Signature)

Name & Date

QC Manager Review (Signature)

Name & Date

Other Approver (Signature)

Name & Date

This report is for internal quality control purposes only. All relevant fields must be filled accurately.