

# Manufacturing Defect Report Form

Date of Report

Reported By

Your Name

Department

e.g. Quality Control

Product Name / Model

Product or Model

Batch / Lot Number

Batch/Lot Number

Serial Number

Serial Number

Type of Defect

Select

Defect Description

Describe the defect in detail...

Date Defect Discovered

Immediate Actions Taken

Actions taken after detection...

Additional Notes / Comments

Reported By (Signature):

Supervisor Approval (Signature):

