

Quality Control Incident Report

Basic Information

Date of Report

Reported by

Department

Incident Date & Time

Product/Batch No.

Location

Incident Details

Description of Incident

Possible Cause(s)

Immediate Correction(s) Taken

Corrective/Preventive Action Plan

Inspection

Inspected by

Date

Reported by (Signature)

Supervisor Verification

QC Manager Approval