|  |  |  |  |
| --- | --- | --- | --- |
| Description of incident: |  |  | Date: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Yes | No |  |
| Was area isolated? |  |  |  |
| Was area cleaned? |  |  |  |
| Was area properly inspected? |  |  |  |
| Was product dumped? |  |  | Quantity: |
| Was packaging dumped? |  |  |  |
| Was a reference sample kept? |  |  |  |
| Corrective action taken to prevent further incidence of the same nature: | | | |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
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