|  |  |  |  |
| --- | --- | --- | --- |
| 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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