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| **SECTION 1: DETAILS** | | | | | | **REFERENCE NUMBER:** | | | |
|  |  |  |  |  |  |  |  |  |  |
| Department responsible: | |  | PRODUCTION |  | MAINTENANCE |  | DISTRIBUTION |  |  |
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| Category: | Comment: |  | Complaint |  | Formal |  | Quality |  |  |
|  |  |  |  |  | complaint |  | warning |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Received by: | |  |  |  | Date received: |  |  |  |  |
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| Regarding: |  |  |  |  | Due date: |  |  |  |  |
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| **SECTION 2: ACTION/REQUEST** | | | | | | | | | |
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| **SECTION 3: PROCEDURE FOLLOWED** | | | | | | | | |
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| **SECTION 4: ACTION/S TAKEN TO PREVENT REOCURRENCE:** | | | | | | | | |
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| **SECTION 5: CORRECTIVE ACTION COMPLETED:** | | | | | | | | |
| **DATE** | **TIME** | **PERSON RESPONSIBLE:** | | **MANAGEMENT:** | | | **DATE:** | |
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