



QUALITY INCIDENT REPORT

Date: _____

Customer: _____

Address: _____

Contact Details: _____

Product Name: _____

Product Batch Number: _____

Where and How the Product was Stored:

Machinery/ Vehicle that Product Used in: _____

Service History of Machinery/Vehicle:

Age of Machinery/Vehicle Component: _____

Date when Oil Changed/ Topped up: _____

Hours / Mileage in use before failure: _____

Name and Designation of Employee responsible for Service of Equipment:

Description of Damage if any:

Immediate Action Taken: _____

Following Samples to be taken:

1. Sample of contaminated Product from Equipment
2. Sample of Unused product from Piston Power Drum.