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|------------|----------|--------|
| Name : | | |
| Address : | | |
| Telephone: | Fax: | e-mail |
| Client: | Product: | |

| |
|--------------|
| ISSUE Number |
| |
| Receipt Date |
| |

ISSUE DESCRIPTION / NATURE OF THE PROBLEM

Completed By: _____ Date: _____

INVESTIGATION RESULTS *(Root Cause)*

Valid Non-Valid

Completed By: _____ Date: _____

CORRECTIONS / CORRECTIVE ACTIONS / PREVENTIVE ACTIONS

| Action | Responsibility | Deadline | Status |
|--------|----------------|----------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Completed By: _____ Date: _____

VERIFICATION OF CORRECTIONS / CORRECTIVE ACTIONS

Quality Assurance Manager: _____ Date: _____