

Date: \_\_\_\_\_  
 Serial # \_\_\_\_\_  
 Number of pages attached \_\_\_\_\_

# Incident and Deviation Report

**Note:** Only one incident or deviation per report.

Deviation  Potential Deviation  Opportunity for Improvement

(Select one ref only) →  MOTIVA QMS: \_\_\_\_\_  External: \_\_\_\_\_

1. Description of the incident or deviation

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2. Description of the immediate remedial action (remediation) taken, including any correction or prevention.

	First Aid <input type="checkbox"/> Medical Aid <input type="checkbox"/> Modified Work <input type="checkbox"/> Lost Work Days <input type="checkbox"/>
QM review (initials) _____	Investigation assigned to _____ Date: _____

3. Is full Corrective/Preventive Action Required? Yes if there are any "Yes" boxes checked.

	Yes	No	
Is there an unacceptable risk to MOTIVA?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If all answers are "No" then only remediation is required.</i>
Is the integrity or credibility of MOTIVA Training adversely affected?	<input type="checkbox"/>	<input type="checkbox"/>	
Is it easier to effect permanent resolution than many little remediations?	<input type="checkbox"/>	<input type="checkbox"/>	

4. Proposed Solution (and Investigation of Root Cause if required) Date Due: \_\_\_\_\_

Root Cause(s) of condition: _____	<b>Not required (eg: remediation only)</b> <input type="checkbox"/>
Proposed solution: Corrective Action <input type="checkbox"/> Preventive Action <input type="checkbox"/> Remediation Only <input type="checkbox"/>	
Investigator's Signature and Date _____	

5. Confirmation of Solution Implementation

Condition resolved (root cause eliminated/opportunity exploited) <input type="checkbox"/>	Date implemented: _____
Supervisor/Manager Initials _____	QM closure (Initials): _____

6. Follow up

Date Due: \_\_\_\_\_

Follow up required? Yes - <input type="checkbox"/> No - <input type="checkbox"/>	If not, why not? _____
Monitoring of condition assigned to: _____	Date Completed: _____
"Solution is deemed EFFECTIVE." <input type="checkbox"/> QM review (Initials): _____	