

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) → ABC QMS: _____ External: _____

1. Description of the incident or deviation

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 ABC Labs?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If all answers are "No" then only remediation is required.</i>
Is the technical validity of ABC results 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:	Not required (eg: remediation only) <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) _____	