

☐ Preventive Action or ☐ Incident Report QAR Number: \_\_\_\_\_

Section(s) event effected: \_\_\_\_\_

**Description of Event:**

Date of Occurrence:

Reported by:

Date:

Supervisor:

Date:

Deputy Director:

Date:

**Review by Quality Section:**

Have there been other related incidents? Y N

If Yes, follow-up to determine if further remediation is required.

Is further remediation required? Y N

If Yes add related QAR number(s):

If CAR initiated add CAR QAR Number:

Quality Section Representative:

Date: