

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

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QM review (initials) _____	Investigation assigned to _____	Date: _____
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3. Is full Corrective/Preventive Action Required? **Yes** if there are any "Yes" boxes checked.

	Yes	No	<i>If all answers are "No" then only remediation is required.</i>
Is there an unacceptable risk to ABC?	<input type="checkbox"/>	<input type="checkbox"/>	
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)** ☐

Proposed solution: Corrective Action ☐ Preventive Action ☐ Remediation Only ☐

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) _____

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