

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: _____

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

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

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