



INCIDENT REPORT - QUALITY

INCIDENT SUMMARY

Originator: _____	REPORTED BY
Incident Name: _____	Surname: _____
Date Occurred: _____ Job Number: _____	First Name: _____
Site: _____	Supervisor: _____
Shift Start: _____ Time Occurred: _____	

Actual Severity:	Non Compliance	Rework	Suspended
	Non Compliance	— an incident a result of the breach of standards/procedures	
	Rework	— an incident resulting in the need to repair/redo the tasks	
	Suspended	— an incident resulting in the loss of confidence of The IPS Group	

Potential Severity:	Low	Medium	High	Catastrophic
	Low	— Loss less than \$5,000, internal reputation impacted, none or minimal rework		
	Medium	— Loss between \$5,000 - \$50,000, client impacted, moderate rework		
	High	— Loss between \$50,000 - \$100,000, client shutdown, multiple IPS ★ ITCS sites impacted, significant rework		
	Catastrophic	— Loss of over \$100,000, national and international media coverage, loss of contact		

Asset Number: _____

Location: _____

Management Notified: Yes No

Details: _____

Procedure Followed: _____

WITNESSES: Witness 1 _____ Witness 2 _____

 Witness 3 _____ Witness 4 _____

Authorities Notified:	Police	Fire	Ambulance	EPA/DECC	Workcover
Date Notified: _____	Time Notified: _____	Who Notified: _____			
Advice Received: _____					

Client Notified: Yes No Who: _____



INCIDENT REPORT - QUALITY

CORRECTIVE ACTION

Classification:	Training	Documentation	Supervision	Malfunction	Environment	Process	
	Training	— <i>Inadequate training or awareness of responsibility</i>					
	Documentation	— <i>Inadequate documentation</i>					
	Supervision	— <i>Inadequate supervision / QA</i>					
	Malfunction	— <i>Equipment malfunction</i>					
	Environment	— <i>Unsuitable work environment</i>					
	Process	— <i>Process / System failure</i>					
Solution:							
Employee:	_____			Due Date:	_____		