



Quality and Improvement Report

REPORT Number (Office Use):									
TYPE OF REPORT (Circle)	Personal Injury	Plant Maintenance	Near Miss	Health and Safety	Customer Complaint	Environmental	AQTF / ISO Audit Finding	Improvement Suggestion	OTHER
PROBLEM: A brief explanation of the problem, its cause if known, equipment and personnel involved.									
Reporter's Name:			Signature:			Date:			
OFFICE USE: Was immediate action required? YES <input type="checkbox"/> NO <input type="checkbox"/> Provide a brief outline of what action taken and by whom?									
ADDITIONAL ACTION: Addition actions to be taken to manage the issue.									
<i>(Which Action Plan?)</i>									
Improvement Actions Included On Relevant Action Plan: <input type="checkbox"/>									
Has this report been entered into the electronic QIR register? YES <input type="checkbox"/> NO <input type="checkbox"/>									
OH&S Representative or Applicable Department Manager:			Signature			Date:			
Close Out Approved By:									
Name:			Signature:			Date:			
The person who raised this report has been notified of the outcomes: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>									
Signed: _____ Comment: _____									