
	GILES CHEMICAL ~ PREMIER MAGNESIA		
	Company Procedure		
	Title: Returned Products Report	Number: Q12-PR-100-F011a	
	Owner: Deborah Durbin	Revision: 1	
	Effective Date: 04/10/2018	Page: 1 of 1	

RGA #:	Returned Product Report #:
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The following must be filled out by the Return Initiator.

Product:
Lot Number:
Mfg. Date:
Customer:
Amount to be Returned:
Reason for Return:
Date Return to be Received:

The following must be filled out by the Quality Unit.

Location Return Quarantined:	
Condition of Return:	
Complaint Initiated: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Complaint Number:
CAPA Assigned: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, CAPA Number:
Recall Warranted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Final Disposition:	
Disposition Date:	

Report Information Reviewed by Quality Unit:

Name: _____
Date: _____
Title: _____
Signature: _____

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