

No.

## Report Summary

Location	Order Id No.	Date & Time	Source Of Order
{LOCATION}	{ORDERID}	{DATETIME}	{SOURCEOFORDER}

## Description of the Incident (User Information)

Name of the Person on Shift (BOH)	Name of the Outlet Manager (FOH)	Ordered Product Details	Customer Contact Information if any
{BOH}	{FOH}	{ORDERPRODUCTDETAILS}	{CUSTOMERCONTACTINFORMATION}

## Classification of the Incident

Incident Details (Choose from Drop down list)	Hazard Identified (Choose from Drop down list)	Food Poisoning Allegations (Choose from Drop down list)	Severity of Injury/ Impact of the Incident (Choose from Drop down list)
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{INCIDENTDETAILS}

{HAZARDIDENTIFIED}

## Category of the Incident

Foreign Body (Choose from Drop down list)
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Description of the Incident:

Immediate Action Taken/Corrections:

## Causative Factor Analysis Report:

Sr. No.	Why	Evidences	Root cause / Source
1			
2			
3			
4			
5			

## Corrective Action Planned

Sr. No.	Corrective Action	Responsibility	Timeline
1			
2			
3			

## Preventive Measures Planned

Sr. No.	Preventive Measures	Responsibility	Timeline
1			
2			

Verified By	Compiled By	Date	Name & Signature