## Team Leader QC feedback form

{qcInfo}

**TL – Have you checked for previous QC for the same issues as above? Note dates.**

**Dates :-**

**Please tell me WHY you (question which they are failing)**

**Interviewer Initials ( )**

**What:**

**How:**

**By When: (Objective date & Target)**

**Additional Training requested by INTERVIEWER**

QC Feedback Date

Interviewer Signature

Team Leader Signature

Follow up date recorded on JA2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date received/uploaded to Quality Folder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

QC Manager Comments

Additional Training Requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Training \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_