

INCIDENT REPORT – FOOD INDUSTRY

Report ID:	
Date of Incident:	
Time:	
Location/Department:	
Reported By:	
Position:	

TYPE OF INCIDENT (*Check all that apply*)

- ☐ Food Safety / Contamination
- ☐ Foreign Matter Detection
- ☐ Allergen Control Breach
- ☐ Equipment Breakdown
- ☐ Personnel Injury
- ☐ Pest Sighting
- ☐ GMP Violation
- ☐ Environmental Spill
- ☐ Other: _____

DESCRIPTION OF INCIDENT

What happened? Include facts only (what, where, when, who involved):

IMMEDIATE ACTION TAKEN

What was done right away to contain or correct the issue?

ROOT CAUSE ANALYSIS (RCA)

What caused the incident? (Use 5 Whys, fishbone diagram, etc.)

CORRECTIVE & PREVENTIVE ACTION (CAPA)

Action Description Responsible Person Target Completion Date Status

FOLLOW-UP VERIFICATION

Verified By (QA/Supervisor):	_____	Date: _____
Management Review (if needed):	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of Reporter: _____