

Incident Report

Please complete and return to ECH via email or fax

Incident Date: _____ Raised By: _____ Incident Number: _____

Branch: VIC NSW SA QLD Other

Customer Information

Company Name: _____
Contact Name: _____ Email Address: _____
Billing Address: _____ Shipping Address: _____
Phone (BH): _____ Fax: _____
Mobile: _____

Product Information

Type of Product: _____
Serial Number: _____
Invoice Number: _____ Invoice Date: _____
Full Description: _____

Machine Make: _____
Machine Model: _____
Unit Price: _____ Total (Ex GST): _____

Incident Information

Description of Incident / Fault: _____

Working Environment: _____

Recommended Action: _____

Site Visit Required: _____ Yes / No Photographs Required: _____ Yes / No
Follow Up Required: _____



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Cause Category

Tick one main category - then select which criteria applies below

Customer Concern

- Wrong Price
- Not to Quote
- Short Supply
- Quality
- Other

Sales / Admin

Finance

Tooling

- Incorrect Setup
- Damaged
- Design
- R&D
- Other

Engineering

Scheduling

Packing / Transport

- Packing
- Transport

Production

Subcontract

Other

Cause Information

Cause Details:

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Corrective Action: None

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Corrective Information

Credit Note Number: Total (Ex GST):

Date Approved: Approved By:

Goods: Returned (R), Written Off (W), Returned to Stock (S), Stock Adjustment (A):

Authorised: No further investigation to be done

Implemented: Signature: Date:

Verified as Effective and Closed: Signature: Closed Date:



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