**QUALITY OCCURRENCE INVESTIGATION REPORT (QOIR)**

**PART A – INVESTIGATION REPORT**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **QOIR Details** | | | | | | |
| **Subject**: | | | | **Date Received**: | | |
| **Investigating Organization**: | | | | | | |
| **2** | **Report:** | | | | | | |
| **3** | **Proposed Corrective Action:** | | | | | | |
| **4** | **Investigating Officer Details** | | | | | | | |
| Name | Signature | Rank/Grade | Appointment | | Telephone No | Date | |
|  |  |  |  | |  |  | |
| **5** | **Head of Section Comments:** | | | | | | | |
| **Head of Section Details** | | | | | | | |
| Name | Signature | Rank/Grade | Appointment | | Telephone No | Date | |
|  |  |  |  | |  |  | |
| **6** | **Investigating Organization QSO Comments:** | | | | | | | |
| **Investigating Organization QSO Details:** | | | | | | | |
| Name | Signature | Rank/Grade | Appointment | | Telephone No | Date | |
|  |  |  |  | |  |  | |

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|  | **PART B - FOLLOW-UP ACTION** | | | | | | | |
| **7** | **Tasking Organization Recommended Follow up Actions** (Tick as appropriate) | | | | | | | |
|  | There was no evidence found during the investigation to support the nature of the reported concern. All investigation details and findings have been recorded. | | | | | | |
|  | The investigation confirmed the reported concern and I am confident that the proposed corrective action shall effectively address the quality issue. All details of the investigation and further actions/monitoring requirements have been recorded. | | | | | | |
|  | There is evidence which gives reason to suspect that the proposed corrective action will not be effective in addressing the reported concern. The QOIR is to be returned to the Investigating Organization requesting a review and further investigation. | | | | | | |
| Initial QOR Classification Confirmed? Yes  No | | | | If No, state correct classification: | | | |
| **Comments:** | | | | | | | |
| **Tasking Organization Releasing Officer/QSC Details** | | | | | | | |
| Name | | Signature | Rank/Grade | | Appointment | Telephone No | Date |
|  | |  |  | |  |  |  |
| **8** | **Distribution** | | | | | | | |
| To: | | | | | Copy To: | | |