MEHA PHARMA Kundaim-Goa	Title	Incident Reporting Form		
	Ref. Doc. No.	SOP/QAD/008		
Incident No.:			Department	

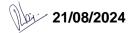
1.	Incident Observed:
2.	Probable cause of Incident/ Brief Investigation:
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	201/ED COPT
	Reported By :
	Sign / Date
3.	Immediate corrective action taken:
	Reporting Dept. Head:
	Sign / Date

Reviewer-Sign and Date



21/08/2024

Approver-Sign and Date



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4.	Impact Assessment by QA:
	Classification: Minor [] Major [] Critical [] (Tick as appropriate)
	QA Manager:
	Sign/Date
5.	CAPA Assigned to the Incident (refer investigation report if applicable):
	CONTRACTOR (refer investigation replicable).
	CAPA No(if applicable):
6.	Closure Comments by QA Officer:
	QA Officer Sign/ Date:
7.	Closure by QA Head:
	QA Head Sign/ Date:

Reviewer-Sign and Date



21/08/2024

