 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:

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  **21/08/2024**

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	Ref. Doc. No.	SOP/QAD/008	
Incident No.:		Department	

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):

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

Approver-Sign and Date



21/08/2024

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