**QUALITY OCCURRENCE REPORT (QOR)**

**PART A - ORIGINATOR’S REPORT**

|  |  |  |
| --- | --- | --- |
| 1 | Subject:   | Date:   |
|  | From:   |
| 2 | **Occasion For Report**  | **Initial Classification** |
|  |[ ]  Equipment Condition | [ ]  Maintenance Error | [ ]  Supply Pipeline Failure (eg late/lost) |
|  |[ ]  Aircraft Condition | [ ]  Incomplete equipment | [ ]  Supply System Failure (eg incorrect issue) |
|  |[ ]  Service Provision | [ ]  Documentation  | [ ]  Policy |
|  |[ ]  Audit, please specify:  | [ ]  Transit Damage | [ ]  Staffing Issue |
|  |[ ]  Other, please specify:       | [ ]  Potential Improvement | [ ]  Nonconformity |
|  |  | [ ]  Other, please specify:  |
| 3 | **References:**   |
| 4 | **Narrative Report:**   |
|  | **Enclosures:**   |
|  | **Originator Details** |
|  | Name | Signature | Rank/Grade | Appointment | Telephone No | Date |
|  |       |   |       |       |       |   |
| 5 | **Originating QSO Action** |
|  | [ ]  Return to the Originator for alternative reporting action.[ ]  No further action required. File and inform originator. | [ ]  QOR forwarded for internal investigation (Part B).[ ]  QOR forwarded to Tasking Organization for external investigation tasking (Part C). |
|  | **Comments:**  |
|  | **Originating QSO Details** |
|  | Name | Signature | Rank/Grade | Appointment | Telephone No | Date |
|  |       |   |       |       |       |   |
| 6 | **Distribution** |
|  | Action:  | Copy To:  |

|  |  |
| --- | --- |
|  | **PART B - INTERNAL INVESTIGATION** |
| 7 | **Investigation Narrative:**   |
| **Proposed Corrective/Preventive Action:**   |
| **Investigators Details** |
| Name | Signature | Rank/Grade | Appointment | Telephone No | Date |
|       |   |       |       |       |   |
| 8 | **Section Quality Manager/Co-ordinator Comments:**   |
| **Section Quality Manager/Co-ordinator Details**  |
| Name | Signature | Rank/Grade | Appointment | Telephone No | Date |
|       |   |       |       |       |   |
| 9 | **Head of Section Comments:**  |
| **Head of Section Details** |
| Name | Signature | Rank/Grade | Appointment | Telephone No | Date |
|       |   |       |       |       |   |
| 10 | **Originating QSO Action** |
| [ ] Internal report accepted. Close and File. |
| Initial QOR Classification Confirmed? Y [ ]  N [ ]   | If No state correct classification:       |
| [ ]  Further internal investigation required.[ ]  Forwarded to the appropriate Tasking Organization for external investigation tasking. |
| **Comments:**  |
| **Originating QSO Details** |
| Name | Signature | Rank/Grade | Appointment | Telephone No | Date |
|       |   |       |       |       |   |
| 11 | **Distribution** |
| Action:  | Copy To:    |

|  |  |
| --- | --- |
|  | **PART C - TASKING ORGANIZATION** |
| 12 | **QSC Action** |
| [ ]  This is a known occurrence and investigation is in progress.[ ]  This is a known occurrence and a further external investigation is not required.[ ]  Return to originating QSC for internal investigation. [ ]  Return to originating QSC for alternative reporting action.[ ]  QOR forwarded to an investigating organization. QOIR required.[ ]  **This QOR is to be addressed as a formal Customer Complaint.** |
| **Comments:**       |
| **QSC Details** |
| Name | Signature | Rank/Grade | Appointment | Telephone No | Date |
|       |   |       |       |       |   |
| 13 | **Distribution** |
| Action:      | Copy To:      |