**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: | | | |

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| --- | --- | --- | --- | --- | --- | --- |
|  | **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: | | |

|  |  |  |  |  |  |  |  |
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|  | **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: | | |