

Quality Assurance Error Report

Format No.:

Date of error Accrue: ___/___/____. Location / Area: _____

Q.A. Engineer Name: _____ Signature; _____

Description of error: _____

Product Name & Description: _____

Testing / Verification

Priority: **Highly Critical** [] **Mid Critical** [] **Highly Critical** []

Reported error by: _____ Signature _____

Corrective Actions

Facts Findings & Impact Actions

Effected Areas

Quality Assurance Manager Comments

Q.A. Manager Signature