



AYBER BOTTLE CC

ACTION REQUEST FORM

Ref No:

Note: Please complete either Part A or B

PART A Customer Complaint:

Customer

Date of complaint

Product

Supplier Batch #

Tel No:

Name of complainant

Fax No:

Item may be inspected at

PART B Internal production or system non- conformance: (Internal use only)

Item or equipment

Job Card Ref #

Qty affected

Date

PART C Description of problem:

PART D Investigation (internal use only) (Attach pages used in the investigation, and records)

PART E Recommended Action (Refer raised Job Card): (Internal use only)

PART F Preventive Measures and Follow-Up Action: (Internal use only)