QUALITY INVESTIGATION REPORT

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Q.I.R. Customer/Supplier/Dep		Dept.:			Date:	
No.			Invoice No:			
Product Desci	ription:	Product	Product Code:		ial No's:	
		Supplier	r Ref:			
Investigation	Required:					
investigation required.						
Signed:		Position:		Date:		
Investigation	Progress:					
Signed:	F	Position:		Date:		
Actions Requi				1		
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Signed:		Position:		Date:		
Actions Comp	olete:					
Comments:						
Signed:	<u> </u>	Position:		Date:		
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