

Incident Log Form

Details of Incident (to be filled in by customer/complainant). Please complete and return to enquiries@c-prodirect.com

Date incident happened	
Date incident reported	
Reported by (name)	
Contact details	
Contact Role (parent/clinician etc)	
Product Type	
Product Size	
Product Side	
Product Colour	
Lot number if known	
C-Pro Sales Order ref if known	
Company ref if applicable	
Brief description of incident eg breakage, incorrect size, item missing etc	
How did incident occur (what has happening at time of incident)	
Photos provided (please provide photos including of product fitted front and back, and underside of shoes/sandals if applicable) Y/N	
Product available for inspection Y/N	
Product returned Y/N (provide returns number if available)	
Did an injury occur as result of incident Y/N	
If injury occurred, please provide details	
Did death occur as result of incident Y/N	

Lib. Ref:	189_GEN	Rev:	001
Title:	Incident Log Form		

Non Conformity Management (to be filled in by C-Pro Direct on receipt of above)

Meets criteria of Non Conformity in line with MDR or 115_PRO Management of Non Conformities Y/N	
Non Conformity Ref or Incident Ref	
Disposition Manager	
Date logged as Non Conformity/incident	
Non Conformity details sent to supplier if non C-Pro Product Y/N	