|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |   |   |   |   |   |   |   |   |   |
|   |  |  |  |  |  |  | Version 1.0   |
|   |  |  |
|   |  | **INCIDENT REPORT FOR PHARMA / HEALTHCARE PRODUCTS** |   |
|   |  |  |  |  |  |  |  |  |  |
| To be completed by requestor |  |  |  |   |   |   |   |   |   |
| **1** | **SHIPMENT INFORMATION**  |  |  |  |  |  |   |
| 1.1 | APPLICANT OF INVESTIGATION |  |   |   |
| 1.2 | DATE OF INVESTIGATION REQUEST (start date of the document) | Date |  |  |   |
| 1.3 | DATE OF INVESTIGATION TO BE COMPLETED | Date |  |  |
| 1.4 | AWB#  |  | Prefix | AWB N°  |  | Mandatory Field |
| 1.5 | ORIGIN |  | BRU |  |  |  | Selection |
| 1.6 | DESTINATION |  |   |  |  |  | Remarks |
|   |  |  |   |  |  |  |  |   |
| **2** | **REASON OF INVESTIGATION**  |  |  |  |  |  |   |
| 2.1 | INCIDENT TYPE |  |  Temp. deviation |  |  |   |
| 2.2 | DESCRIPTION OF INCIDENT  |  |   |   |
| 2.3 | WAS THERE ANOTHER INCIDENT ON THE SAME AWB? | Yes  | Missing cargo |   |
| 2.4 | IF THERE IS A TEMPERATURE EXCURSION, PLEASE COMPLETE | INCIDENT # | WHEN (start) | WHERE | WHEN (end) | WHERE |   |
|   | (please provide temperature read outs - Excel formats only) | 1 |  |   |  |   |   |
|   |  |  | 2 |  |   |  |   |   |
|   |  |  | 3 |  |   |  |   |   |
|   |  |  | 4 |  |   |  |   |   |
| 2.5 | COMMENT FIELD |  |   |   |   |   |   |   |
|   | Write a comment here |
|   |  |  |  |  |  |  |  |  |
| 2.6 | IF DEVIATION NOT LINKED TO TEMPERATURE, PROVIDE DETAILLED DESCRIPTION  | Requestor to provide pictures if damage to be investigated  |  |   |
|   | Provide a detailed description here |
| To be completed by requestor | **3** | **TRANSPORTATION & PACKAGING INFORMATION** |   |  |  |  |  |   |
| 3.1 | PCS |  |   |  |  |  |  |   |
| 3.2 | WEIGHT |  |   | kg  |  |  |  |   |
| 3.3 | BUP |  | Yes | ULD N° | ULD N° | ULD N° |
| 3.4 | DIMENSIONS |  | *Amount* | *height x width x depth* | cm |  |  |   |
|   |  |  | *amount* | *height x width x depth* | cm |  |  |   |
|   |  |  | *amount* | *height x width x depth* | cm |  |  |   |
|   |  |  | *amount* | *height x width x depth* | cm |  |  |   |
| 3.4 | PACKAGING TYPE  |  |  PASSIVE | N° |   |
|   |  |  |  | Type/description |   |
| 3.5 | CONTAINS DRY ICE |  |  Kies een item. |   |   |   |   |   |
| 3.6 | COMMODITY |  |   |   |
| 3.7 | SPECIAL HANDLING CODE - REQUESTED TRANSPORTATION T°  |  FREEZE |    |   |
| 3.8 | DATA LOGGERS |  |  Yes | INSIDE | *amount* |   |   |   |
|   |  |  |  | OUTSIDE | *amount* |   |   |   |
| 3.9 | SHIPPER REF |  |   |   |
| 3.10 | FORWARDER REF |  |   |   |
| 3.11 | AIRLINE REF |  |   |   |
|   |  |  |  |  |  |  |  |   |
| **4** | **BOOKING DETAILS** (TO BE COMPLETED by Freight Forwarder) |  |  |  |  |  |   |
| 4.1 | DELIVERY TO GHA |  | DATE |  Date | TIME | 00h00  |   |
| 4.2 | GHA |   | WFS BELGIUM  |   |
|   |  |  |  |  |  |  |  |   |
|   |  |  | ETD (local) | ETA (local)  | TYPE | REMARKS |  |   |
| 4.3 | FLIGHT 1 |  |   |   | TRUCK |   |   |
| 4.4 | FLIGHT 2 |  |   |   | PLANE |   |   |
| 4.5 | FLIGHT 3 |  |   |   | Type |   |   |
|   |   |   |   |   |   |   |   |   |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| To be completed by investigator | **5** | **ROUTING DETAILS** |  |  |  |  |  |   |
| 5.1 | DELIVERY TO GHA |  | DATE |  Date | TIME |    |   |
|   |  |  |  |  |  |  |  |   |
|   |  |  | ATD (local) | ATA (local)  | TYPE | REMARKS (Temperature set at)  |
| 5.2 | FLIGHT 1 |  |   |   |  PLANE |   |   |
| 5.3 | FLIGHT 2 |  |   |   |  Type |   |   |
| 5.4 | FLIGHT 3 |  |   |   |  Type |   |   |
|   |  |  |  |  |  |  |  |   |
| **6** | **HANDLING** | DATE | LOCAL TIME | LOCATION | TEMPERATURE |
| 6.1 | DELIVERED AT GHA |   |  Date |   |   |   |
| 6.2 | STORED IN TEMP. COOL ROOM |   |  Date |   |   |   |
| 6.3 | REMOVED OUT OF COOL ROOM |   |  Date |   |   |   |
| 6.4 | BUILD UP DETAILS |   |  Date |   |   |   |
| 6.5 | BACK TO COOL ROOM (If applicable) |  Date |   |   |   |
| 6.6 | TARMAC TRANSPORT |   |  Date |   |   |   |
| 6.7 | OUTSIDE TEMPERATURE  |  |  Date |   |   |   |
| 6.8 | PHARMA DOLLY BOOKED |   |  Y/N |   |
| 6.9 | PHARMA DOLLY USED |  |  Y/N |   |
|   |  |  |  |  |  |  |  |   |
| **7** | **ROOT CAUSE INVESTIGATION**  |  |  |  |  |  |   |
| 7.1 | ROOT CAUSE IDENTIFIED  |  |  |  |  |  |  |   |
|  | **METHOD**  | **MACHINE** |  | **MANPOWER** |   |   |   |   |
|    |  [ ]   DOCUMENTATION | [ ]  COLD ROOM DEFECTS |   | [ ]  ATTITUDE / BEHAVIOR |   |   |   |
|    |  [ ]  WORK INSTRUCTIONS | [ ]  TRUCK DEFECTS |   | [ ]  TRAINING |   |   |   |
|   |  [ ]  PROCEDURES | [ ]  OTHER |   | [ ]  MISTAKES IN DOCUMENTATION |   |   |
|   |  [ ]  MAINTENANCE |   |   | [ ]  MANAGEMENT |   |   |   |
|   |  [ ]  CALIBRATION |   |   |   |   |   |   |   |
|   |  |  |  |  |  |  |  |   |
|  | **ENVIRONMENT** |   | **OTHER** |   |   |   |   |   |
|   | [ ]  TRANSPORTATION ISSUES (DELAY,...) | Please specify |   |
|   | [ ]   EXPOSURE TO WEATHER CONDITIONS |   |
|  |  |  |  |   |  |  |
| To be completed by investigator |  |  |  |  |  |  |  |  |   |
| 7.2 | INVESTIGATION DETAILS |  |  |  |  |  |  |   |
|   | Write your investigation details here  |
|   |
|   |
|   |
|   |
|   |  |  |  |  |  |  |  |   |
| 7.3 | RECURRENCE |  |  Yes |    |   |
|   |  |  |  |  |  |  |  |   |
| **8** | **CORRECTIVE ACTION** |  |  |  |  |
|  | ACTION | EXPLANATION | TARGET DATE | OWNER |
|  |   |   | Date |   |
|  |   |   | Date |   |
|  |   |   | Date |   |
|  |   |   |  Date |   |
|  |   |   |  Date |   |
|   |  |  |  |  |  |  |  |   |
| **9** | **PREVENTIVE ACTION** |  |  |  |  |
|  | ACTION | EXPLANATION | TARGET DATE | OWNER |
|  |   |   | Date |   |
|  |   |   | Date |   |
|  |   |   |  Date |   |
|  |   |   |  Date |   |
|  |   |   | Date |   |

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*Signature / Stamp*