Product Incident Form

Upon receipt of the form at NHS Supply Chain, the Customer Service Advisor will allocate a unique reference number to the incident and register the issue the same day with the procurement team.

Please complete the form clearly and in as much detail as possible and email to your Customer Service Advisor

Contact Details		
Contact Name:		Position:
Telephone No:		Fax No:
Email:		
Order Details		
District ref/Trust Name:		
Requisition point:		Requisition number:
Delivery date of item		Depot Served by:
Delivery date of item		Depot served by.
Product Details		
Product code:		Brand:
Product description:		
Pack Size:		Volume of items on hold:
Batch No/Lot No or		Use by date/Best before date:
Traceable code:		
Description of incident:		
<u> </u>		
Date detected:		Additional Information
For NHS Supply Chain use o	nly:	
Procurement please note:		
Customer Service requires con	nfirmation of receipt & initial action	n undertaken within 2 working days.
Target time for resolution from	m Supplier 7 working days.	
Reference No.:		Date received:
CSA Name		Date sent to procurement:
Procurement contact name		
Acknowledgement received Y/N	Date:	N = escalated to:
Resolution received Y/N	Date:	N = escalated to: