



Hygiene Incident Report Form

In order to maintain due diligence in accordance with the Food Safety Act and Good Manufacturing Practices all hygiene contamination incidents must be initially recorded via the Hygiene Incident Report Form, and should be completed by the affected person/team.

Upon completion of this form it must be signed and returned to the Operations Manager.

Department Affected:			
Area/Machine Affected:		Time of Incident:	(24 hr)
Shift:	Day or Night	Date of Incident:	

<i>Type of incident: (Please tick appropriate box/s)</i>						
Physical contamination:	Glass		Sharps		Insect/Pest	Other
Chemical contamination:	Oil		Solvent		Grease	Other
Biological contamination:	Food		Body fluids		Jewellery	Other

Overview of the Incident:

<i>Containment Undertaken: (Please tick appropriate box/s)</i>			
All Raw materials isolated for inspection		Finished product isolated for inspection	
Area thoroughly cleaned and checked		Area left for investigation	
Contaminated clothing replaced		Soles of shoes inspected for contamination	

Containment Action Taken:
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I confirm that the contents of this Hygiene Incident Form are true to the best of my knowledge, information and belief and I acknowledge that if this statement is later proved to be untrue, I may be subject to disciplinary action, including dismissal for gross misconduct.

Reported By: Signature:
 Clock No: Date: