SECTION 1 — INCIDENT DETAILS

DATE _____	**SHIFT** _____	**MACHINE** _____	**SUPERVISOR** _____
JUMBO NO. _____	**CUSTOMER** _____	**OPERATOR** _____	

SECTION 2 — SCRATCH CLASSIFICATION (Tick one)

■ 1. Surface Scuff (Light haze only)	■ 2. Deep Scratch (PET visible)
■ 3. Repeating Pattern (Fixed spacing)	■ 4. Random Scattered (No pattern)

SECTION 3 — SPACING MEASUREMENT (For Repeating Pattern only)

Measured spacing between marks: _____ mm Calculated roller dia: ÷ 3.14 = _____ mm

Suppected roller (match from chart):

_____

SECTION 4 — ROOT CAUSE FINDINGS

Guilty station: _____ Guilty roller: _____ Contamination type: _____

Description of finding:

SECTION 5 — CORRECTIVE ACTION

OPERATOR	SUPERVISOR	DEPT. IN-CHARGE / QA
Name: _____	Name: _____	Name: _____
Sign: _____	Sign: _____	Sign: _____
Date: _____	Date: _____	Date: _____