

INCIDENT After Action Report (AAR)

Purpose: To provide a means to communicate incidents, their causes and recommendations for corrective action to prevent future incidents.

This report is to be completed and turned into the Manufacturing Manager within 8 hours of the incident.

Date of incident: _____	Shift of incident: _____	Time of incident: _____
Person completing report: _____	DMR # if applicable: _____	Date of report: _____

What Happened? (describe the incident and quantify the cost of quality)

Why? (Causes leading to the incident)

Corrective action to resolve the problem near term:

Preventive action recommendations (short term and long term) to mistake proof the process. (prevent it from happening again):

_____ EMPLOYEE	_____ DATE	_____ SUPERVISOR	_____ DATE
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