

<i>Logo</i>	QUALITY SYSTEMS RECORD	<i>Issue: 1</i>	<i>Ref No:</i>
	Glass Breakage Log	<i>Issued by:</i>	
		<i>Approved by:</i>	
		<i>Issue date:</i>	
		<i>Approval date:</i>	
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Date	Time of Breakage	Manager Sign	Department Manager Sign	Person Reporting Breakage	Department

Department Affected	Department Manager / Supervisor	Products being affected

Quarantined Materials			
Raw Materials	Work In Progress	Finished Products	Packaging Materials
Dimensions / Details of Area Quarantined			
General Manager informed	Y / N	All clean up equipment disposed of	Y / N
All personnel excluded from area	Y / N	Employees shoes checked	Y / N
Area taped off	Y / N	Food contact surfaces checked	Y / N
Hygiene Operatives shoes checked	Y / N	Sample of glass retained	Y / N
Protective clothing changed	Y / N	Vacuum cleaner cleaned	Y / N
Broken glass removed to refuse			

Rejected Materials			
Raw Materials	Work In Progress	Finished Products	Packaging Materials

Production Recommencement Approval			
Time Production Stopped	Time Production Recommended	Department Manager	Operations Manager
		Sign	Sign
		Date	Date

Additional Action Taken (use back of form if necessary)

Operations/Department Managers Comments