



FOREIGN OBJECT (FO) INCIDENT REPORT

Date of Incident: Incident #:
Date Reporting: Affected Product Part #:
Employee Name: Affected Product Serial #:
Local FOE Lead / POC / Representative: Affected Program:
Contact #: Alt. #:
FO Quantity: Description of FOD:
Size: FOD Type:
Other Identification:

Immediate Actions Taken:

Other documents associated with this incident:

Was there an inspection performed to determine if the FO came from an "installed" part, component or structure? Yes/No

Was there a search for collateral damage caused by the FO? Yes/No

LOCATION WHERE FO WAS FOUND: (Please complete as applicable. Be as specific as possible).

Site: Building: Floor:
Work Station: Work Area:

DESCRIPTION OF INCIDENT:

Report Type: INTERNAL ESCAPE (FOD generated at other operation/facility/location)

ADDITIONAL COMMENTS: (If applicable)



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Incident Date:

1/1/1904

FOIR #:

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Area/Function Responsible:

What was the cause of this incident?

Site/Facility Responsible:

- CAUSE:**

What corrective action was initiated to prevent further incidence of this FO?

- CORRECTIVE ACTION :**