

**PRODUCT INCIDENT  
Field Report Information Sheet**

DATE:

**A. PRODUCT INFORMATION:**

Generic Name of Product:	Model or Cat. No.:
Manufacturer:	Electrical Ratings:
Name of Certification Organization:	
Control or Listing #:	Prod. Cat.:
Certification mark is on: (mark all that apply)      Product <input type="checkbox"/> Package <input type="checkbox"/> Literature <input type="checkbox"/>	
Comments:	

**B. LOCATION OF PRODUCT:**

Name:	
Address:	and/or Legal Description:
LSD:	Sec:      Twp:      Rge:      W      Mer.

**C. SUBMITTED BY:**

Name:	Title:
Employer:	Tel:
Address:	Fax:

**D. NATURE OF THE PROBLEM:**

**E. HAS PRODUCT BEEN REJECTED BY THE INSPECTION AUTHORITY?**       Yes       No

**FOR OFFICE USE:**  
 CO REPLY:      Yes       No       DATE: \_\_\_\_\_  
 COMMENTS: