

**PWS  
APPENDIX D**

**Sample of Quality Deficiency Report**



## QUALITY DEFICIENCY REPORT (QDR)

To:

From:

Tel:

Fax:

Contract No:

\*QDR Reference No.:

Surveillance Plan No:

Surveillance Plan Risk ID:

Department/Location Audited:

Audit Date:

Contractor Personnel Present:

Purpose of Audit:

**THE FOLLOWING DEFICIENCY REQUIRES INVESTIGATION:**

N.B. This Quality Deficiency Report should be regarded as a customer complaint. A formal response is required within \_\_\_\_\_ working days of the \_\_\_\_\_. Your reply on the reverse of this form should outline the corrective action to be taken and proposed time-scale. Please include the QDR Reference No.\* on any related communications.

Observed deficiency acknowledged by Contractor at time of audit:

Yes

No

MOD QAR's signature:

Date:

Contractor representative's signature:

Date:

Copy to:

<b>CONTRACTOR'S RESPONSE:</b>		
<b>Contractor representative's signature:</b>		
<b>Position:</b>	<b>Date:</b>	
<b>MOD QAR REVIEW OF CONTRACTOR'S RESPONSE</b>		
<b>Verification and evaluation of Contractor's action:</b>		
<b>Details of follow up action (if required):</b>		
<b>Quality Deficiency Report formally closed:</b>	<b>Yes <input type="checkbox"/></b>	<b>No <input type="checkbox"/></b>
<b>Contractor Representative:</b>	<b>Date:</b>	
<b>MOD QAR:</b>	<b>Date:</b>	