



Incident Log

Maxwell® CSC Instrument (Cat.# AS6000)

Serial Number: _____

Record incidents of user or instrument error below.

Date of Incident (MM/DD/YYYY): _____ **Time:** _____ **Ticket #:** _____

User Name: _____

Description of Incident: _____

_____ Instrument Error Code (if shown): _____

Reported to Technical Services: Yes / No If Yes, Scientist's Name: _____

Probable Cause: _____

Resolution: _____

_____ Date Resolved (MM/DD/YYYY): _____

Date of Incident (MM/DD/YYYY): _____ **Time:** _____ **Ticket #:** _____

User Name: _____

Description of Incident: _____

_____ Instrument Error Code (if shown): _____

Reported to Technical Services: Yes / No If Yes, Scientist's Name: _____

Probable Cause: _____

Resolution: _____

_____ Date Resolved (MM/DD/YYYY): _____

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