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Section 1 – Report details – To be filled by the reporter	
Report Type:	
<input type="checkbox"/> Complaint	<input type="checkbox"/> Suggestion
<input type="checkbox"/> Non-conformity	
Report involves:	
<input type="checkbox"/> STERIS	<input type="checkbox"/> Customer
<input type="checkbox"/> Supplier	<input type="checkbox"/> Other _____
Reporter data:	
The reporter is:	
<input type="checkbox"/> Worker	<input type="checkbox"/> Customer
<input type="checkbox"/> Supplier	<input type="checkbox"/> Other _____
<input type="checkbox"/> The reporter prefers to remain anonymous	<input type="checkbox"/> The reporter is available to be contacted :
	Contact person: _____ Company: _____
	Address: _____
	Phone: _____ Email: _____
Area subject to the report:	
<input type="checkbox"/> Child labour	<input type="checkbox"/> Freedom of Association & Right to Collective Bargaining
<input type="checkbox"/> Forced or Compulsory Labour	<input type="checkbox"/> Discrimination
<input type="checkbox"/> Health and Safety	<input type="checkbox"/> Disciplinary Practices
	<input type="checkbox"/> Working hours
	<input type="checkbox"/> Remuneration
	<input type="checkbox"/> Management system
	<input type="checkbox"/> Other _____
Report description:	Report date: _____

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Section 2 – Report management – <i>To be filled by STERIS SPT</i>			
Event #	____ / ____ n° NC, RC or SG FY		
How report was received	<input type="checkbox"/> Box at site <input type="checkbox"/> CISE Note: _____	<input type="checkbox"/> SPT <input type="checkbox"/> SAAS	<input type="checkbox"/> STERIS Corporate <input type="checkbox"/> Other _____
Relevance assessment	<input type="checkbox"/> Report is deemed relevant <input type="checkbox"/> Report is deemed NOT relevant Justification: _____ _____		
<i>Phase 1 – Root cause and action plan definition</i>			
Containment action:			Completion expected by: _____
			Responsible: _____
			Action completed on: _____
Root cause analysis:			
Corrective action:			Completion expected by: _____
			Responsible: _____
			Action completed on: _____
Effectiveness verification:			Completion expected by: _____
			Responsible: _____
			Action completed on: _____
Plan written by: (Name, surname, signature, date)			
Plan reviewed by – RDSA e RLSA: (Name, surname, signature, date)			
Feedback to reporter , provided on _____ Note: _____ Signature for receipt (if applicable): _____			
<i>Phase 2 – Report closure verification by SPT</i>			
All activities have been completed, the report is considered closed			
Report closure review	_____ Signature and date		

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Document Version History:

Version	Change Description	Effective Date
1	First issue	01-04-2021