



Product Incident Report

Questions marked with an * (asterisk) are required fields.

OPB Field Specialist or Service Partner

*Business Name: _____

*Contact: _____

*Name of Submitter: _____

Address of Incident:

*Street: _____

*City: _____

*State or Province: _____

*Zip or Postal Code: _____

Incident Description Section

*Printer Model: _____

*Printer Serial Number: _____

*Request I.D.: _____

*Date of Incident: _____

*Time of Incident: _____

*Hazard Type (fire, smoke, etc.): _____

*Please Describe the Incident: _____

***Please list the Onsite Inventory to be returned including product and consumables in printer:**

Were pictures taken of the site?

☐ Yes ☐ No

Were pictures taken of the product?

☐ Yes ☐ No

Has the printer been relocated since the incident?

☐ Yes ☐ No

***Please describe the physical condition of the Printer including condition, environmental conditions, location and surrounding area:**

Printer Return Information Section

***Include Return Method, Transit, Provider, Date Shipped, and Tracking Number:**

Date:

Tracking Number:

Shipping Instructions:

Clearly label return package and send failed product and consumables along with pictures to:

**Xerox Corporation
OPB Product Compliance Lab
26600 SW Parkway Avenue
M/S 7061-001
Wilsonville, OR 97070-1000**