

Laboratory Non-Conformance Report Form

Report No.

Date

Reported By

Department / Section

Non-Conformance Details

Description of Non-Conformance

Date Found

Reference (Sample No., Work Order, etc.)

Classification

Immediate Actions Taken

Details

Action Taken By

Date

Root Cause Analysis

Root Cause

Corrective / Preventive Action

Action Plan

Person Responsible

Target Date

Verification of Closure

Verified By

Date

Remarks