

# Manufacturing Non-Conformance Report

## Report Details

NCR Number:	<input type="text"/>
Date Issued:	<input type="text"/>
Reported By:	<input type="text"/>
Department:	<input type="text"/>

---

## Non-Conformance Description

Product / Part No.:	<input type="text"/>
Batch / Lot No.:	<input type="text"/>
Description of Non-Conformance:	<input type="text"/>
Quantity Affected:	<input type="text"/>
Detected By:	<input type="text"/>
Date Detected:	<input type="text"/>

---

## Immediate Action Taken

Details:	<input type="text"/>
----------	----------------------

---

## Root Cause / Investigation

Root Cause Analysis:	<input type="text"/>
Investigated By:	<input type="text"/>
Date:	<input type="text"/>

---

## Corrective & Preventive Actions

Action	Responsible Person	Due Date	Completion Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Verification and Closure

Verified By:

Verification Date:

Comments:

Reported By

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Approved By

Name: \_\_\_\_\_  
Date: \_\_\_\_\_