

Manufacturing Non-Conformance Report

Report Details

NCR Number:

Date Issued:

Reported By:

Department:

Non-Conformance Description

Product / Part No.:

Batch / Lot No.:

Description of Non-Conformance:

Quantity Affected:

Detected By:

Date Detected:

Immediate Action Taken

Details:

Root Cause / Investigation

Root Cause Analysis:

Investigated By:

Date:

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: _____