

# Warehouse Non-Conformance Report Sheet

Report No.	<input type="text"/>	Date	<input type="text"/>
Department	<input type="text"/>	Reported By	<input type="text"/>
Location	<input type="text"/>	Time	<input type="text"/>

## 1. Description of Non-Conformance

## 2. Details

Material / Product Name	<input type="text"/>
Batch / Lot No.	<input type="text"/>
Quantity	<input type="text"/>
Supplier / Vendor	<input type="text"/>

## 3. Nature of Non-Conformance

## 4. Immediate Action Taken

## 5. Proposed / Implemented Corrective Action

## 6. Further Action / Remarks

## 7. Signatures

Reported By	Reviewed By	Approved By
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>

