

# Laboratory Non-Conformance Statement Form

Report No.

Date

Reported By

Department

Description of Non-Conformance

How Was It Identified?

Date Occurred

Time Occurred

Category of Non-Conformance

Immediate Action Taken

Root Cause

**Correction/Corrective Action**

**Responsible Person**

**Completion Date**

**Verification of Effectiveness**

**Verified By**

**Verification Date**