

# 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**