

Non-Conformance Report Form

Report No.

Date

Reported By

Department

Product / Item

Batch / Lot No.

Description of Non-Conformance

Quantity Affected

Discovered During

Select

Immediate Action Taken

Disposition

Action	Responsible	Date	Comments
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Root Cause Analysis

Corrective / Preventive Actions

Prepared By

Reviewed By

Approved By

Date

Date

Date