

Finished Goods Quality Non-Conformance Report

Report No.: _____

Date: _____

Department: _____

Product Name: _____

Product Code: _____

Batch/Lot No.: _____

Quantity: _____

Production Date: _____

Expiry Date: _____

Description of Non-Conformance

Description

Non-Conformance Details

Parameter	Specification	Actual Result	Acceptance Criteria

Root Cause Analysis / Investigation

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Immediate Action Taken

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Disposition / Final Decision

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Reported By:

Name & Signature

Date: _____

Checked By:

Name & Signature
Date: _____
Approved By:

Name & Signature
Date: _____

Note: Attach supporting documents and analysis reports, if any.