

Equipment Failure Nonconformance Report Form

Report Number

Date

Reported By

Equipment ID / Name

Location

Department

Description of Failure

Impact Assessment

Failure Date & Time YYYY-MM-DD HH:MM

Detected By

Nonconformance Category Select

Preliminary Root Cause (if known)

Immediate Action / Containment

Responsible Person(s)

Due Date

Status Select

Remarks / Additional Notes