Non-Conformance Investigation & Corrective Action Template

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General Information:

[ ] Non-Conformance Report (NCR) Number: _____
[ ] Date of Identification: _____
[ ] Department/Area: _____
[ ] Non-Conformance Description: _____

Investigation:

[ ] Investigator's Name: _____
[ ] Date of Investigation: _____
[ ] Description of the Non-Conformance: _____

Root Cause Analysis:

  [ ] Describe the root cause(s) of the non-conformance.
  [ ] Attach supporting documentation or evidence, if available.

Corrective Actions:

Corrective Actions Taken:
  [ ] Describe the corrective actions implemented to address the non-conformance.
  [ ] Specify who was responsible for taking these actions and when they were completed.
Effectiveness Check:
  [ ] Describe how the effectiveness of the corrective actions will be verified.
  [ ] Specify who is responsible for this verification and the timeframe for completion.

Preventive Actions:

Preventive Actions Planned:
  [ ] Describe any preventive actions planned to prevent similar non-conformances in the future.
  [ ] Assign responsibilities and set deadlines for preventive actions.
Effectiveness Check:
  [ ] Describe how the effectiveness of the preventive actions will be verified.
  [ ] Specify who is responsible for this verification and the timeframe for completion.

Verification and Closure:

Verify and confirm:
  [ ] Corrective actions have been successfully implemented and are effective.
  [ ] Preventive actions have been planned and are on schedule.

NCR Closure:
   [ ] Confirm that the non-conformance has been resolved and is closed.
   [ ] Provide the closure date.

Attachments:

[ ] Attach any supporting documents, photos, or evidence related to the non-conformance.

Approval and Signatures:

[ ] Investigator's Signature: _____   Date: _____
[ ] Responsible Person for Corrective Actions: _____   Date: _____
[ ] Responsible Person for Preventive Actions: _____   Date: _____
[ ] Quality Manager/Supervisor: _____   Date: _____
[ ] Other Relevant Signatures: _____