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: ________________________________