Non-Conformance Report Template

General Information:

[ ] NCR Number: _______________________
[ ] Date of Identification: _______________________
[ ] Department/Area: _______________________
[ ] Identified By: _______________________
[ ] Contact Information: _______________________

Description of Non-Conformance:

[ ] Non-Conformance Details:

____________________________________________________________

[ ] Location of Non-Conformance:

____________________________________________________________

[ ] Product/Service/Process Involved:

____________________________________________________________

[ ] Severity of Non-Conformance (Low/Medium/High):

____________________________________________________________

Root Cause Analysis:

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

Immediate Action Taken:

[ ] Describe any immediate actions taken to mitigate the non-conformance.
[ ] Specify who was responsible for taking these actions and when they were completed.

Corrective Actions:

[ ] Describe the corrective actions planned to address the non-conformance.
[ ] Assign responsibilities and set deadlines for corrective actions.
[ ] Include steps to prevent recurrence.

Preventive Actions:

[ ] Describe any preventive actions planned to avoid similar non-conformances in the future.
[ ] Assign responsibilities and set deadlines for preventive actions.
[ ] Include steps to improve processes or systems.
Verification of Corrective and Preventive Actions:

[ ] Describe how the effectiveness of corrective and preventive actions will be verified.
[ ] Specify who is responsible for this verification and the timeframe for completion.

Approval and Signatures:

[ ] NCR Issuer: __________________________ Date: ______________
[ ] NCR Investigator: ______________________ Date: ______________
[ ] Quality Manager/Supervisor: ______________ Date: ______________
[ ] Other Relevant Signatures: ________________________________

Closure and Verification:

[ ] Verify that corrective and preventive actions have been successfully implemented.
[ ] Confirm that the non-conformance has been resolved and is closed.

Attachments:

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

Distribution of NCR:

[ ] Identify who needs to receive copies of the NCR (e.g., quality control, relevant department heads).
[ ] Specify the method of distribution (email, printed copies, etc.).