Supplier Non-Conformance Report Template for Manufacturing Professionals
Supplier Non-Conformance Report Template

General Information:
[ ] NCR Number: _______________________
[ ] Date of Identification: _______________________
[ ] Supplier Name: _______________________
[ ] Supplier Contact Information: _______________________
[ ] Department/Area Affected: _______________________

Description of Non-Conformance:
[ ] Non-Conformance Details:

____________________________________________________________

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

Preventive Actions:
[ ] Describe any preventive actions recommended to avoid similar non-conformances in the future.
[ ] Assign responsibilities and set deadlines for preventive actions.
[ ] Include suggestions to improve the supplier's processes or products.

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.

This Supplier Non-Conformance Report Template for Manufacturing Professionals was created by Connecteam - the easiest way to manage your employees in one place.
Approval and Signatures:

[ ] NCR Issuer: __________________________ Date: ______________
[ ] Quality Control/Supervisor: __________________________ Date: ______________
[ ] Supplier’s Representative: ______________ Date: ______________
[ ] Other Relevant Signatures: _______________________________________

Closure and Verification:

[ ] Verify that corrective and preventive actions proposed by the supplier 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, purchasing department).
[ ] Specify the method of distribution (email, printed copies, etc.).