

EXCEPTION REPORT APPROVAL SHEET

Date: _____
Reference No: _____

REPORT DETAILS

Department: _____

Prepared By: _____

Exception Type: _____

Date of Exception: _____

DESCRIPTION OF EXCEPTION

ROOT CAUSE ANALYSIS

CORRECTIVE/PREVENTIVE ACTIONS

IMPACT ASSESSMENT

APPROVAL ROUTING

DESIGNATION	NAME	SIGNATURE	DATE	STATUS
Initiator				
Department Head				
Quality Assurance				
Management				

DISTRIBUTION LIST

IMPORTANT NOTES

- This document must be completed promptly after detection of exception/nonconformity.
- All corrective and preventive actions should be clearly described and assigned to responsible personnel.
- Approval from all required signatories is mandatory before final closure.
- Keep copies of this report for audit and compliance purposes.
- Ensure transparency and accuracy in reporting all details.