

## 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.