

Non-Conformance Incident Report

Report Number: _____

Date of Report: _____

Reported By: _____

Department/Team: _____

1. Description of Non-Conformance

Provide a concise and clear description of the non-conformance in

2. Date & Location of Occurrence

Date: _____

Location: _____

3. Details of Non-Conformance

Describe in detail what happened and what non-conformance was

4. Immediate Action Taken

Describe the immediate actions taken after detection of the incide

5. Root Cause Analysis

Summarize findings from root cause analysis, if conducted...

6. Proposed Corrective/Preventive Actions

List or describe corrective and/or preventive actions to address the

7. Responsible Person(s)

Name(s) & Role(s): _____

8. Target Completion Date(s)

Corrective Action Due: _____

Preventive Action Due: _____

9. Verification of Effectiveness

Describe how effectiveness of implemented action(s) will be verified

10. Sign-Off

Reported By (Signature): _____ Date: _____

Reviewed By (Signature): _____ Date: _____

Important Notes

- This document must be completed as soon as possible after identification of the non-conformance.
- Provide clear, factual, and objective information throughout the report.
- All corrective and preventive actions must be tracked until completion and verified for effectiveness.
- This report supports continuous improvement and compliance with quality management standards.
- Keep records of all non-conformance reports for future audit and review purposes.