



Serial No. : FMHS/ (form no.) / (year)

**NON-CONFORMITY REPORT FORM**

Name of Reporter: _____	Date of Report: _____
Customer Name : _____	
Non-Conformance : _____ Clause: _____ *Category : _____	
Root Cause: _____	
Corrective Action Suggestion: _____	
Action Taken by: _____	Signature and Date of Action Taken: _____
Verification of Corrective Action Taken: _____	
Date: _____	_____ Signature of QM/ TM Name : _____
Preventive Action Suggestion (if required): _____	
Action Taken by: _____	Signature and Date of Action Taken: _____
Verification of Preventive Action :	
Preventive action taken <input type="checkbox"/> Effective	<input type="checkbox"/> *Not Effective
Improvement Made <input type="checkbox"/> Yes	<input type="checkbox"/> *No
*Remarks : _____	

\*1 = major 2 = collection of minors 3 = minor 4 = observations