

FACULTY OF MEDICINE AND HEALTH SCIENCES UNIVERSITI PUTRA MALAYSIA

F 5

	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:	Name :	Signatur	e of QM/ TM
Preventive Action Suggestion (if required):			
Action Taken by:	Signature and Date of Action	Taken:	
Verification of Preventive Action :			
Preventive action taken Effective	*Not Effective		
Improvement Made Yes	*No		
*Remarks :			
*1 = major 2 = collection of minors 3 = minor 4	= observations		
Revision No.: 00 Issue No.: 01	Effective Date: 2 May 2013		1 of 1