ERROR/Non-Conformity (NC) MANAGEMENT

NC-No:

Date:

Participants:

1.

2.

☐ Client

☐ Consumer

☐ Employee

☐ Internal Audit

☐ External (HAB Assessment)

☐ Other

Error/NC

Root-Cause Analysis

Corrective/Preventive Action

Review
☐ Summary of actions taken ☐ Effectiveness check results ☐ Responsible person's signature ☐ Date of closure
Other

Responsibilities	Management	Appointment	Done / Date