

Equipment Failure Non-Conformance Report

Report Details

Date:

Reported By:

Department:

Equipment Name/ID:

Location:

Description of Failure

Failure Date & Time:

Description:

Observed Symptoms:

Impact Assessment

Impact on Operations:

Environmental/Safety Impact:

Initial Actions Taken

Immediate Corrections/Fixes:

Is Equipment Isolated/Tagged Out?

Root Cause Investigation

Preliminary Investigation Details:

Corrective/Preventive Actions

Actions Recommended:

Responsible Person:

Target Date:

Approval

Reviewed By:

Date:

Signature: