## **Medical Device Non-Conformance Report**

Report Number	
Date	
Reported By	
Troportod By	
Device Name / Model	
Serial / Lot Number	
Description of Non-Conformance	
Date Device Received	
Quantity Involved	
Detected By	
•	
Action Taken (Immediate)	
Action Taken (Immediate)	
Root Cause Analysis	
Corrective / Preventive Action	

Reviewed By			
Date			
Status			
			<u> </u>