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| **Section A** (To be filled by Lab) | | | | | | | | | | | | | | | |
| Product Name | | |  | | | | Recorded Date   |  | | --- | | **Date Recorded:** | | | | | | | |  | |
| Production Line/Machine | | |  | | | | Prod. Order # | | | | | | |  | |
| Quantity (Kg) | | |  | | | | Process Stage | | | | | | | Mixing Extrusion/Milling Packing | |
| **Detailed Observation** | | | | | | | | | | | | | | | |
| **NC Type:** Wrong Store Issue Wrong Weighing Wrong Mixing Over Heating Cleaning Issue | | | | | | | | | | | | | | | |
| Feeder/Main Motor Speed Issue Mesh Change Over Mesh Size Issue Cutter Issue Double Shaded MB | | | | | | | | | | | | | | | |
| **Description of Non-Conformance:** | | | | | | | | | | | | | | | |
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| **Disposition Instructions:** Rework Hold Use As Is Re-Adjust Dead Stock Others: | | | | | | | | | | | | | | | |
| Name of Lab Person |  | | | | | | | Date | |  | | | | | |
| **Section B** (To be filled by Respective Department) | | | | | | | | | | | | | | | |
| 1. Causes of Non-Conformance: | | | | | | | | | | | | | | | |
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| 2. Proposed Corrective Actions: | | | | | | | | | | | Target Date (If any) | | | |  |
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| Name of Respective Person | | | |  | | | | | Date | | | |  | | |
| **Section C** (To be filled by QC Head) | | | | | | | | | | | | | | | |
| **Effectiveness of Corrective Actions** | | | | | | | | | | | | | | | |
| **Is Proposed Corrective Action Implemented**: € YES € NO | | | | | **Is it Effective:** € YES € NO | | | | | | | | | | |
| **Closing/Follow up Remarks:** | | | | | | | | | | | | | | | |
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| **Lab/QC Head Name & Sign** | |  | | | | **Closing Date** | | | | | |  | | | |