

FORM Q7 -1:
Deviation or Non-conformance Report

Number: _____

Check the appropriate box:

Deviation – Planned: ☐ Person Reporting: _____

Deviation – Unplanned: ☐

Non-conformance: ☐ Date: _____

Describe the Deviation or Non-conformance. Attach additional sheets as necessary.

QA Use

Describe the actions taken to resolve the situation. Attach additional sheets as necessary.

Issue CAPA? No: ☐ Yes: ☐ If yes, CAPA Report Number: _____

Signatures:

QA Person: _____ Other Official: _____

Date: _____ Date: _____