

# Non Conformance Record

Month/year: \_\_\_\_\_

| Details of Non conformance (NC) |                    |                                       |                                   |                                  |              |  |              |                                    |              |
|---------------------------------|--------------------|---------------------------------------|-----------------------------------|----------------------------------|--------------|--|--------------|------------------------------------|--------------|
| Date of NC                      | Location/site/dept | Endoscope serial number if applicable | Description of NC & investigation | Corrective action (action taken) | Signed /date | Preventive action (prevent reoccurrence) | Signed/ date | Effectiveness of preventive action | Signed /date |
|                                 |                    |                                       |                                   |                                  |              |  |              |                                    |              |
|                                 |                    |                                       |                                   |                                  |              |  |              |                                    |              |
|                                 |                    |                                       |                                   |                                  |              |  |              |                                    |              |