

NCR#

NON-CONFORMITY RECORD (NCR)

SECTION I

Description of Non-Conformity:

Individual and/or Laboratory	
Type of Forensic Analysis	
Laboratory and/or Agency Case Number (if known/applicable)	
Date of Incident, Analysis, or Report (if known/applicable)	
Source/Person Identifying the Non-conformity	
Date	

SECTION II – Please write a brief statement of event(s). Use additional sheets if necessary.

SECTION III – Basic Fact Finding (Root Cause, Short term action, long term action). Use additional sheets if necessary.

FSM/Supervisor/ Technical Leader		
Further Action Requested?	Yes	No
Quality Manager		
Assistant Director Review		

Explanation if further action requested: