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| **Deviation Notification** |

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| **Deviation Originator** | |
| Department |  |
| Originator is initial Observer | ☐ YES ☐ NO |
| Originator Name/Position | Date/Signature |

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| **Deviation details** | |
| Deviation Discovery Date/Time |  |
| Location (area, room, zone, etc.) |  |
| Observers (Names, positions) |  |
| Related Documents and Records |  |
| Related Equipment and Facilities (IDs) |  |
| Affected products, materials, processes |  |
| Detailed description of Deviation: | |
| Line Manager was immediately notified | ☐ YES ☐ NO  Comments: |
| Initial assumed Deviation Category | ☐ Minor ☐ Major ☐ Critical |
| Immediate actions taken before Deviation Notification was submitted, if any: | |

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| **Deviation Notification submission to Quality Organization** | |
| Assigned Deviation Notification Reference Number (DNRN) |  |
| Quality Organization representative  Name/Position | Date/Signature |