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| **01 Form "Deviation and Nonconformity Notification"** |

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| **Deviation / Nonconformity details** |
| 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 the Event: |
| Initial assumed Event type | ☐ Deviation ☐ Nonconformity |
| Initial assumed Category | ☐ Minor ☐ Major ☐ Critical |
| Corrections were taken prior 01 Form "Deviation and Nonconformity Notification" submission: |
| Segregation measurements were taken for Nonconforming Products or Materials prior 01 Form "Deviation and Nonconformity Notification" submission: |

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| **Originator** |
| Department |  |
| Name/Position | Date/Signature |

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| **Auditee review (only for Internal and External Audits Findings and Nonconformities)** |
| Comments, if any: |
| Name/Position | Date/Signature |

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| **01 Form "Deviation and Nonconformity Notification" submission to Quality Organization** |
| Assigned Deviation Nonconformity Reference Number (DNRN) |  |
| Quality Organization representativeName/Position | Date/Signature |