Nonconformance Report

Nonconformance Report No.: _____

(Obtain from the Document Control Coordinator)

Section I. (Originator completes)

Requirement (describe the requirement or regulatory guidance that is being violated by the nonconforming condition):

Description of nonconformance (include, if applicable, Purchase Order or contract number, location, sample identification, etc.):

Originator's Signature

_____ _____

(Print Name and Title, then Sign) Date

Section II. (Quality Liaison completes)

Corrective Action:

Corrective Action assigned to:	Proposed completion date:	Actual completion date:

Section III. (Quality Liaison completes)

Verification of corrective action:

Quality Liaison's Signature

_____ _____

(Print Name, then Sign) Date

ER Program Manager's Signature

_____ _____

(Print Name, then Sign) Date

QP-3.4	Los Alamos Environmental Restoration Project

Reset All