**Product Non-Conformity Reporting Form**

Details of product non-conformity events should be reported immediately or within 24 hours of being informed of the event.

Whilst every effort must be made to complete the form before submitting, if information such as Lot number has not been made available at that time of the event, please submit the form with information received. **Do not delay sending the form**.

Please forward this form to [PNCF@rocketmedical.com](mailto:PNCF@rocketmedical.com)

|  |  |  |  |
| --- | --- | --- | --- |
| **CUSTOMER INFORMATION** | | | |
| **Contact Name** |  | **Contact Phone** |  |
| **Contact Position** |  | **Contact e-mail** |  |
| **Hospital Name** |  | **Location** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **NON-CONFORMITY INFORMATION** | | | |
| **Event Date**  **(DD/MMM/YYYY)** |  | **Date Rocket Made Aware**  **(DD/MMM/YYYY)** |  |
| **Product Code** |  | **Quantity Affected** |  |
| **Lot Number(s) / Serial Number** |  | **Product Expiry** |  |
| **Details of Failure:**  - What failed?  - How did it fail?  - Sequence of events? |  | | |
| **Patient:**  - Was there any harm to the patient?  - What is the patient outcome? |  | | |
| **NON-CONFORMITY INFORMATION** | | | |
| **Intervention:**  - What corrective actions were required? |  | | |
| **Photo or Video Available:**  (Please provide photos or video) | Yes  No | | |
| **Product Available for Collection:** | Yes  No | | |
| **Additional Comments:** |  | | |

|  |  |
| --- | --- |
| **FORM RECORDED BY** | |
| **Name** |  |
| **Position** |  |
| **Date Recorded**  **(DD/MMM/YYYY)** |  |