



**Raw Material Out of Specification Investigation and Report Form**  
(Ref. [SOP LAB-055](#))

<b>Raw Material Description:</b>	<b>Code No:</b>
<b>Manufacturer's Batch No:</b>	<b>Lab batch no:</b>
<b>Limits for this Test Reason for Investigation:</b> .....	
<b>Results:</b>	

**Part A**

**Sign/Date**..... **Laboratory Analyst**

**Part B Evaluation for Determinant Error (Lab Error)**

**Results of Investigation**

Instrument Re-calibration Done	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Solution Re-standardised	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Fresh Standard Made	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Using Correct Method	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Balance Calibrated	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
New Mobile Phase	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Instrumentation Maintained	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Correct Calculations for Product	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Correct Formula for Calculation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**Other Sources of Error**.....

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**Sign/Date**..... **Laboratory Analyst**

Retesting to be Performed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**Sign./Date**..... **Laboratory Manager**



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**Part C Results of the Retesting**

<b>Results for Second Test on composite in Triplicate</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Result from RM Trend Card</b>			
<b>Results from Manufacturer's C/A</b>			
<b>Results from Previously Passed Retention Sample</b>			
<b>Lab. No. of Previously Passed Retention Sample</b>			

<b>Results for Original Individual Lab. Samples (when applicable)</b>		<b>Results for Resample of the Bulk RM (when applicable)</b>	
Lab Sample 1		Lab Sample 1	
Lab Sample 2		Lab Sample 2	
Lab Sample 3		Lab Sample 3	
Lab Sample 4		Lab Sample 4	
Lab Sample 5		Lab Sample 5	
Lab Sample 6		Lab Sample 6	
Lab Sample 7		Lab Sample 7	
Lab Sample 8		Lab Sample 8	
Lab Sample 9		Lab Sample 9	

<b>Deviation Report Required</b>	Yes		No		
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<b>Deviation Report Number</b>	
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**Comments**

Sign/Date.....Laboratory Manager