SOP Template: Discrepancy Reporting and Resolution Steps

This SOP details the **discrepancy reporting and resolution steps**, outlining the process for identifying, documenting, and addressing discrepancies in operations or documentation. It includes guidelines for timely reporting, assigning responsibility, investigation procedures, corrective action implementation, and follow-up verification to ensure accurate resolution and continuous improvement in quality control and compliance.

1. Purpose

To provide a standard process for identifying, reporting, investigating, resolving, and documenting discrepancies to maintain operational quality and compliance.

2. Scope

This procedure applies to all staff involved in operational activities where deviations or discrepancies may occur.

3. Definitions

- **Discrepancy:** Any deviation from established procedures, specifications, or expected outcomes.
- **Corrective Action:** Steps taken to eliminate the root cause of a discrepancy.
- **Responsible Person:** Individual assigned to manage the investigation and resolution.

4. Responsibilities

- All staff: Responsible for promptly reporting discrepancies.
- Supervisor/Manager: Assign responsibility, oversee investigation, ensure timely resolution.
- Quality Assurance: Review discrepancies, verify resolution effectiveness.

5. Procedure

1. **Identification**
    - Recognize and document any observed or suspected discrepancy immediately.
2. **Reporting**
    - Report the discrepancy using the *Discrepancy Report Form* or an approved reporting system within 24 hours.
    - Notify the immediate supervisor or designated authority.
3. **Assessment & Assignment**
    - Supervisor/Manager assigns a responsible person for investigation.
    - Review initial report for completeness and accuracy.
4. **Investigation**
    - Investigate root cause of the discrepancy.
    - Gather supporting data and interview relevant personnel, if necessary.
5. **Corrective Action**
    - Develop and implement corrective and preventive actions.
    - Document actions taken and responsible persons.
6. **Follow-up & Verification**
    - Verify the effectiveness of corrective actions applied.
    - Document verification results and close the report when resolved.

6. Documentation

- All records of discrepancies, investigations, actions, and verifications must be maintained and readily accessible for audit.

7. Review & Continuous Improvement

- Management or QA regularly reviews trends to identify recurrent issues and areas for process improvement.

8. Reference Forms & Records

Form Name	Description	Retention Period
Discrepancy Report Form	Initial documentation of discrepancy details	5 years
Corrective Action Report	Details actions taken and results	5 years
Investigation Records	All supporting evidence and findings	5 years

9. Revision History

Version	Date	Description of Change	Author
1.0	2024-06-16	Initial template release	SOP Program