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| Recognised Laboratory **Non-Compliance Notification Form** | | | |
| A recognised laboratory needs to report any non-compliance (NC) to MPI when an incident occurs that **affects or is likely to affect either the integrity of test results or service being provided by the laboratory** within **1 working day** of a non-compliance being identified.  This form fulfils the requirements under section [206(2)(c)](https://www.legislation.govt.nz/regulation/public/2021/0400/latest/LMS521335.html?search=sw_096be8ed81b83257_non+compliance_25_se&p=1&sr=15) of the Animal Products Regulations 2021 and section [110(2)(c)](https://www.legislation.govt.nz/regulation/public/2021/0401/latest/LMS585527.html?search=sw_096be8ed81bb623f_110_25_se&p=1&sr=1) of the Wine Regulations 2021.  Complete all relevant fields in this form where the information is available and send to [RLP@mpi.govt.nz](mailto:RLP@mpi.govt.nz).  *Note:* If some information is not available, complete as much as you can and send the form as soon as possible. Additional information can be provided as it becomes available to [RLP@mpi.govt.nz](mailto:RLP@mpi.govt.nz).  Attach any additional supporting information as necessary.  Initial corrective actions must be notified to MPI within **5 working days** after the original notification of a non-compliance if they weren’t identified at that time.  If you have any queries regarding non-compliances, please email [RLP@mpi.govt.nz](mailto:RLP@mpi.govt.nz) or phone: 04 830 7020. | | | |
| **Laboratory name** |  | | |
| **MPI Recognised Laboratory Identifier** |  | **NC number** *(entered by MPI)* |  |
| **Name of person responsible for day-to-day management of laboratory** |  | **Contact telephone** |  |
| **Date issue identified as non-compliance** |  | **Date of notification to MPI** |  |
| 1. Short summary of the non-compliance – What occurred? What has been affected? |  | | |
| 1. What was the reason for the non-compliance?   *Include whether it relates to: personnel, equipment, facilities, work environment, or other resources, or lack of such.* |  | | |
| 1. Include objective evidence that led to the issue being identified as a non-compliance. |  | | |
| 1. Identify what testing this relates to under the Act/Notices   *(CLT ref no, OMAR, specific legal notice reference).* |  | | |
| 1. Have test results been issued, and if so, for what product was this test required?   *Include original and amended test report references.* |  | | |
| 1. Have you previously reported a non-compliance with the same cause? |  | | |
| 1. Have IANZ suspended or withdrawn accreditation? |  | | |
| 1. What actions have been taken to ensure integrity of test results? |  | | |
| 1. What additional corrective and/or preventative action(s) are suggested to address the root cause of the non-compliance? |  | | |
| 1. Attachments.   *List all relevant documents related to the non-compliance(s) that have been attached.* |  | | |
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| MPI Feedback (MPI to complete) | | | |
| **MPI representative** |  | **Date non-compliance received** |  |
| **Non-compliance status** |  | | |
| **Closing notes** |  | | |
| **Date of closing non-compliance** |  | **Signature** |  |