

File Ref : <input type="checkbox"/> Schedule Audit <input type="checkbox"/> Unschedule Audit <input type="checkbox"/> Project <input type="checkbox"/> Water Quality <input type="checkbox"/> Complaint : * JMS / Letter / Meeting / Telephone / E-Mail / Others <input type="checkbox"/> Others _____	NON-CONFORMANCE / CORRECTIVE ACTION REPORT / REQUEST <input type="checkbox"/> Type of NC : * Major / Minor / Observation <input type="checkbox"/> Not Applicable	Report No. : Page : Date :
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ISSUED TO / FROM :

Section 1 - NON CONFORMANCE / OBSERVATION STATEMENT :

EVIDENCE / REQUEST:

Auditor / Originator: _____ Auditee / Receiver: _____

Section 2 - ROOT CAUSE(s)

CORRECTION :

CORRECTIVE ACTION :

Accepted / Not Accepted (*) :
 Auditor/ Originator / Approver/ Not Applicable : _____ Auditee / Receiver : _____

Section 3 - FOLLOW-UP ACTION

NCR Close Out : Yes No Not Applicable Auditor / Lead Auditor/Originator : _____

Close Out Date : _____

* cross whichever is inapplicable