Instructions:

1. Auditor or person observing nonconformity shall fill-in sections 1, 2, 3.
2. Auditee or affected person shall fill-in sections 4, 5, 6.
3. Lead Auditor or Management representative shall fill-in sections 7, 8 and 9

NC-yy-###	**Nonconformity Report (NCR)**	Date NC Found:
Department or Section where NC is found:		

1. DETAILS: Nonconformity raised as a result of:

□ Internal audit □ Customer complaint □ IS Incident (indicate IS number) _____

□ Process nonconformity □ Suggestion (improvement)

□ Product nonconformity □ Others _____

2. REFERENCES: Documents used or referred to (e.g. manuals, procedures, flowcharts, standards, records …)

3. NONCONFORMITY: Description of nonconformity, suggestion, complaint, or incident.

Detected or Observed by:	Department:

4. DISPOSITION: Immediate remedial action

Proposed by:	Date:	Implementation date:

5. INVESTIGATION: Cause of nonconformity: (investigation shall be conducted by the department or section where the nonconformity was found)

Investigated by:	Date investigation started:
	Date investigation finished:

6. CORRECTIVE/PREVENTIVE ACTION: (Preventive action is only required for **potential nonconformities**). Fill ONLY EITHER "Corrective Action" OR "Preventive Action"

Corrective Action:	Preventive Action:

Proposed by:	Date: Proposed implementation date:

7. VERIFICATION OF VALIDITY OF CORRECTIVE "or" PREVENTIVE ACTION:

☐ Addresses the root cause? ☐ Prevents recurrence? ☐ Valid ☐ Invalid. Issue new NCPAR Remarks: _____	☐ Addresses the root cause? ☐ Prevents occurrence? ☐ Valid ☐ Invalid. Issue new NCPAR Remarks: _____

Signature: (Lead Auditor)	Date:	Signature: (Lead Auditor)	Date:

8. FOLLOW-UP OF IMPLEMENTATION CORRECTIVE/PREVENTIVE ACTION TAKEN:

Implementation of corrective action is: □ Implemented □ Not implemented. Issue new NCPAR Remarks: _____	Implementation of preventive action is: □ Implemented □ Not implemented. Issue new NCPAR Remarks: _____

Signature: (Lead Auditor)	Date:	Signature: (Lead Auditor)	Date:

9. VERIFICATION OF EFFECTIVENESS OF IMPLEMENTED CORRECTIVE/PREVENTIVE ACTION:

Corrective action is: □ Effective □ Not effective. Issue new NCPAR Remarks: _____	Preventive Action: □ Effective □ Not effective. Issue new NCPAR Remarks: _____

Signature: (Lead Auditor)	Date:	Signature: (Lead Auditor)	Date: