

### NC Report

Department	Date	Number
Major ( )                      Minor ( )	Auditor	

Details of Non-Conformity
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Auditor's Signature:  
Date:

Auditor's Signature:  
Date:

Corrective Action Plan

Activity	By Person	By Date	QMR Remarks

Follow up Action

NCR Closed By: Date:	Signature:
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Prepared by:

Approved by: