



Company: _____

NON CONFORMANCE / CORRECTIVE ACTION REPORT

CUSTOMER :	PROCESS :	¹ NCR NO. :
LOCATION :	DEPARTMENT :	² DESPOSITION CODE :
³ VENDOR / SUPPLIER :	³ PURCHASE ORDER NO. :	
MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/>	HSE & QUALITY SYSTEM COMPLIANCE :	
CUSTOMER COMPLAINT : YES <input type="checkbox"/> NO <input type="checkbox"/>		
DESCRIPTION OF NON-CONFORMANCE :		DATE :
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
REPORTED BY : POSITION : SIGN :		
CORRECTIVE ACTION OR DISPOSITION :		
(Action must include cause, analysis, corrective action taken and action to prevent reoccurrence)		
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
		IMPLEMENTATION DATE :
SIGN : POSITION : DATE :		
PROPOSED ACTION TO BE AGREED OR REJECTED BY DIVISION MANAGER / HSEQ MANAGER:		
Proposed Action : Accepted <input type="checkbox"/> Rejected <input type="checkbox"/>		
If Rejected Reason for Rejection and alternate Action Required :		
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
SIGN : POSITION : DATE :		
CLOSED OUT. DIVISION MANAGER :		SIGN : DATE :
CLOSED OUT. HSE & QUALITY MANAGER :		SIGN : DATE :

¹ To be filled in by Quality Department.
² Disposition Code : **A**-Rework / Repair **B**-Accept / Use-as-is **C**-Scrap **D**-Return to vendor **E**- Regrade **F**-Customer Concession required.
³ Ignore if not applicable.