



Company: _____

AUDIT NON-CONFORMANCE REPORT

Division :	NCR Number :
Process / product :	Date :
Procedure :	Clause Reference : (ISO 9002 PROCEDURE)
Auditee : Major <input type="checkbox"/> Minor <input type="checkbox"/>	
<u>Non conformance</u> : (TO BE COMPLETED BY AUDITOR)	
Signature Auditor :	Signature Auditee :
<u>Proposed Corrective Action</u> : (REPLY MUST INCLUDED CAUSE, CORRECTIVE ACTION TAKEN AND ACTION TO PREVENT REOCCURANCE)	
Proposed Implementation Date :	
Signature Auditee :	Date :
<u>Corrective Action Review</u> : (TO BE CLOSED BY AUDITOR OR QA DEPARTMENT)	
PROPOSED Action : Agreed <input type="checkbox"/> Rejected <input type="checkbox"/>	
Reason if Rejected :	
N.C.R Closed out : Yes <input type="checkbox"/> No <input type="checkbox"/>	
Signature Auditor :	Date :