

submitted for NCR close-out.

## **NONCONFORMITY REPORT (NCR) AUDIT CRITERIA DIVISION / DEPARTMENT AUDIT PROCESS / AREA AUDIT DATE** NCR NUMBER CLASSIFICATION **⊠** Minor OFI **Details of NCR Document Reference Objective Evidence / Description** Requirement ☐ Others: \_\_\_\_\_ Clause: Auditor **Auditee Representative** Signature & Date Signature & Date Proposed Action Plan(s) (attach separate sheet if necessary) **Result of Investigation & Determination of Root Cause Correction & Corrective Action Plan Correction** (immediate/ temporary action – including containment if applicable) No. Correction PIC Deadline Status **Corrective Action** (systematic/ permanent action to prevent recurrence) No. **Corrective Action** PIC Deadline Status **Auditee Representative Auditor** \* Corrective action evidence shall be completely

Signature & Date

Signature & Date



Corrective Action(s) Effectiveness Verification		
NCR Close-Out	Remarks	Auditor
⊠ Yes □ No	NCR closed with satisfy evidence	
		Signature & Date