

Department Audited	Audit No	Date of Audit	NCR No.
Name of Auditor		Name of the Auditee	
Name of procedure / ISO Clause referred			
Part A			
Details of Non Conformance (Please Provide examples)			
Signature of Auditor		Signature of Auditee	
Root Cause and Immediate action taken:			
Part B			
Details of the corrective action proposed			Target Date for completion
Part C			
Preventive action for the effective closure of the Non Conformance			Target Date
Signature			
Part D			
Details of the spot checks and verification carried by the auditor for closure of the NCR with disposition.			
			Signature Date:
Review of effectiveness (by MR / Auditor) with Signature and date.			
Final Status of the NC: Closed / Continuing			