



# NONCONFORMANCE REPORT

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Rev No.	1
Date	15.02.2015
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IQA No.		NCR No.	
Date		Department/ Section	
Name of Auditor		Name of Auditee	

## 1. Non-conformance Details

Sl. No	Details of Nonconformance	Attribution

Signature of DOR		Signature of Auditee	
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## 2. Corrections (Disposition Action):

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## 3. Cause Analysis (Root Cause)

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Signature of Auditee		Verified by	
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## 4. Details of Proposed Corrective Action

Sl. No	Details of Corrective Action	Responsibility	Target

**Risks and Opportunities if any (Y/NR): If YES, please record details in Risks and Opportunities Sheet or If marked NR- Not required**

Signature of Auditee		Date	
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## 5. Details of verification of Corrective action

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Verified by D.O.R	
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Status of NC: NCR CLOSED / NCR NOT CLOSED

Signature of Organisation Representative		Date	
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