|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Source:** | | | | | | | **Scope:** | | | |
| Audit Finding | | | Risk Assessment | | | | ISO MS 9001:2015 | | | |
| Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Product or Service | | | |
|  | | | | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Details of Non-conformity:** | | | | | | | | | | |
| Requestor : | |  | | | | | | | | |
| Designation : | |  | | | | | | | | |
| Description/Finding : | |  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| Request Date: | |  | | | Acknowleged by (Admin of Department / School): | | | |  | |
| **Correction (Immediate Action):** | | | | | | | | | | |
| Target Completion Date: | |  | | | | | | | | |
| **Corrective Action Plan (Action to Prevent Recurring Issue):** | | | | | | | | | | |
|  | | | | | | | | | | |
| Target Completion Date: | |  | | | | | | | | |
| **Identification & Investigation of Root Cause:** | | | | | | | | | | |
|  | | | | | | | | | | |
| Completion Date: | |  | | | Action to be taken by: | | |  | | |
| **Action Taken:** | | | | | | | | | | |
|  | | | | | | | | | | |
| Agreed by: |  | | | Date of Verification: | |  | | Verified by: | |  |
| **Follow-up the Effectiveness of Action Taken:** | | | | | | | | | | |
| Feedback/Comment: | |  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| Verified by: |  | | | Date of Verification: | |  | | Approved by: | |  |