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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Scope: | | | | Title : | | |  | | | |
| ISO MS 9001:2015 | | | | Department/School : | | |  | | | |
| Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Audit Date : | | |  | | | |
| **Details of Non-conformity:** | | | | | | | | | | |
| Requirement : |  | | | | | | | | | |
| Finding : |  | | | | | | | | | |
| Objective Evidence : |  | | | | | | | | | |
| Auditor : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ( )  Date: | | | | | | | | | |
| Auditee : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ( )  Date: | | | | | | | | | |
| **Correction (Immediate Action):** | | | | | | | | | | |
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| **Result of Investigation and Determination of Root Cause:** | | | | | | | | | | |
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| **Corrective Action Plan (Action to Prevent Recurring Issue):** | | | | | | | | | | |
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|  | | | | | | | | | | |
| Target Completion Date: | | |  | | | | | | | |
| Head of Department/Dean: | | | | | | Approved by: | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ( )  Date: | | | | | | Auditor: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ( )  Date: | | |
| **Action Taken:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Head of Department/Dean: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ( )  Date: | | | | | | | | |
| **Verification:** | | | | | | | | | | |
| Auditor : | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ( )  Date: | | | | | | | | |
| **NCR Closed Out :** | | | Yes | | No | | | | **Date:** |  |