|  |  |  |
| --- | --- | --- |
| 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):** |
|  |
|  |
| **Result of Investigation and Determination of Root Cause:** |
|  |
|  |
| **Corrective Action Plan (Action to Prevent Recurring Issue):** |
|  |
|  |
| 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:** |  |