NON-CONFORMITY AND CORRECTIVE ACTION REPORT

Date:		**NCAR No :**
SECTION A: To be completed by any staff		
Details of Nonconformity (the requirement/failing/evidence): *Process / Standard / Document Reference: **Reported By / Date :**		
SECTION B: To be completed by **QE Manager or Director-in-Charge**		
Responsible Person(s) :		**Reply Due Date** :
SECTION C: To be completed by Responsible Person(s). Please attach supporting evidence.		
Actions taken to control and correct the nonconformity: **Date :**		
Containment taken (if any) : **Date :**		
Results of investigation onto cause(s) : **Date:**		
Actions taken to prevent recurrence or occur elsewhere, including follow-up on effectiveness: **Date:**		
Document Change(if any) _____ **Replied By / Date:** _____		
SECTION D: To be completed by **QE Manager or Director-in-Charge**		
Verification Action:		
☐ Effective ☐ Not Effective		
Comments:		
Verified By/Date :		