

# NONCONFORMITY REPORT

**GF-12**

<b>Project:</b>	<b>Job No.:</b>	<b>NCR No.:</b>
<b>Issued to:</b>	<b>Date:</b>	<b>Audit No.:</b>
<b>Issued by:</b>	<b>Auditor:</b>	

### DETAILS OF NONCONFORMITY/SUGGESTION

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**Report Originator:**

..... (Name) ..... (Signature)

### PROPOSED REMEDIAL ACTIONS

*(Including investigation of causes and any concessions required or conditions imposed)*

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Remedial action approved by:

..... (Name) ..... (Signature) ..... (Date)

Approved by Client *(if required)*:

..... (Name) ..... (Signature) ..... (Date)

Start date of remedial action: ..... Finish date of remedial action: .....

### REVIEW OF COMPLETED ACTIONS

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Actions completed:

..... (Name) ..... (Signature) ..... (Date)

Approved by Client *(if required)*:

..... (Name) ..... (Signature) ..... (Date)

### PROPOSED CORRECTIVE ACTIONS *(Where necessary)*

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Corrective actions approved by:

..... (Name) ..... (Signature) ..... (Date)

### REVIEW OF COMPLETED CORRECTIVE ACTIONS

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Approved by:

..... (Name) ..... (Signature) ..... (Date)