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| NCPAR №  NC-yy-nnn | **Non-conformity/Corrective & Preventive Action Report (NCPAR)** | | | | | | Date NC Found: |
| **Department or Section where NC is found:** | | | |  | | | |
| **1. DETAILS**: Nonconformity raised as a result of: | | | | | | | |
| 🞎 Internal audit | | 🞎 Customer complaint | | | 🞎 IS Incident, indicate IS number | | |
| 🞎 Process non-conformity | | 🞎 Suggestion (improvement) | | |
| 🞎 Product non-conformity | | 🞎 Others | | | | | |
| **2. REFERENCES**: Documents used or referred-to (e.g. manuals, procedures, flowcharts, standards, records …) | | | | | | | |
|  | | | | | | | |
| **3. NON-CONFORMITY**: Description of nonconformity, suggestion, complaint or incident. | | | | | | | |
|  | | | | | | | |
| Detected or Observed by: | | | | Department: | | | |
| **4. DISPOSITION:** Immediate remedial action | | | | | | | |
|  | | | | | | | |
| Proposed by: | | | Date: | | | Implementation date: | |
| **5. INVESTIGATION**: Cause of nonconformity: (investigation shall be conducted by the department or section where the nonconformity was found) | | | | | | | |
|  | | | | | | | |
| Investigated by: | | | | Date investigation started: | | | |
| Date investigation finished: | | | |

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| **6. CORRECTIVE/PREVENTIVE ACTION:** (Preventive action is only required for **potential non-conformities**). Fill ONLY EITHER “Corrective Action” OR “Preventive Action” | | | |
| Corrective Action: | | Preventive Action: | |
| Proposed by: | | Date: | |
| Proposed implementation date: | |
| **7. VERIFICATION OF VALIDITY OF CORRECTIVE “or” PREVENTIVE ACTION:** | | | |
| Addresses the root cause?  Prevents recurrence?  Valid  Invalid. Issue new NCPAR  Remarks: | | Addresses the root cause?  Prevents occurrence?  Valid  Invalid. Issue new NCPAR  Remarks: | |
| Signature:  (Lead Auditor) | Date: | Signature:  (Lead Auditor) | Date: |
| **8. FOLLOW-UP OF IMLEMENTATION CORRECTIVE/PREVENTIVE ACTION TAKEN:** | | | |
| Implementation of corrective action is:  🞎 Implemented  🞎 Not implemented. Issue new NCPAR  Remarks: | | Implementation of preventive action is:  🞎 Implemented  🞎 Not implemented. Issue new NCPAR  Remarks: | |
| Signature:  (Lead Auditor) | Date: | Signature:  (Lead Auditor) | Date: |

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| **9. VERIFICATION OF EFFECTIVENESS OF IMPLEMENTED CORRECTIVE/PREVENTIVE ACTION:** | | | |
| Corrective action is:  🞎 Effective  🞎 Not effective. Issue new NCPAR  Remarks: | | Preventive Action:  🞎 Effective  🞎 Not effective. Issue new NCPAR  Remarks: | |
| Signature:  (Lead Auditor) | Date: | Signature:  (Lead Auditor) | Date: |

Instructions:

1. Auditor or person observing non-conformity shall fill-in sections 1, 2, 3.
2. Auditee or affected person shall fill-in sections 4, 5, 6.
3. Lead Auditor or Management representative shall fill-in sections 7, 8 and 9