


APPENDIX C – Handling of Non-conformances

		NCR HANDLING REPORT	
Job Name/number:		Date Found:	
Unit Identification:		Employee Name:	
Description of the issue		Potential Structural Defect? Yes <input type="checkbox"/> NO <input type="checkbox"/>	
Root Cause Analysis			
Corrective Action			
Preventive Measure			
		Final Resolution	
Completed action:		Approved by:	
		Date Completed:	
		Signature:	
		Follow up required: <input type="checkbox"/> YES <input type="checkbox"/> NO	