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|  | Non-Conformance Report (NCR) | FRM.01201 |

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| **NCR Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Site Name:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | **NCR No.** | | | | | | | | | | |  | | | | | | | | | | | |
| **Process / Activity affected:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Aspect of NCR:** | | **Quality** | | | | | |  | | | | | | **WHS** | | | | | |  | | | | | | | | **Enviro** | | | | | | | | | |  | | | | | | | **Other:** | | | | |  | |
| **If Other (specify):** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Method of identification of NCR:** | | | | | | | | | |  | | | | | | | | | | | | | | | | **Location:** | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Specification / DWG Reference / Doc Name & No.** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Details of Non-conformance** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Is this or are other work activities required to stop?** | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | | | |  | | | | | | | | | | **No** | | | | |  | | |
| **If ‘Yes’ what other activities are required to stop?** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Person Reporting Name:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date Raised:** | | | | | | | | | | | Click or tap to enter a date. | | | | | |
| **Management of corrective action to rectify Non-conformance** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Outline contributing factors leading to the non-conformance** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **List proposed corrective action(s) to be taken** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Is Client acceptance req’d?** | | | | | | | | | **Yes** | | | | | |  | | | | | | **No** | | | | | | |  | | | | | | | | | **If Yes, send for Client acceptance** | | | | | | | | | | | | | | |
| **Is there a Hold Point applicable to Non-conformance?** | | | | | | | | | | | | | | | | | | | | | | **Yes** | | |  | | | | | | **No** | | | | | | | |  | | | | **Hold Pont N⁰** | | | | | | |  | |
| **Is rework required?** | | | **Yes** | | | | | | | |  | | | | | **No** | | | | | | | |  | | | | | | **If Yes, record dollar value:** | | | | | | | | | | | | | | | | | | **$** | | |  |
| **Approving Manager** | | | | | | | **Name:** | | | | | |  | | | | | | | | | | | | | | | | | | | | **Signature:** | | | | | | | | |  | | | | | | | | | |
| **Client or Client’s representative acceptance of proposed corrective action - Comments** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Proposed corrective action has been accepted?** | | | | | | | | | | | | | | | | | **Yes** | | | | | | | | | |  | | | | | | | | | | | | | | **No** | | | | | |  | | | | |
| **Client Acceptance** | | | | | | **Name:** | | | | | |  | | | | | | | | | | | | | | | | | | | | **Signature:** | | | | | | | | | |  | | | | | | | | | |
| **NCR Close Out** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Comments on effectiveness of actions taken *(Manager or delegate to complete)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Closed by:** |  | | | | | | | | | | | | | | | | | | | | | | **Position:** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **Signature:** |  | | | | | | | | | | | | | | | | | | | | | | **Date of Close Out:** | | | | | | | | | | | | | | | | | | | Click or tap to enter a date. | | | | | | | | | |