|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date : Ref. No:**    **SECTION A – Reporting**   |  |  |  |  | | --- | --- | --- | --- | | Reporting Personnel: |  | Designation: |  | | Reporting to: |  | Designation: |  |     **Category of Request:**  System/ Process nonconformance  Suggestion/Other  Service nonconformance  Customer Complaint  Potential Nonconformity  Incident/Accident  **Nonconformance Details:** | | |
| **SECTION B – Investigation & Analysis (attach extra sheets if required)/Implementation**  **Root Cause:** | | |
| **Corrective Action:** | | |
| **Preventive Action (In case of potential nonconformity):** | | |
| Action By (Name/Dept./Vessel/Designation) | Target Close out Date: Click here to enter a date. | |
| SECTION C – Action completed / Comments: | | |
| Confirmed by MR/  Nominated Authority: \_\_\_\_\_\_\_\_\_\_\_\_ | | Date: Click here to enter a date. |