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| **INTERNAL AUDIT NON-CONFORMANCE REPORT** | | | | | | | | | | | |
| TYPE: | |  |  | SENDER:  Office Dept /Ship Name:  MR | | | Doc. Ref: | | Date: | | |
| Major NC | |  |  |
|  | |  |  |
| Minor NC | |  |  |
|  | |  |  |
| Observation | |  |  |
| RFI | |  |  |
|  | | | |
| Source N/C | |  |  | Auditor / Initiator Signature: | | | Head of Department / Master Signature: | | | | |
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|  | |  |  | |
| Internal Audit | |  |  | I. Nonconformity detail: | | | | | | | |
|  | |  |  | *Ref. Section of QHSE/ISM Code:* | | | | | | | |
| External Audit | |  |  |
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| Inspections | |  |  |  | | | | | | | |
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| Proposed Completion Date | | | | **II. Proposed Corrective and Preventive action:** | | | | | | | |
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| Action Completed: | | | |
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| Verification Completed | | | |  | | | | | | | |
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| Date of Closed out: | | | |  | | | | | | | |
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| QHSE Manager Signature: | | | |  | | | | | | | |
| Proposed by: | | | | Assigned to: | | |  |
| DP Signature: |  | |  | Verified by: | | | |  | | |  |
| **COMMENTS** | | | | | | | | | | | |
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