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NON-CONFORMITY and CORRECTIVE ACTION REPORT (NCAR)

NCAR No.: Automated

Date: 2025-04-19

Unit: College of Computer Studies									
Section Clause No. (for IQA only):									
1. Details: Non-conformity raised as a result of: <table border="0"><tr><td><input type="checkbox"/> Material, Product or Equipment</td><td><input type="checkbox"/> Unmet Quality Objectives</td></tr><tr><td><input type="checkbox"/> Customer Complaints</td><td><input type="checkbox"/> Service Non-conformity</td></tr><tr><td><input type="checkbox"/> Internal Quality Audit</td><td><input type="checkbox"/> Improvement</td></tr><tr><td><input type="checkbox"/> Clientele Satisfaction Survey</td><td><input type="checkbox"/> Others</td></tr></table>		<input type="checkbox"/> Material, Product or Equipment	<input type="checkbox"/> Unmet Quality Objectives	<input type="checkbox"/> Customer Complaints	<input type="checkbox"/> Service Non-conformity	<input type="checkbox"/> Internal Quality Audit	<input type="checkbox"/> Improvement	<input type="checkbox"/> Clientele Satisfaction Survey	<input type="checkbox"/> Others
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<input type="checkbox"/> Clientele Satisfaction Survey	<input type="checkbox"/> Others								
2. Description of: <input type="checkbox"/> Non-Conformity <input type="checkbox"/> Improvement tanga tanga Directed by: _____ Date: _____									
3. Disposition: [Applicable for Material/Product or Equipment only] <table border="0"><tr><td><input type="checkbox"/> Rework/Repair</td><td><input type="checkbox"/> N/A</td></tr><tr><td><input type="checkbox"/> Reject & return to supplier</td><td><input type="checkbox"/> Other</td></tr></table> Proposed by: _____ Date: _____		<input type="checkbox"/> Rework/Repair	<input type="checkbox"/> N/A	<input type="checkbox"/> Reject & return to supplier	<input type="checkbox"/> Other				
<input type="checkbox"/> Rework/Repair	<input type="checkbox"/> N/A								
<input type="checkbox"/> Reject & return to supplier	<input type="checkbox"/> Other								
4. <input type="checkbox"/> Correction (Immediate Action): _____ <input type="checkbox"/> Not Applicable Responsible Person/s: _____ Date: _____									
5. Root Cause Analysis: <input type="checkbox"/> Non-conformity <input type="checkbox"/> Not Applicable Investigated by: _____ Date: _____ Conforme: _____ Date: _____									
6. <input type="checkbox"/> Corrective Action: _____ <input type="checkbox"/> Improvement Responsible: _____ Date: _____									
7. Follow-up Implementation of Action: <table border="0"><tr><td><input type="checkbox"/> Satisfactory Remarks:</td><td><input type="checkbox"/> Not satisfactory</td></tr></table> Name & Signature: _____ Date: _____		<input type="checkbox"/> Satisfactory Remarks:	<input type="checkbox"/> Not satisfactory						
<input type="checkbox"/> Satisfactory Remarks:	<input type="checkbox"/> Not satisfactory								
8. Verification on the effectiveness of action: To be completed by the ISO Chairperson or Unit Head <table border="0"><tr><td><input type="checkbox"/> Satisfactory</td><td><input type="checkbox"/> Not satisfactory (issue new NCAR)</td></tr></table> Remarks: Verified by: _____ Print Name _____ Signature _____ Date _____		<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not satisfactory (issue new NCAR)						
<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not satisfactory (issue new NCAR)								