

<b>ABC</b>						
Audit Number:				Auditee:		
Date of Audit:				Farm Location:		
Type of Audit:		IndG.A.P		Internal Inspector:		
This audit is						

### NONCONFORMITY REPORT

			Major Must	<input type="checkbox"/>	NC #	
			Minor	<input type="checkbox"/>		
Auditor:						
Statement of Non Conformance						
Standard Requirement and/or Organization's Own Management System Requirement:						
Objective Evidence :						
Name of the Internal Inspector				Name of the Auditee		
Signature				Signature		
<b>Organization's response to NCR:</b>						
<b>CORRECTION</b>						
<b>Date</b>	<b>Correction (Action taken to eliminate the detected finding)</b>					<b>Effective Date</b>
Name of Auditee : Signature						
<b>For ABC Internal Inspector Use Only:</b>						
Date	Signature	Identify evidence reviewed to support your conclusions why the correction is effective. This is mandatory for all Majors and Minors. .				
<b>ROOT CAUSE PROVIDED BY AUDITEE</b>						
Date	Root Cause (Cause of the detected finding)					
<b>For ABC Auditor Use Only:</b>						
Date	Signature	Comments, if applicable				

<b>CORRECTIVE ACTION</b>		
Date	Corrective Action (Action taken to eliminate the cause of the detected finding)	Effective Date
Name and signature of Auditee		
Verification of <b>Corrective</b> Action:		
Date	Signature of Internal Inspector	Comment on the effectiveness of the implemented corrective actions.

Date:

Place:

Document Version: