

<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>					
Date	Correction (Action taken to eliminate the detected finding)				Effective Date
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			

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

Date:

Place:

Document Version: