

ABC					
Inspection Number:			Auditee Name :		
Date of Inspection			Farm Location:		
Type of Inspection		NOP Standard-Nov		Internal Inspector:	
This inspection is					

NONCONFORMITY REPORT

		Severe	<input type="checkbox"/>	NC #	
		Minor	<input type="checkbox"/>		
Inspector:					
Statement of Non Conformance					
Standard Requirement and/or Organization's ICS Manual					
Objective Evidence :					
Name of the Internal Inspector Auditee					
Signature			Signature		
Organization's response to NCR:					
CORRECTION					
Date	Correction (Action taken to eliminate the detected finding)				Effective Date
Name of Auditee : Signature					
For ABC Internal Inspector Use Only:					
Date	Signature	Identify evidence reviewed to support your conclusions why the correction is effective. This is mandatory for all Majors and Minors. .			
ROOT CAUSE PROVIDED BY AUDITEE					
Date	Root Cause (Cause of the detected finding)				
For ABC Auditor Use Only:					
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 <u>Corrective</u> Action:		
Date	Signature of Internal Inspector	Comment on the effectiveness of the implemented corrective actions.

Date:

Place:

Document Version: