

| | | | | | |
|--------------------|--|---|----------------|---------------------|--|
| ABC | | | | | |
| Inspection Number: | | | Auditee Name : | | |
| Date of Inspection | | | Farm Location: | | |
| Type of Inspection | | Rainforest Alliance Sustainable Agricultural Standard | | 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: