

|                |  |             |  |                        |  |
|----------------|--|-------------|--|------------------------|--|
| <b>ABC</b>     |  |             |  |                        |  |
| Audit Number:  |  |             |  | Auditee:               |  |
| Date of Audit: |  |             |  | Farm Location:         |  |
| Type of Audit: |  | GlobalG.A.P |  | Internal Farm Auditor: |  |
|                |  |             |  |                        |  |
| 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 Farm Auditor   |  |  | 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 :<br>Signature  |  |  |                          |      |                       |
| <b>For ABC Internal Farm Auditor 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 Farm auditor  | Comment on the effectiveness of the implemented corrective actions. |
|   |   |   |

Date:

Place:

Document Version: