**AUDIT FINDING REPORT**

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| **Vessel / Office:** | | | | **Dept. / Area Involved:** | | | | |
| **Date / Place:** **/** | | | | **Audit Ref:** | | | | |
| **Reference Document, Procedure:** | | | | **Reference to Standard / Management System:** | | | | |
| **Type of Finding** *(same to be entered in Shipsure)* | | | | | | | | |
| **Non Conformity NCR or Observation OBS** *(mark / delete as appropriate)*  **No.** | | | | | | | | |
| **Description of Finding:** | | | | | | | | |
| **Action Plan** *(same to be entered in Shipsure)* | | | | | | | | |
| **Immediate Control / Treatment:** *(the action taken to immediately delete the finding. It is generally agreed at the end of the audit with the Auditee or Master / Head of Department)* | | | | | | | | |
| **Root Cause Analysis:** *(the investigation to establish the root cause of the finding (utilizing the “never stop asking “why”” technique), compulsory to be filled in by the Auditor following a discussion with the Auditee or Master / Head of Department)* | | | | | | | | |
| **Corrective Action:** *(the action taken to avoid recurrence of the finding in the future, compulsory to be filled in by the Auditor following a discussion with the Auditee or Master / Head of Department and no later than 15 days following the end of the audit)* | | | | | | | | |
| **Preventive Action:** *(the action taken to prevent potential finding on other vessels/ office departments, to be proposed by the Auditor to Company Management for consideration)* | | | | | | | | |
| **Proposed Completion Date of the Corrective Action~~:~~** | | | | | **Person in charge – Rank and Name:**  **/** | | | |
| **Name/ Signature of Auditee:** | **Name / Signature of Head of Department / Master:** | | | | | **Name / Signature of Auditor:** | | |
| **Post Audit Verification** *(same to be entered in Shipsure)* | | | | | | | | |
| **Verification of Corrective Action:** | | | **Specify if any Attachments / Objective evidence enclosed:** | | | | | **Date:** |
| **Name / Signature of verifier (i.e. DPA/Fleet Superintendent):            /** | | | | | | | | |
| **Extension** *(only in exceptional circumstances)* | | | | | | | | |
| **Further extension period granted till and reasons thereof***:* | | **Name / Signature of Head of Department / Master:** | | | | | **Name / Signature of Auditor/ Representative:** | |