shipboard or office department raised

Non Conformance Report (NCR)

against the Safety & Quality Management system (SQMS)

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| --- | --- | --- | --- | --- | --- |
| VESSEL / DEPARTMENT:    Date: | | | | | NCR REF No: |
| NCR SQMS Reference: | | | | | |
| Details of Non-Conformance *(to be completed by the relevant Head of Department or Master)* | | | | | |
| Head of Department  (Position) | Name:  signature: | | Master | Name:  Signature: | |
| Proposed Corrective Action(s) *(Corrective action must be discussed and agreed between the Master/ Head of Department and the DPA. The DPA is to notify the SQ Marine Department in case changes to the SQMS are required)*: | | | | | |
| Agreed Date for implementation of the Corrective Action: | | | | | |
| Master / Head of Dept:  Signature:  Date: | | DPA:  Signature:  Date: | | | |

*This form is NOT to be used for internal audit findings (for this purpose see Form SAF23A)*