

## NONCONFORMITY & CORRECTIVE ACTION REPORT

DOST Regional Office No. IX  
Quality Management System

RELEVANT FUNCTION:	INITIATOR/AUDITOR:	CONTROL NO.:	DATE:
Type of Nonconformities: (check where applicable)	CLASSIFICATION:	RELEVANT CLAUSE:	
	<input type="checkbox"/> Minor Nonconformity <input type="checkbox"/> Major Nonconformity		
<input type="checkbox"/> Internal <input type="checkbox"/> External Audit Finding <input type="checkbox"/> Complaints from Customer & Interested Parties <input type="checkbox"/> Outputs from Management Review	<input type="checkbox"/> Systems Nonconformities Not Covered By Internal Audit <input type="checkbox"/> Relevant QEMS & LMS Documents and Records <input type="checkbox"/> Process measurements/outputs from data analysis	<input type="checkbox"/> Legal Noncompliance <input type="checkbox"/> Objectives, Targets and Programs Not Done or Not Met as Planned <input type="checkbox"/> Non-conforming work	

### DESCRIPTION OF NONCONFORMITIES:

Acknowledged By: \_\_\_\_\_  
Signature over Printed Name of Functional Unit Head

Date: \_\_\_\_\_

☐ **DEAL WITH THE CONSEQUENCES**

☐ **AGREED CORRECTION**

FUNCTIONAL UNIT HEAD  
(SIGNATURE OVER PRINTED NAME)

COMPLETION  
DATE

**RESULT OF INVESTIGATION / CAUSES OF NONCONFORMITIES** (Please attach Root Cause Analysis):

(Return to Assigned Auditor on or before \_\_\_\_\_)

Done By: \_\_\_\_\_  
Signature over Printed Name of Functional Unit Head

Date: \_\_\_\_\_ Reviewed/Approved By: \_\_\_\_\_

Signature over Printed Name of Assistant Regional Director  
Date: \_\_\_\_\_

Is the identified nonconformity existing in another functional unit / project?

Please check: Yes ☐ No ☐

Is the identified nonconformity could potentially occur in another functional unit / project?

Please check: Yes ☐ No ☐

If Yes, please specify the Functional Unit / Project: \_\_\_\_\_

**IDENTIFY SIGNIFICANT / POTENTIAL RISK / OPPORTUNITY** (For enrollment in the Risk / Opportunity Registry, if necessary)

AGREED CORRECTIVE ACTION	FUNCTIONAL UNIT HEAD (SIGNATURE OVER PRINTED NAME)	COMPLETION DATE

Done By: \_\_\_\_\_ Date: \_\_\_\_\_ Reviewed/Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature over Printed Name of Functional Unit Head Signature over Printed Name of Assistant Regional Director

## RESULTS OF VERIFICATION OF EFFECTIVENESS

DATE	STATUS OF NONCONFORMITY	REMARKS	AUDITOR (Signature over Printed Name)
	1 <sup>st</sup> Follow-up <input type="checkbox"/> Implemented <input type="checkbox"/> Not Implemented <input type="checkbox"/> Open <input type="checkbox"/> Closed		
	2 <sup>nd</sup> Follow-up <input type="checkbox"/> Implemented <input type="checkbox"/> Not Implemented <input type="checkbox"/> Open <input type="checkbox"/> Closed		
	3 <sup>rd</sup> Follow-up <input type="checkbox"/> Implemented <input type="checkbox"/> Not Implemented <input type="checkbox"/> Open <input type="checkbox"/> Closed		
	4 <sup>th</sup> Follow-up <input type="checkbox"/> Implemented <input type="checkbox"/> Not Implemented <input type="checkbox"/> Open <input type="checkbox"/> Closed		
	5 <sup>th</sup> Follow-up <input type="checkbox"/> Implemented <input type="checkbox"/> Not Implemented <input type="checkbox"/> Open <input type="checkbox"/> Closed		

Noted By:

\_\_\_\_\_  
Regional Director

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