**NONCONFORMITY REPORT**

Name of the Applicant:

Applicant/Certification License No:

Type of Audit:

Product type for which certification is sought:

Date of visit:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| AUDIT TEAM: | | | | | AUDITEE: | |
| AUDIT CRITERIA | CLAUSE NO | | | | NONCONFORMITY CATEGORY:  (Critical/Major/Minor) | **NC No (1 of ….)** |
|  |
| **DESCRIPTION OF NONCONFORMITY** | | | | | | |
| AUDITEE SIGNATURE DATE | |  | | | AUDITOR SIGNATURE DATE |  |
| **ROOT CAUSE ANALYSIS:**  **PROPOSED CORRECTIVE ACTION:** | | | | | | |
| AUDITEE SIGNATURE & DATE | |  | | | PROPOSED COMPLETION DATE |  |
| **AUDITOR’S COMMENTS ON THE PROPOSED CORRECTIVE ACTION** | | | | | | |
| AUDITOR SIGNATURE & DATE | | |  | | | |
| CORRECTIVE ACTION TAKEN BY AUDITEE | | | | | | |
| AUDITEE SIGNATURE & DATE | | | |  | | |
| **COMMENTS ON CORRECTIVE ACTION TAKEN & RECOMMENDATIONS ON CLOSURE OF NONCONFORMITY** | | | | | | |
| AUDITOR SIGNATURE & DATE | | | |  | | |

*Note: Use separate sheet for each NC.*