**INTERNAL AUDIT – NON CONFORMITY REPORT**

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|  | | | **No :** |
| **Department / Vessel :** | | | **Date :** |
| **Auditor :** | | | |
| **ISM Clause and / or Other Ref :** | | | |
| **Description of Non-Conformity :** | | | |
| **Signed:** ……………………………………….. **Signed:** ………………………………….  **Master / Auditee** **Auditor**  **Major non-conformity**  **Non-conformity**  **Due** **Date:** | | | |
| **Root Causes:** | | | |
| **Corrective Action Carried Out :** | | | |
| **Preventive Action Carried Out :** | | | |
| **Signed:** ………………………………… **Date :**  **Master / Auditee** | | | |
| **Follow up and close out :**  **Signed : Date :** | | | |
| **Confirmed by DPA** | **Date :** | **Verification required at next audit**  **(tick box if yes)** | |