**NON-CONFORMANCE / CORRECTIVE ACTION REQUEST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vessel/Office:** |  |  | **Location:** |  |
| **NC Report No:** |  |  | **Type of Audit:** |  |
| **Name of Auditor:** |  |  | **Date:** |  |

|  |
| --- |
| **NON-CONFORMANCE & CORRECTIVE ACTIONS** |
| **Section A – Description of Non-Conformance** |
| **Section B – Plan** |
| **1. Cause Investigation** |
| **2. Corrective Action** |
| **3. Preventive Action** |
| **Section C – Close up/Acceptance**  Date of Corrective Action Acceptance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed by Auditor (If applicable) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  | Date: |  |
| Signature: |  |  |  |  |