|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **logo**  **Corrective Action  Report # (-----------------)** | | | | | | | | | | | |
| **Description Of Non-conformity:**  Observation □ Nonconformity  **☑** | | | | Standard: 9001:2015, 14001:2015 Or OHSAS 18001:2007~~;~~  Clause No.: 7.1.3 | | | | | | | |
|  | | | | | | | | | | | |
| **Objective Evidence:**  ------------------------------------------------------- | | | | | | | | | | | |
| **This Observation/ Nonconformity identified through** | | | | | | | | | | | |
| * Audit | | **🗸** | * Management Review | | |  | * Employee Feedback | | |  |  |
| * Client feedback | |  | * Accidents | | |  | * Hazardous Situations | | |  |  |
| * Other (Please specify) | |  |  | | | | | | | | |
| **NCR RAISED BY** | | | | | | | | | | | |
| **Name :** ---------------------- **Sig. :** -------------------  **Date :** ------------------ | | | | | | | | | | | |
| **ROOT CAUSE** | | | | | | | | | | | |
| ---------------------------------------------------------------------------------------------------------------------------- | | | | | | | | | | | |
| **Corrective Action** | | | | | | | | | | | |
| **SN.** | **Corrective Actions** Action, responsible and due date | | | | **Responsible** | **Suggested date** | | **Achievement date** | **Follow-up audit** | | |
|  | **Correction Action** (action to close problem)  --------------------------------------- | | | | ---------------- | --------------- | |  |  | | |
|  | **Corrective Action** (action to close root cause)  -------------------------------------------------- | | | | ---------------- | --------------- | |  |  | | |
| **Follow up audit:** | | | | | | | | | | | |
| **Non conformity Situation Description & Evidence**  **Q. Manager Sig.** | | | | | | | | | | | |