


HITACHI  Hitachi Rail Honolulu JV	Nonconformance Report		No.:
	Project: Core Systems Contract		
	Date of Occurrence:		
Part A: To be filled by the Employee discovering the Nonconformance			
Nonconforming Item (Material, Part, Product, Process, etc.):			
Nonconformance Description:			
Assigned to (Department/Functional Group Manager):			
Employee Name:		Signature:	Date:
Part B: To be filled by Assignee (Manager or Delegate)			
Root Cause of the Nonconformance:			
Correction(s) Proposed:			
Corrective Action(s) Proposed by Assignee:			
Correction(s) will be performed within (timeframe):			
Corrective Action(s) will be performed within (timeframe):			
Assignee Name:		Signature:	Date:
Part C: To be filled by HSQE department / EOR (As Applicable)			
Correction(s) and Corrective Action(s) are approved.		Signature:	Date:

Correction(s) and Corrective Action(s) verified to have been implemented and are being effective.	Signature:	Date:
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