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| **PROCESS OWNER**: **HOD NCR No. 1 of 4** | |
| **AUDIT DATE**: xxxxx | **AUDIT NO:** xxxxx |
| **AREA UNDER REVIEW:** xxxxxx | **CLAUSE OF CRITERIA DOCUMENT:**  xxxxxx |
| **Requirement:**  Xxxxxxx  **Non conformity/evidence:**  xxxxxxxx.  Signed: Auditor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Auditee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Category:** MAJOR MINOR | |
| **Root Causes:**  xxxxxxx | |
| **Correction**:  xxxxxx | |
| **Corrective action to be taken to prevent recurrence:**  xxxxx  Signed: Auditee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Auditor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Follow up** (to be completed by the auditor):  Action fully completed Action partially completedNo action taken Details: xxxxxx | |
| Signed……………… …………………… ……………………….  Auditor Name Date  Signed……………… …………………… ……………………….  Auditee Name Date | |
| **Effectiveness of corrective action** ( to be completed during the next audit by auditor):  Was the corrective action taken effective? YES NO  Details ( as necessary): which shall be required to sign  Signed……………… …………………… ……………………….  Auditor Name Date | |