

HEXATECH	Non-Conformance Report (NCR)	Issue No.: 1	Document Effective Date: 01 Mar 2017	Page 1 of 1
		Revision No.: 0		Document Ref: QSA-REC-NCR

**PART 1 - NON-CONFORMANCE STATEMENT & DISPOSITION ACTION BY ORIGINATOR**

Department / Function Involved:	NCR Category : A - Audit B - Hexatech C - Customer Complaint D - Others	ISO Clause / Document Ref. No:	Required Completion Date:	NCR No.:
Non-Conformance Statement:			Disposition / Immediate / Remedial Action Taken:	
Originator Name & Signature & Date:		Next Recipient Name & Signature & Date:		

**PART 2 - CORRECTIVE ACTION BY MANAGER IN CHARGE**

Reviewing Non-Conformance (specify how the non-conformance really happened):	Determining the causes of Non-Conformance:		
Evaluating the need for corrective action to ensure that the non-conformities do not occur again:	Implement corrective action needed:	Record the result of corrective action taken:	
Manager In Charge Name & Signature & Date:		Next Recipient Name & Signature & Date:	

**PART 3 - VERIFICATION BY APPOINTED PERSONNEL**

I had checked and verified that the above remedial and corrective action(s) had been carried out:	
Appointed Personnel Name & Signature & Date:	Next Recipient Name & Signature & Date:

**PART 4 - REVIEW BY ISO MANAGER (IM) & CLOSING BY MANAGING DIRECTOR (MD)**

Is Referral Required: * YES / NO	NCR Referred to:	Referral Date:	NCR Closure Date:
Occurrence frequency & state whether further follow up action is required by IM:	Risk & opportunities assessment by IM:	Closing comments (if any) by MD:	
IM Name & Signature & Date:	MD Name & Signature & Date:	For Statistical Compilation & Filing: QSAE Name & Signature & Date:	