Health & Safety Management System
Nonconformity & Corrective Action Report

Double click here to insert your organization's name or logo.

Issued to/Dept	Date	SMS NC/CA ID (Refer to CA Log)
SMS NC/CA Ref	**Date NC/CA Raised**	**Audit Ref** (if relevant)

Part 1: Nonconformity

Type:	Select corrective action type			
	Corrective action for existing issue		Corrective action for a potential Issue	
	Opportunity for improvement		Other suggestion	

Priority:	Set the priority for response level			
	Low (Respond as and when available)		**Medium** (Respond as soon as possible)	
	High (Respond by deadline)		**Urgent** (Respond immediately)	

Description of Nonconformity
What is the nature of the nonconformity, where did it occur, what/who is affected, what are the health and safety risks?   Is the nonconformity reportable under regulatory obligations?

Raised due to		
Internal audit findings		
Third party audit findings		
Complaints (internal or external)		
Observations and inspections		
Other relevant internal inspections		
Interested party concerns, or complaints		
In-process concerns		
Concerns about SMS stability		
H&S incidents or near misses		
Potential or actual breaches of compliance		
If other, please describe opposite:		
Procedure Reference		
Reported by (Name)		Reported by (Signature)