|  |  |  |
| --- | --- | --- |
| NCR Number | Date NCR Raised | Audit Ref (if relevant) |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Description of Non-conformance | | | |
|  | | | |
| Raised due to (delete not applicable) Internal Audit / Customer Complaint / Normal Working | | | |
|  | | | |
| Procedure Reference |  | | |
| Reported by (Name) |  | Reported by (Signature) |  |
| Describe Remedial Action Taken | | | |
|  | | | |
| Action by (Name) |  | To be completed by (Date) |  |
| Describe Action to Prevent Recurrence | | | |
|  | | | |
| Action by (Name) |  | To be completed by (date) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Corrective Action Completed | | | |
| Action by | Signature | Position | Date |
|  |  |  |
| Verification By | Signature | Position | Date |
|  | Quality Manager |  |