

	<b>OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT SYSTEM</b>	Document No.: HSF-NCP-01
	<b>FORMS</b>	Revision No.: 00
	<b>TITLE: NON-CONFOMANCE, CORRECTIVE AND PREVENTIVE ACTION</b>	Effective Date: 20-10-2016
		Page 1 of 1

### NON-CONFOMANCE, CORRECTIVE AND PREVENTIVE ACTION

Statement of nonconformity:		
Date:		----- Designation:
Reasons for nonconformity:		
Date:		----- Designation:
Root Cause Determination:		
Date:		----- Designation:
Corrective actions to be taken:		
Target Date:		
Assigned to:		-----
Date:		Designation:
Corrective actions taken on: Results of action taken:		
-----		-----
Analysed by:		Head of the Function
Date:		Date:
Preventive actions suggested:		
Target Date:		
Assigned to:		-----
Date:		Designation:
Follow-up Audit on:		NCR closed on:
Corrective Action Effective: Yes/No If NO, reasons:		
_____ Auditor Date:	_____ Auditee Date:	_____ MR/DMR Date:

Note: A copy of this report is required to be sent to concerned Department Head who will compile all the reports in a summary report which is to be placed before the next Management Review meeting

Reviewed by (MR): \_\_\_\_\_

Approved by (MD): \_\_\_\_\_

