


NON-COMPLIANCE REQUEST

1. AUDIT REPORT NO.	IAR-2024/024
2. NCR NO.	10

SECTION A - FINDING SECTION

3. COMPANY: GALAXY AEROSPACE (M) SDN BHD	4. AUDIT DATE: 17 APRIL 2024
5. LOCATION: GAM MIAT	6. AREA/SECTION: OTHERS
7. AUDIT TYPE: INTERNAL / SURVEILLANCE / VENDOR / PRODUCT / REGULATORY / CUSTOMER / VARIATION	
8. REFERENCE: (1) PARA 2.6.2(3) OF MOE PART 2-6 (2) PARA 9.1.2 OF EPM PART 2-01	9. LEVEL OF FINDING: <input type="checkbox"/> Level 1 - Require immediate actions <input checked="" type="checkbox"/> Level 2 - Rectify within 14 days

10. DETAILS OF NON-COMPLIANCE: The return column in the Tool Control Register (GAM/E-025) was reviewed and found on date 12/4/2024, the Vernier Caliper Tool ID: CTE/122 return column was left blank.	a. Signature 
	b. Name of Auditor Amira Zakaria
	c. Date 2 May 2024

SECTION B - ROOT CAUSE(S) / CORRECTIVE & PREVENTIVE ACTION(S)

11. ROOT CAUSE(S):

<input type="checkbox"/> Lack of Resources	<input type="checkbox"/> Stress	<input type="checkbox"/> Lack of Communication
<input type="checkbox"/> Lack of Knowledge	<input type="checkbox"/> Complacency	<input type="checkbox"/> Pressure
<input checked="" type="checkbox"/> Lack of Awareness	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Lack of Assertiveness
<input type="checkbox"/> Distraction	<input type="checkbox"/> Lack of Teamwork	<input type="checkbox"/> Norms

12. CORRECTIVE ACTION(S):

TOOL CONTROL REGISTER (GAM/E-025) RETURN COLUMN WAS SIGNED FOR THE ITEM VERNIER CALIPER TOOL, CTE/122

Target date:

13. PREVENTIVE ACTION(S):

WILL ENSURE THE RETURN COLUMN IS SIGNED FOR EVERY TOOL THAT IS BORROWED.

Target date:

Auditee / Head of Dept (Name & Signature): Reply Date:

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SECTION C - NCR REVIEW

14. NCR REVIEW

The proposed corrective/preventive actions: **ACCEPTABLE** **NOT ACCEPTABLE** New NCR raised with Rev No. _____
If not acceptable, state reason for rejecting the corrective action:

Auditor (Name & Signature):

Review Date:

SECTION D - NCR FOLLOW UP AND CLOSURE

15. NCR FOLLOW-UP AND CLOSURE

Remarks:

Auditor (Name & Signature):

Follow-Up Date:

NCR Status: CLOSED OPEN

Closure Date:

SECTION E - NCR ACKNOWLEDGEMENT

16. NCR ACKNOWLEDGEMENT

Remarks:

Quality Assurance Manager (Name & Signature):

Date:

