

NON-COMPLIANCE REQUEST

1. AUDIT REPORT NO.	IAR-2024/024
2. NCR NO.	09

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: PARA 2.5.5(7) OF MOE PART 2-5	9. LEVEL OF FINDING: <ul style="list-style-type: none"> <input type="checkbox"/> Level 1 - Require immediate actions <input checked="" type="checkbox"/> Level 2 - Rectify within 14 days
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10. DETAILS OF NON-COMPLIANCE:

Item Manifold gauge set tool ID CTE/213 was inspected and found that the expired date was on 28 March 2024 and was placed in serviceable area with Serviceable Label.

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):

CTE/213 WAS MOVED TO THE QUARANTINE AREA & RAISED AN UNSERVICABLE LABEL.

Target date:

13. PREVENTIVE ACTION(S):

WILL ENSURE EVERY CALIBRATED TOOL IS MONITORED WEEKLY & EVERY UNSERVICABLE TOOL WILL BE MOVED TO THE QUARANTINE AREA.

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:

DUAL BRASS
MANIFOLD GAUGE SET

R12 / R22 / R134A / R404A

USA-1002



QUARANTINE