


NON-COMPLIANCE REQUEST

1. AUDIT REPORT NO.	IAR-2024/024
2. NCR NO.	16

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 9.1.5 OF EPM PART 2-02	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: Return Column in POL Control Record (GAM/E-044) on 21 Mar 2024 and 02 Apr 2024 were 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): <u>THE RETURN COLUMN IN POL CONTROL RECORD ON 21 MARCH 2024 & 02 APRIL 2024 WAS SIGNED</u>
Target date:

13. PREVENTIVE ACTION(S): <u>WILL ENSURE ALL POL ITEM THAT IS BORROWED WILL BE RECORDED & SIGNED</u>	
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:

POL ISSUANCE

NO.	DESCRIPTION	QUANTITY	SHELF LIFE DUE	ISSUE		RETURN		BALANCE	STOREMAN INITIAL
				NAME & INITIAL	TIME	NAME & INITIAL	TIME		
21/03/2024									
1.	HYGOL 939C	1	JAN 12 2024	ATUK	11.13	RAMON AB.	1700		AT
2.	N410 HYDRAULIC FL2	2		RAMON	3.45	RAMON AB.	1700		AT
31/03/24									
1.	TURBOOIL 3380	2	MAR 27	JAVAR	1200	JAVAR	1900	2	OS.
2.	LPS 2	1		JAVAR	1200	JAVAR	1900	1	OS.
3.	CONTACT CLEANER	1	07/10/28	JAVAR	1200	JAVAR	1900	1	OS.
02/04/24									
1.	Lubricate	1	31/03/2024	LEE A.	0930	LEE A.	1700		AT
20/04/24									
1.	Grease 64	1	28/07/27	LEE A.	0900	LEE A.	1700		AT
15/05/24									
1.	ANTISEIZE LUBRIPLATE	1	31/03/28	MALIK M.	1100	MALIK M.	1630		AT