


NON-COMPLIANCE REQUEST

1. AUDIT REPORT NO.	IAR-2024/024
2. NCR NO.	03

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 2.4.2 OF MOE PART 2-4 (2) PARA 2.5.5(4) OF MOE PART 2-5 (3) PARA 8.1 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 location of the several tools declared in the Tool Masterlist (Form No.: GAM/E-016) was not updated. E.g. Tool ID CTE/307 and CTE/308 were sample. It was found the tool's location declared in the Tools List was in Bertam. However, during the audit, it was found that both tools were kept in MIAT store.	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 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>TOOL ID CTE/307 & CTE/308 WAS UPDATED ACCORDING TO THEIR EXACT LOCATION.</u>
Target date:

13. PREVENTIVE ACTION(S): <u>WILL ENSURE TO UPDATE THE LOCATION OF AN ITEM WHEN ITS BEING LOANED FROM OTHER BASES.</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:

