

### **NON-COMPLIANCE REQUEST**

 1. AUDIT REPORT NO.
 IAR-2024/024

 2. NCR NO.
 04

SECTION A - FINDING SECTION							
3. COMPANY: GALAXY AEROSPACE (M) SDN BHD 4. AUDIT DATE			17 APRIL 2024				
5. LOCATION: GAM MIAT	6. AREA/SECTIO	ON: OTHERS					
7. AUDIT TYPE: INTERNAL / -SURVEILLANCE- / -VENDOR- / -PRODUCT / -REGULATORY- / -CUSTOMER- / -VARIATION-							
8. REFERENCE: (1) PARA 2.4.2(2) OF MOE PART 2-4 (2) PARA 8.2 OF EPM PART 2-01 (3) PARA 5.3.3 OF RSQCM CHAPTER 4.2		9. LEVEL OF FINDING:	Level 1 - Require immediate actions  Level 2 - Rectify within 14 days				
10. DETAILS OF NON-COMPLIANCE:			a. Signature				
Sample Tool & Equipment Acceptance Che tool ID PDRM/GAM/016, PDRM/GAM/018 were left blank, some of them were not certi	ound item no 9	Minn					
		b. Name of Auditor  Amira Zakaria					
			c. Date 2 May 2024				
SECTION B - ROOT CAUSE(S) / CORRE	CTIVE & PREVENTI	VE ACTION(S)					
11. ROOT CAUSE(S):							
Lack of Resources	Stress		Lack of Communication				
Lack of Knowledge	Complacency		Pressure				
☑ Lack of Awareness	☐ Fatigue		Lack of Assertiveness				
Distraction	Lack of Teamwork		Norms				
12 CORRECTIVE ACTION(S):  TOOL & COLUMNENT ACCEPTANCE CHECK FORM FOR TOOL 10 PORM/GAM/O16,  PORM/GAM/O18 & PORM/GAM/O23 178M NO 9 WAS PILLED & CERTIFIED. OUF  DATE OF 178M IS DECLARED.							
Target date:							
13. PREVENTIVE ACTION(S):							
I .		form is ch	ecked before 17 is cornified				
BY THE TOOL STORE SUPERVISOR							
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 If not acceptable, state reason for rejecting the corrective action:	New NCR raised with Rev No.			
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:			



## **TOOLS & EQUIPMENTS ACCEPTANCE CHECK**

A. Reference no.

PDRM/GAM/023

1.RO/PO/WO No.		2. Vendor/Organisation					3. Invoice No. SO-CAL09		
GAM	GAM/CL/D0/24-012         GALAXY AEROSPACE         SO-CAL09           4. Part No.         5. Description         6. Serial No.								
						Serial No.	).		
	QD2R200		TORQUE WF	RENCH (500-100	O LB)		1108052652		
	A DESCRIPTION OF THE SECOND		7. Category (ca	ncel the non-applic	cable)				
GSE	Tool	Galibrated Equipm Avionic	Equipment Type				Special tool		
		Avionio	The state of the s	ncel the non-applic					
New	Loan/Rent	Overhauled	Repaired	Modified	Tested	ln	<del>spected</del>	Calib	rated
			9. CHECKLIS	<u> </u>				NOT	
No			Terms				SATIS	SATIS	N/A
9.1	Complied with Re	epair/ Purchase / Exc	nange * Order				/		
9.2	Check physical co	ondition of part and p	packaging.		an ef ek komit de 195 delek ef den seur te de lingte er es sond en glaves en de en de		/		
9.3	Part No. and serial no on components and documentation match						1 0		
9.4	Accompanied with certificates, manuals as necessary						/		
9.5	Maintenance performed i.a.w approved document(s) / work order.						1		
9.6	Chack payt due is	espection/maintenan	ce against Sched	aled Maintenance	supplied with ite	am .	/		
3.0	Check next due inspection/maintenance against Scheduled Maintenance supplied with item.						/		
		10. Remarks	(Please insert pi	cture for loan/ren	t tool or equip	ment)			
ERVICE	IN:PGU KA EABLE TAG: INCL CATE: INCLUDED E: 5 MAY 2025								
			11. 0	Certification					
Certify th	at the part stated a	above is complied v	vith GAM EPM 2-	01 Tool Control					
	11.1 Name		11.2	2 Signature			11.3 Date		
	MGHD FADZLIE A Tools & GSE Super	DAM	}	2.	7/5/2024				



## TOOLS & EQUIPMENTS ACCEPTANCE CHECK

1.RO/PO/WO No. 2. Vendor/Organisation					3. Invoice No.				
GAM/CL/DO/24-001 CALIBRATION LAB						N/A			
	4. Part No.		5. D	escription			6. Serial No.		
	QD1R50		TORQUE WR	ENCH 10-50 IN	.LBS		1008045720		
			7. Category (can		Net PAR STORY DESCRIPTION OF THE PROPERTY OF T	Mark Spire for the second spire	1		
GSE	<del>Tool</del>						Special tool		
		Avionic		Mechan el the non-applic	CONTRACTOR DESCRIPTION OF THE PARTY OF THE P		L		
New	Loan/Rent	Overhauled	Repaired	Modified	Tested	In	spected	Calib	rated
No			9. CHECKLIST				SATIS	NOT SATIS	N/A
9.1									
9.2 Check physical condition of part and packaging.							/		
9.3 Part No. and serial no on components and documentation match							/		
9.4	9.4 Accompanied with certificates, manuals as necessary								
9.5 Maintenance performed i.a.w approved document(s) / work order.							/		
9.6	9.6 Check next due inspection/maintenance against Scheduled Maintenance supplied with item.								
		10. Remarks	(Please insert pict	ure for loan/ren	t tool or equipr	ment)			
SERVICE CERTIFIC	IN: PGU KA ABLE TAG: INCL CATE: INCLUDED E: 4 JANUARY 2	)							
			11, Ce	rtification					
Certify th	at the part stated a	bove is complied v	with GAM EPM 2-0	1 Tool Control					
	11.1 Name		11.2 \$	Signature			11.3 Date		
G	M®HD FABZLIE ADAM Tools & GSE Supervisor Galaxy Aerospace (M) Sdn. Bhd.					23/4/2024			

PDRM/GAM/016

A. Reference no.



A. Reference no.

PDRM/GAM/018

# TOOLS & EQUIPMENTS ACCEPTANCE CHECK

1.R	O/PO/WO No.	2. Vendor/Organisation					3. Invoice No.			
GAM/CL/DO/24-001 CALIBRATION LAB						NA				
	4. Part No. 5. Description						6. Serial No.			
(	QD2R1000 TORQUE WRENCH 200-1000 in.ibs						0508602392			
			7. Category (ca	ncel the non-applic	cable)					
<del>CSE</del>	Tool	Galibrated Calibrated Equipment Type Avienics Mechanical				Туре	Special tool			
			8. Status (can	cel the non-applica	ible)					
New	<del>Loan/Rent</del>	Overhauled	Repaired	Modified	Tested	łn	<del>spected</del>	Calib	rated	
			9. CHECKLIS	11				NOT		
No 9.1	Complied with Re	nair/ Durchase / Ev	Terms				SATIS	SATIS	N/A	
3.1	Complied with Repair/ Purchase / Exchange * Order									
9.2	Check physical condition of part and packaging.									
9.3	Part No. and serial no on components and documentation match									
9.4	Accompanied with certificates, manuals as necessary						1	erner tronstation and an analysis of the state of the sta		
9.5	Maintenance performed i.a.w approved document(s) / work order.									
9.6	Check next due inspection/maintenance against Scheduled Maintenance supplied with item.									
		10. Remarks	(Please insert pi	cture for loan/rent	tool or equipr	ment)	/			
SERVICE	N: PGU KA ABLE TAG: INCL CATE: INCLUDED E: 05 JANUARY	)								
			11. 0	Certification						
Certify th	at the part stated a	bove is complied v	vith GAM EPM 2-	01 Tool Control						
	11.1 Name		11.2	Signature			11.3 Date			
		-	Too	HD FADZLIE ADAM ols & GSE Supervisor Aerospace (M) Sdn. 8		12/1	1007	4		