


1. AUDIT REPORT NO.	IAR-2024/024
2. NCR NO.	08

**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 / <del>SURVEILLANCE</del> / <del>VENDOR</del> / <del>PRODUCT</del> / <del>REGULATORY</del> / <del>CUSTOMER</del> / <del>VARIATION</del>	

8. REFERENCE: PARA 2.5.5(7) OF MOE PART 2-5	9. LEVEL OF FINDING: <ul style="list-style-type: none"> <li><input type="checkbox"/> Level 1 - Require immediate actions</li> <li><input checked="" type="checkbox"/> Level 2 - Rectify within 14 days</li> </ul>
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10. DETAILS OF NON-COMPLIANCE:  Item Tool ID : CTE/15 was found in the quarantine area. However, no Unserviceable Label is attached to the item. There is also no monitoring of item in the quarantine area.	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): UNSERVICABLE LABEL WAS RAISED FOR ITEM CTE/15 & ITEM IN QUARANTINE AREA WAS MONITORED BY A QUARANTINE LISTS.
Target date:

13. PREVENTIVE ACTION(S): WILL ENSURE EVERY UNSERVICABLE TOOL HAVE AN UNSERVICABLE LABEL & MONITORED	
Target date:	
Auditee / Head of Dept (Name & Signature):	Reply Date:

**NON-COMPLIANCE REQUEST**

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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:

# UNSERVICEABLE

Galaxy Aerospace

(Master/Engine/Repair/Overhaul)

DESCRIPTION : *AVIONIC BAMP TESTED (CPE/IS)*

A/C TYPE : *N/A* A/C REG. : *N/A*

PART NO. : *AVIS*

SERIAL NO. : *A-00405*

QUANTITY : *01* DATE : *25/01/24*

REMARKS : *DUE FOR CREW/EXAMINATION*

NAME : *WYNNE HYPKUL*

SIGN : *[Signature]*

DATE : *25/01/24*

GAM/E-006 Rev.0 (07/21)

MAX