


NON-COMPLIANCE REQUEST

1. AUDIT REPORT NO.	IAR-2024/024
2. NCR NO.	11

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 8.3 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: The tool storekeeper uses POL List (Form No.: GAM/E-066) which contradicted with statement in Para 8.3 of EPM Part 2-02.	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 checked="" 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):

POL LIST HAS BEEN UPDATED USING FORM NO : GAM/E-066

Target date:

13. PREVENTIVE ACTION(S):

Will ENSURE POL LIST IS UP TO DATE ACCORDING TO STATEMENT

IN PARAGRAPH 8.3 OF EPM PART 2-02

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:

INSTRUCTION FOR COMPLETING GAM/E-066 Rev 0 (02/22) , POL LIST

NO.	ITEM	INSTRUCTIONS
1	Base:	Fill in with appropriate base Example; PGU APMM
2	Prepared by:	Insert name of personnel that updated the latest list
3	Date:	Fill in the date of the list updated
4	Sign:	Insert signature
5	NO.	Insert number accordingly
6	ITEM	Fill in the name of the item
7	PART NO.	Insert the item's appropriate part number
8	QUANTITY	Insert the quantity of the item, NEW and OPEN
9	EXPIRY DATE	Insert the expiry date of the item
10	LOCATION	Fill in the location of the item Example ; Shelf 2
11	REMARKS	Fill in any remarks or notes if applicable