

NON-COMPLIANCE REQUEST

1. AUDIT REPORT NO.

IAR-2024/024

2. NCR NO.

12

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: Level 1 - Require immediate actions
 Level 2 - Rectify within 14 days

10. DETAILS OF NON-COMPLIANCE:

Sample POL List MIAT dated 15/04/2024, found several items had reached the expiry date.
Moreover, POL cabinet was inspected and found:
(a) few materials have no serviceable label e.g. Nycolube 3525.
(b) there was no label on item Sanden SP-10 R134a.
the quantity declared for Donaldson (Cleaner Air Filter) in the POL list was not as per actual quantity.

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):

*POL CABINET HAS BEEN UPDATED, ITEM NOW HAS SERVICEABLE LABEL
AND EXPIRED ITEM HAS BEEN TAKEN OUT OF THE POL CABINET.*

Target date:

13. PREVENTIVE ACTION(S):

WILL ENSURE POL CABINET IS CHECKED ON A WEEKLY BASIS

Target date:

Auditee / Head of Dept (Name & Signature):

Reply Date:

NON-COMPLIANCE REQUEST

| | |
|---------------------|--------------|
| 1. AUDIT REPORT NO. | IAR-2024/024 |
| 2. NCR NO. | 12 |

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:

DELIVERY ORDER


GALAXY AEROSPACE (M) SDN BHD
TO: WAREHOUSE
ATTN TO: EN. SUMAILI
CONTACT: 0133089494
Malaysia.

DATE: **30 APRIL 2024**
DO NUMBER : **DN-458 -04-2024**
OUR REFERENCE :
YOUR REFERENCE :
PAGE : **1 of 1**

| NO. | DESCRIPTION | PART NO. | SERIAL NO. | QTY | REMARK |
|-----|---------------------------|-----------------------|------------|-----|---------|
| 1 | LUBRICANT (NYCOLUBE 3525) | MIL-PRF-6086F GRADE M | N/A | 17 | EXPIRED |

ATTACHED FOLLOWING:

- CERTIFICATE (ARC)
- MANUALS
- OTHERS

SENDER SIGNATURE : 
SENDER NAME : WANRIE HAFIZUL
DATE : 30 APRIL 2024

Package: 1 of 1

Dimensions : Length cm
Width cm
Height cm

CONFORMING RECEIPT OF MERCHANDISE IN GOOD ORDER AND CONDITION

Note:

Any discrepancies and/or claims must be lodged with Galaxy Aerospace (M) Sdn Bhd within 7 days upon date of received. Regretfully claims made after 7 days will not be entertained.

Received by

Signature :
Name :
N.R.I.C :
Date :