

**NON-COMPLIANCE REQUEST**

1. AUDIT REPORT NO.	IAR-2024/024
2. NCR NO.	02

**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: PART 5.4(B) OF CAD 8601 ISSUE 01 REVISION 00 DATED 15 NOVEMBER 2022.	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: Hygrometer (CTE/294) in the tool store was expired on 29 March 2024.	a. Signature
	b. Name of Auditor
	c. Date

**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 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): <u>REPLACED WITH A NEW THERMOHYGROMETER WHILE WAITING FOR PURCHASE ORDER FORM TO SEND CTE/294 FOR CALIBRATION</u>
Target date:

13. PREVENTIVE ACTION(S): <u>WILL ENSURE TO MONITOR THE DUE DATE FOR ALL DUE TOOLS.</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: