


NON-COMPLIANCE REQUEST

1. AUDIT REPORT NO.	IAR-2024/024
2. NCR NO.	05

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 2.5.4(4) OF MOE PART 2-5	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: Tool ID CTE/370 was sampled and found no evidence of the calibration records was kept for 3 years after the last date of expiry stated on the calibration certificate.	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 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>WILL START KEEPING CALIBRATION RECORDS AFTER THE LAST DATE OF EXPIRY STATED ON THE CALIBRATION CERTIFICATE</u> Target date:
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13. PREVENTIVE ACTION(S): <u>WILL ENSURE TO KEEP CALIBRATION CERTIFICATE & RECORDS OF NEXT CALIBRATION 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: CLOSURE OPEN

Closure Date:

SECTION E - NCR ACKNOWLEDGEMENT

16. NCR ACKNOWLEDGEMENT

Remarks:

Quality Assurance Manager (Name & Signature):

Date: