


1. AUDIT REPORT NO.	IAR-2024/024
2. NCR NO.	09 R01

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 2.5.5(7) 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: Item Manifold gauge set tool ID CTE/213 was inspected and found that the expired date was on 28 March 2024 and was placed in serviceable area with Serviceable Label.	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):

1. UNSERVICEABLE LABEL RAISED AND ITEM MOVED TO QUARANTINE RACK

2. MASTERLIST UPDATED

Target date:

13. PREVENTIVE ACTION(S):

1. CALL OUT FOR CALIBRATION WILL BE DONE ON MONTHLY BASIS.

2. CALIBRATION MASTERLIST WILL BE PRINTED AND CHECKED ON MONTHLY BASIS

3. DUE CALIBRATED TOOLS WILL BE TRANSFERRED TO QUARANTINE AREA AND LIST WILL BE UPDATED

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:

Corrective action was reviewed and found satisfactory.
 Sampled CTE/129 - item was attached with the Unserviceable Label, listed in Quarantine List and status was updated in the Calibrated Tool Masterlist.
 However, auditee unable to provide evidence of calibrated tool is monitored weekly as stated in NCR's preventive action.

Auditor (Name & Signature): _____


 Amira Zakaria
 Quality Assurance

Follow-Up Date: 11 June 2024

NCR Status: CLOSED OPEN

Closure Date: 11 June 2024

SECTION E - NCR ACKNOWLEDGEMENT

16. NCR ACKNOWLEDGEMENT

Remarks:

Quality Assurance Manager (Name & Signature): _____

Date: _____