


**NON-COMPLIANCE REQUEST**

1. AUDIT REPORT NO.	IAR-2023/051
2. NCR NO.	02

**SECTION A - FINDING SECTION**

3. COMPANY: GALAXY AEROSPACE (M) SDN BHD	4. AUDIT DATE: 13 JULY 2023
5. LOCATION: GAM OC	6. AREA/SECTION: 145 - STORE & LOGISTIC
7. AUDIT TYPE: INTERNAL / -SURVEILLANCE- / -VENDOR- / -PRODUCT / -REGULATORY- / -CUSTOMER-	
8. REFERENCE: RSQCM CHAPTER 4.10 PARA 5.2, MOE PART 2.2, EPM 3-01 PARA 11	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:  (1) Review Component Discrepancy Report (GAM/E-003A) Report Number CDR/23-009, found: (a) no remarks column (J1) in the form; and (b) the signature, name, and date in "13. Rectification To Discrepancy" column were left blank.  (2) Unable to identify the supplier of the component - Subang MRO Sdn. Bhd. in the AVL Issue No. 2023-006 dated 05/7/2023.  Refer Supporting Document.	a. Signature 
	b. Name of Auditor Amira Zakaria
	c. Date 7 August 2023

**SECTION B - ROOT CAUSE(S) / CORRECTIVE & PREVENTIVE ACTION(S)**

11. ROOT CAUSE(S):

<input type="checkbox"/> No / Insufficient Manpower	<input type="checkbox"/> Facility	<input type="checkbox"/> Communication Issue
<input type="checkbox"/> No / Lack of Training	<input type="checkbox"/> No / Incomplete Records	<input type="checkbox"/> No / Inadequate Procedure
<input type="checkbox"/> No / Insufficient Tooling/Equipment	<input type="checkbox"/> No / Inadequate Maintenance Data	<input type="checkbox"/> Others (Specify): -

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12. CORRECTIVE ACTION(S):

Target date:

13. PREVENTIVE ACTION(S):

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: