

1. AUDIT REPORT NO.

IAR-2022/004

2. NCR NO.

03

**PART I - FINDING SECTION**

3. COMPANY: GALAXY AEROSPACE (M) SDN BHD

4. AUDIT DATE: 24 JANUARY 2022

5. LOCATION: GAM HQ

6. AREA/SECTION: 145 - STORE & LOGISTIC

7. AUDIT TYPE: INTERNAL / ~~SURVEILLANCE~~ / ~~VENDOR~~ / ~~PRODUCT~~ / ~~REGULATORY~~ / ~~CUSTOMER~~

8. REFERENCE:

PART 3-02 PARA 9.12 OF GAM&E™S EPM ISS 2 REV 0 DATED 31 OCT 2021

9. LEVEL OF FINDING:

Level 1 - Require immediate actions

Level 2 - Rectify within 14 days

10. DETAILS OF NON-COMPLIANCE:

Form to record the monitoring of tyre storage was not registered and controlled.

a. Signature



b. Name of Auditor

Amira Zakaria

c. Date

14 February 2022

**PART II - ROOT CAUSE(S) / CORRECTIVE & PREVENTIVE ACTION(S)**

11. ROOT CAUSE(S):

No / Insufficient Manpower

Facility

Communication Issue

No / Lack of Training

No / Incomplete Records

No / Inadequate Procedure

No / Insufficient Tooling/Equipment

No / Inadequate Maintenance Data

Others (Specify): -

12. CORRECTIVE ACTION(S):

The form has been submitted for new form registration.

Target date:

13. PREVENTIVE ACTION(S):

Re-print the form directly from GAMS portal each month.

Target date:

Auditee / Head of Dept (Name & Signature):

Reply Date:



## NON-COMPLIANCE REQUEST

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### 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:

### 15. NCR FOLLOW-UP AND CLOSURE

Remarks:

Auditor (Name & Signature):

Follow-Up Date:

NCR Status:    CLOSED     OPEN

Closure Date:

### 16. NCR ACKNOWLEDGEMENT

Remarks:

Quality Assurance Manager (Name & Signature):

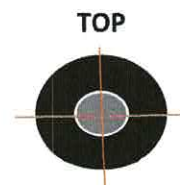
Date:

## TYRE ROTATION RECORDS

| YEAR     |         |      |           |      |
|----------|---------|------|-----------|------|
| LOCATION |         |      |           |      |
| RACK     | QUARTER | NAME | SIGNATURE | DATE |
| I-1      | 1       |      |           | / /  |
|          | 2       |      |           | / /  |
|          | 3       |      |           | / /  |
|          | 4       |      |           | / /  |
| I-2      | 1       |      |           | / /  |
|          | 2       |      |           | / /  |
|          | 3       |      |           | / /  |
|          | 4       |      |           | / /  |
| I-3      | 1       |      |           | / /  |
|          | 2       |      |           | / /  |
|          | 3       |      |           | / /  |
|          | 4       |      |           | / /  |
| I-4      | 1       |      |           | / /  |
|          | 2       |      |           | / /  |
|          | 3       |      |           | / /  |
|          | 4       |      |           | / /  |
| I-5      | 1       |      |           | / /  |
|          | 2       |      |           | / /  |
|          | 3       |      |           | / /  |
|          | 4       |      |           | / /  |
| I-6      | 1       |      |           | / /  |
|          | 2       |      |           | / /  |
|          | 3       |      |           | / /  |
|          | 4       |      |           | / /  |
| I-7      | 1       |      |           | / /  |
|          | 2       |      |           | / /  |
|          | 3       |      |           | / /  |
|          | 4       |      |           | / /  |
| I-8      | 1       |      |           | / /  |
|          | 2       |      |           | / /  |
|          | 3       |      |           | / /  |
|          | 4       |      |           | / /  |

| QUARTER | MONTH              |
|---------|--------------------|
| 1       | January - March    |
| 2       | April - June       |
| 3       | July - September   |
| 4       | October - December |

*Table 1: Quarter of The Year*



*Figure 1: Tyre Rotation Position*

### **STANDARD ORIENTATIONS REMARKS**

TYRE WILL BE LABEL INTO **FOUR QUARTER** THAT INDICATES EACH QUARTER OF THE YEAR. (REFER **TABLE 1**). THE TYRE THEN WILL BE ROTATE TO **TOP SECTION** (REFER **FIGURE 1**) ACCORDING TO THE QUARTER OF THE YEAR. (EXAMPLE: IF IT IS THE FIRST QUARTER OF THE YEAR, THEN NUMBER 1 WILL BE POSITION ON THE TOP).

**INSTRUCTION FOR COMPLETING TYRE ROTATION RECORD**

|           |  |
|-----------|--|
| YEAR      | Fill in the year of the current record.                              |
| LOCATION  | Fill in the location of the record                                   |
| NAME      | Fill in the name of the personnel who carried out the tyre rotation. |
| SIGNATURE | The signature of the personnel who carried out the tyre rotation.    |
| DATE      | Fill in the date of the record been carried out.                     |