




NON-COMPLIANCE REQUEST

1. AUDIT REPORT NO.	IAR-2022/004
2. NCR NO.	07

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 2.3.3 OF GAM'S MOE ISS 2 REV 04 DATED 04 MAR 2021	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: During the audit, Customer "BOMBA" items were found in the warehouse, however procedure for control of customer supplied items was not documented.	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):

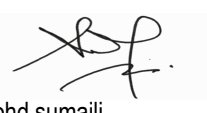
<input type="checkbox"/> No / Insufficient Manpower	<input type="checkbox"/> Facility	<input type="checkbox"/> Communication Issue
<input type="checkbox"/> No / Lack of Training	<input type="checkbox"/> No / Incomplete Records	<input checked="" type="checkbox"/> No / Inadequate Procedure
<input type="checkbox"/>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

12. CORRECTIVE ACTION(S):
Procedure for control of customer supplied item will be ammended in EPM. Email on this EPM on this refer attached

Target date: 17-May-2022

13. PREVENTIVE ACTION(S):
EPM will be ammdded as per current pratice

Target date: 17-May-2022

Auditee / Head of Dept (Name & Signature):  mohd sumaili

Reply Date: 18-Apr-22



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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: