

NON-COMPLIANCE REPORT

1. AUDIT REPORT NO

2. NCR NO.

SECTION A – FINDING SECTION

3. COMPANY:

4. AUDIT DATE:

5. LOCATION:

6. AREA/SECTION:

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

8. REFERENCE:

9. LEVEL OF FINDING: Level 1 – Require immediate actions
 Level 2 – Response within 14 days

10. DETAILS OF NON-COMPLIANCE:

a. Signature:

b. Name of Auditor:

c. Date:

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

11. ROOT CAUSE(S):

Lack of resources

Stress

Lack of communication

Lack of knowledge

Complacency

Pressure

Lack of awareness

Fatigue

Lack of assertiveness

Distraction

Lack of teamwork

Norms

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:

INSTRUCTIONS FOR COMPLETING FORM GAM/Q-010, NON-COMPLIANCE REQUEST FORM

Column	Responsibility	Action
1	Auditor	Enter Audit Report Number i.e (IAR-2020/01)
2	Auditor	Insert NCR Number i.e. 01, 02, 03 ...
3	Auditor	Insert GALAXY AEROSPACE (M) SDN BHD
4	Auditor	Insert date of audit being performed.
5	Auditor	Insert the location of audit conducted i.e. HQ, MIAT, PGU Subang etc
6	Auditor	Insert the area/section audited.
7	Auditor	Choose type of audit.
8	Auditor	Insert the Requirement Reference/s from which the non-compliance is based on.
9	Auditor	Tick/Choose level of finding.
10	Auditor & Auditee	Record the details of the non-compliance. a, b, c - Print name, sign with date of issuance of NCR d, e, f – Print name of auditee/Head of Dept, sign with date of acknowledgement of NCR.
11	Auditee	Tick the appropriate box for the probable root cause of non-compliance/finding as per below: a) Lack of communication: Unclear or inaccessible instructions / staff may have inaccurate assumptions of the instructions given by their supervisor / Supervisor may assume successful understanding by their staff. b) Distraction: Loud noises / immediate requests for assistance / messages from home, non-urgent management decisions/ social conversations. c) Lack of resources: Parts availability / Comprehensive resources / Resource constraints / Quality matters / Effective task completion / Forward planning / Human resources d) Stress: Acute stress (Handling emergencies) / Chronic stress (Accumulates from long-term life demands) e) Complacency: Feeling self-satisfied and unaware of potential dangers. It often occurs during routine tasks considered easy and safe. f) Lack of teamwork: Bad attitude / Unwillingness to cooperate / Poor communication / Infighting / Conflict g) Pressure: Longer working hours / Low salary / Constant change / etc. h) Lack of awareness: Failure to perceive or understand a situation or fact. i) Lack of knowledge: Absence or insufficiency of information or understanding about a particular subject. j) Fatigue: Whether from physical exertion or mental strain k) Lack of assertiveness: Team members may conform to majority decisions even when they believe them to be wrong or dangerous. l) Norms: Usually reinforced through peer pressure and habit. Not always designed to handle all circumstances.
12	Auditee	Record the intended corrective (short term) action for the non-compliance stated in column 10. Record the target accomplishment date. The accomplishment date must be within the required action time period for the category of NCR issued.
13	Auditee	Enter the proposed a preventive (long term) action plan to prevent such non-compliance from re-occurring in future. Print name, sign with date of reply of NCR.
14	Auditor	Tick the appropriate box to indicate the acceptance/non-acceptance of auditee's corrective action. Record the reason for the non-acceptability of NCR as applicable. Raise a revised NCR using the same reference number suffixed with revision number if the corrective action is not acceptable and re-issue the revised NCR to auditee. Print name, sign with date of review of NCR.
15	Auditor	To review the effectiveness of action(s) taken. NCR is required to follow up from day of audit report conclude. Action is satisfactorily accomplished within the proposed time period. Print name, sign with date of follow-up of NCR.
16	Auditor	Tick the appropriate box to indicate the status of NCR closure after following up. Print name, sign with date of closure of NCR.



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