

NON-COMPLIANCE REQUEST

1. AUDIT REPORT NO.	IAR-2023/004
2. NCR NO.	07 R01

SECTION A - FINDING SECTION

3. COMPANY: GALAXY AEROSPACE (M) SDN BHD	4. AUDIT DATE: 16 JANUARY 2023
5. LOCATION: GAM OC	6. AREA/SECTION:
7. AUDIT TYPE: INTERNAL / SURVEILLANCE / VENDOR / PRODUCT / REGULATORY / CUSTOMER / VARIATION	
8. REFERENCE: EPM 2-02 PARA 9.1.1 & 9.1.5	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:

POL issuance to the user must be registered in the POL Control Record (ref: GAM/E-044) however, the form was not used. Tool Keeper used his own template to monitor bi-weekly

a. Signature



b. Name of Auditor

Noorsuhada Latef

c. Date

8 February 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): - |

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: CLOSURE OPEN

Closure Date:

SECTION E - NCR ACKNOWLEDGEMENT

16. NCR ACKNOWLEDGEMENT

Remarks:

Quality Assurance Manager (Name & Signature):

Date: