




**NON-COMPLIANCE REQUEST**

1. AUDIT REPORT NO.	GAM-SAR/007/23
2. NCR NO.	03

**SECTION A - FINDING SECTION**

3. COMPANY: GAM AMO- AW139 OFFICE PGU KOTA KINABALU		4. AUDIT DATE: 8 NOVEMBER 2023							
5. LOCATION: PGU KOTA KINABALU AW139		6. AREA/SECTION: 145 - PGU KK							
7. AUDIT TYPE: <del>SURVEILLANCE</del> / <del>VENDOR</del> / <del>CUSTOMER</del> / SAFETY AUDIT									
8. REFERENCE: CAD-19, CAGM-1902 & GAM SAFETY MANAGEMENT SYSTEM (SMS) MANUAL.		9. LEVEL OF FINDING: <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Level 1 - Require immediate actions</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Level 2 - Rectify within 14 days</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Level 3 - Rectify within 3 months</td> </tr> </table>		<input type="checkbox"/>	Level 1 - Require immediate actions	<input checked="" type="checkbox"/>	Level 2 - Rectify within 14 days	<input type="checkbox"/>	Level 3 - Rectify within 3 months
<input type="checkbox"/>	Level 1 - Require immediate actions								
<input checked="" type="checkbox"/>	Level 2 - Rectify within 14 days								
<input type="checkbox"/>	Level 3 - Rectify within 3 months								
10. DETAILS OF NON-COMPLIANCE: Record for First Aider training for GAM PGU KK was not available during the audit.		a. Signature 							
		b. Name of Auditor Nur Ain Solehah Md Lukmi							
		c. Date 22 November 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:

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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:

Safety & Health Manager (Name & Signature):

Date: