

Nonconformance/Corrective Action Report

Organization Name:

Audit Dates:

Nonconformance Number:

(Circle appropriate nonconformance)

Major

Minor

Description of Nonconformance:

**Reference
Documentation:**

Management Rep. (sign):

Date:

Auditor (sign):

Date:

Lead Auditor (sign):

Date:

Corrective Action Response Date:

Follow-up Audit Recommended? Yes No

Corrective Action Plan (Attach any relevant documentation or work plans)

Root Cause of Nonconformance

Corrective Action

Corrective Action Submitted By: _____ **Date:** _____

Approval of Corrective Action:

Accept Reject **Authorized Manager/Supervisor:** _____ **Date:** _____

State Reasons for Rejection: