

Construction Site Non-Conformance Report

Project:

Project Name

Report Number:

e.g., NCR-2024-01

Date Issued:

YYYY-MM-DD

Location:

Site Location

Issued By:

Name/Designation

Department:

e.g., Quality Control

DETAILS OF NON-CONFORMANCE

Description:

Describe the non-conform

Reference Documents:

e.g., Drawing/Spec No.

Detected On:

YYYY-MM-DD

Detected By:

Inspector Name

IMMEDIATE ACTION TAKEN

Detail any immediate acti

PROPOSED CORRECTIVE ACTION

Proposed corrective acti

Responsible Party:

Contractor/Subcontractor

Target Completion Date:

YYYY-MM-DD

VERIFICATION & CLOSURE

Verified By	Date	Remarks
Name	YYYY-MM-DD	Remarks

Reported By:

Date:

Reviewed By:

Date: