

Non-Conformance Report (NCR)

NCR No.:

Date:

Project Name:

Location:

Issued By:

Company / Contractor:

Details of Non-Conformance

Description:

Reference (Drawing/Spec/Procedure)	Non-Conformance Observed	Date Observed
------------------------------------	--------------------------	---------------

Immediate Action Taken

Proposed Corrective/Preventive Action

Target Completion Date:

Responsible Person:

Verification of Corrective Action

Date	Remarks	Verified By
------	---------	-------------

Prepared By

Reviewed By

Approved By