

# Plumbing System Non-Conformance Report

Report No.:		Date:	
Project Name:		Location:	
Reported By:		Designation:	
Contractor:		Reference Drawing/Spec:	

1. Description of Non-Conformance

2. Location of Non-Conformance

3. Details of Observation

4. Immediate Action Taken

5. Corrective & Preventive Action

6. Verification & Closure

Verified By:		Date:	
Comments:			
Closed By:		Date:	