



# INTEGRATED MANAGEMENT SYSTEM

## NONCONFORMITY REPORT FOR INTERNAL AUDIT

Document No.:  
BPDB-IMS-FR-013

Revision No.: 00

Effective Date: 01-11-2021

Page 1 of 2

### Form/Record

To be completed by Audit team	Date		Section/Dept.		NC No		Report No	
	Reference Doc(s)							
	Nonconformity reference from standards		Standard Name		Clause reference			
	Nonconformity – Description of Objective Evidence							
	•							
	Grade	Lead Auditor	Associate auditor	Auditee				
To be completed by respective section/department	Root cause analysis (What fail in the system to allow this NC to occur)							
	Corrective action and correction (What has been done to solve this problem and to prevent recurrence)							
Verification of corrective action	Date of completion						Signature of HOD	
	Proposed follow up date							

Prepared By		Approved By	
Reviewed By			



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Page 2 of 2

To be completed by auditor	Review of Nonconformity		
	Action taken is effective & NCR closed on	Action taken is in-effective & needs follow-up on	Action verified during follow-up and is effective
	Auditors Comment (if any)	Date	Auditor's signature
To be completed by Auditor	NC closer and review remarks for MRM Meeting		
	Date	Signature auditor	

Prepared By		Approved By	
Reviewed By			