



INTEGRATED MANAGEMENT SYSTEM

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NONCONFORMITY REPORT (NCR)

NONCONFORMITY REPORT (NCR)

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|--|------------------------------------|-------------------------------|
| Date of Audit | Name of the Department of Function | Name of the Auditor |
| NC No | Circular Reference | Name of the Auditee |
| Nonconformity Statement | Standard & Clause Reference | |
| Signature of Auditor | Signature of Auditee | |
| Correction taken | | |
| Action Implemented by: Verified by: | Date: | |
| Record of Investigation (conclude with root cause): | | |
| Signature of the Auditee with date | | |
| Recommended Corrective action: | | |
| | | |
| Approved by: | Assigned to | To be Completed by (Date): |
| Action Implemented and Completed Satisfactorily | | |
| Verified by: | | Date: |
| Follow up/Verification Findings | | |
| Corrective Action Effective Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Comments: | | |
| Signature of Auditor With date | Signature of Auditee With date | Signature of MR/DMR with date |
| Management/Deputy Management Representative | | NCR CLOSED on Date |

| | | | |
|-------------|--|-------------|--|
| Prepared By | | Approved By | |
| Reviewed By | | | |