



INTEGRATED MANAGEMENT SYSTEM

NON-CONFOMANCE, CORRECTIVE AND PREVENTIVE ACTION

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NON-CONFOMANCE, CORRECTIVE AND PREVENTIVE ACTION

statement of nonconformity	
Date: Designation
Root Cause Determination	
Date: Designation
Corrective Actions to be taken	
Date: Designation
Corrective Actions to be taken	
Target Date: Assigned to: Date: Designation
Corrective Actions taken on: Results of action taken	
..... Analysed by: Date: Head of the Function Date:
Preventive suggested:	
Target Date: Assigned to: Date: Designation
Corrective Action Effective. Yes/No If NO, reasons: Designation
Auditor Date:	Auditee Date:
Management Representative Date:	

Note: A copy of this report is required to be sent to concerned Department Head who will compile all the reports in a summary report which is to be placed before the next Management review meeting.

Prepared By			
Reviewed By		Approved By	