NONCONFORMITY REPORT			NCR No:
Company/Process/Department Audited:	Address:		Audit No:
			Audit Date:
Audit Criteria:			
Auditor:	Auditee rep		Area audited:
NONCONFORMITY	Major	Minor	
Reviewed by: (Auditee Representative)		Prepared by: (Auditor)	M Green
CORRECTION			
CORRECTIVE ACTION			
FOLLOW-UP/CLOSE OUT Follow-up details:			
Proposed Follow-up Date:	Signature: (Auditor)		NCR close out date: