**Instructions for Completing the Nonconformity Record (NCR):**

1. Complete the entire first page (below).

2. Complete the form, as appropriate, following the assessment.

3. Submit the form electronically, if possible.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Organization's Name:** |  | | **Nonconformity No. :** |  | | |
| **Type of Assessment:** |  |  | **Classification of Nonconformity:** |  | |  |
| **Is this a follow-up to a previous nonconformity?** | | |  | |  | |
| **If so, what was the previous assessment and associated nonconformity number:** | | |  | | | |
| **Requirement:**  *(Specify standard number and/or organization's procedure number, including applicable clause/paragraph number and relevant text.)* | | | | | | |
|  | | | | | | |
| **Statement of Nonconformity:** | | | | | | |
|  | | | | | | |
| **Objective Evidence:** | | | | | | |
|  | | | | | | |
| **Containment and Corrective Action Plan Due Date:**  *(Plan due within 30 days of the NCR date.)* | | Click here to enter a date. | | | | |
| **Minor NCR - Date Evidence of Implementation Due:**  *(Closure due within 90 days of the NCR date.)* | | Click here to enter a date. | | | | |
| **Major NCR - Date Evidence of Implementation Due:**  *(Closure due within 90 days of the NCR date.)* | | Click here to enter a date. | | | | |
| **Lead Assessor’s Name:** | |  | | | **Date:** |  |
| **Organization's Representative Name:** | |  | | | **Date:** |  |

**Instructions for Responding on this Form:**

1. The organization must complete this form for each NCR issued.

2. Submit objective evidence electronically, if possible.

3. If the initial response was not accepted, complete the appropriate section(s) with an updated response.

|  |  |  |  |
| --- | --- | --- | --- |
| **Containment:** *(Include planned completion date.)* | | | |
|  | | | |
| *Additional response, if requested:* | | | |
|  | | | |
| **Root Cause:** | | | |
|  | | | |
| *Additional response, if requested:* | | | |
|  | | | |
| **Corrective Action to Prevent Recurrence:** *(Include planned completion date.)* | | | |
|  | | | |
| *Additional response, if requested:* | | | |
|  | | | |
| **Organization Representative’s**  **Name and Title:** |  | **Date:** |  |

**Instructions after Reviewing Corrective Actions:**

1. The reviewer must complete this form for each NCR issued.

2. After the review is conducted, oversight personnel must complete Section 2, as appropriate.

3. If the initial response was not accepted or objective evidence is required, complete Section 1.

4. In Section 1, clearly indicate what is required.

5. Provide a due date for the organization to supply the additional information (i.e., revised response and/or objective

evidence).

6. Organization should update the area noted with the additional response and/or requested information, as appropriate.

**Section 1:**

If information provided is not accepted, complete below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** | **Name:** | **Reason:** | **Due Date for Additional Response:** |
|  |  |  |  |
|  |  |  |  |

*(NOTE: Suspension process shall need to be initiated, if greater than 90 days from NCR issuance date.)*

**Section 2:**

|  |  |  |
| --- | --- | --- |
| **Review Results:** | **Date:** | **Reviewer’s Name:** |
| **Containment and Corrective Action Plan Accepted:** |  |  |
| **Evidence of Effective Implementation was Verified:**  *(i.e., NCR Closure)* |  |  |
| **Evidence Used for Verification:** | | |