

Non-Conformance Report (NCR)

Project :		Date :	
NCR No :			
Supplier/Sub-contractor :			
Section A	Completed by person notifying non-conformance Name: Position:	Equipment/ Material/ Works Checked:	
		Quantity:	
		Non-conforming Detail:	
		NCR response date required within _____ . NCR acknowledged by _____ .	
Section B	Completed by person responsible for the non-conformance	Disposition of the non-conformance:	
		Date by which remedial action will be completed: _____.	
Section C	Completed by PM/PLM*	Approval/ comments for proposed remedial action:	
		PM/PLM*:	Date:
Section D	Completed by Management Representative Name: Position:	Result for re-check on re-work/ remedial action:	
		On behalf of the Company:	Date:
		NCR resolved satisfactorily <input type="checkbox"/> Yes <input type="checkbox"/> No	
		CAR required: <input type="checkbox"/> (Y/N) CAR No.: _____	

* Delete whichever is not applicable.