

NON-CONFORMANCE & CORRECTIVE ACTION REQUEST (NCAR) FORM

IDENTIFICATION				
Non-Conformance: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> HSE <input type="checkbox"/> Vendors </div> <div> <input type="checkbox"/> Internal / External Audit <input type="checkbox"/> Procedures </div> <div> <input type="checkbox"/> Process <input type="checkbox"/> Others </div> </div>				NCR No : IA No :
Raised by	Raised to	Department	Designation	Date
NON-CONFORMANCE DESCRIPTION				
<small>(Describe the nonconformance; ensure the applicable requirements, detection area, specifications, drawing, serial numbers, etc. are noted.)</small>				
ROOT CAUSE INVESTIGATION				
<small>(Description and analysis of the root cause of the problem)</small>				
CORRECTION / PROBLEM HANDLING				
<small>(Action taken to to eliminate the problem)</small>				
Implemented by:			Implementation Date:	Completion Date:

CORRECTIVE / PREVENTIVE ACTION		
(Describe the actions needed to prevent recurrence of the identified non-conformance)		
PIC to carry out the correction/preventive action:		By when:
Proposed by (MR or Competent Personnel)		MOC Requirement:
Date:		<input type="checkbox"/> YES <input type="checkbox"/> NO MOC No: _____
VERIFICATION OF EFFECTIVENESS		
(Action taken to verify the effectiveness of corrective / preventive action)		
Effective?	If NO, close this NCAR and issue new NCAR	
<input type="checkbox"/> YES <input type="checkbox"/> NO	New NCAR No:	
Verified By:	Position:	Date:
CLOSING & APPROVAL		
Remarks:	Approved by	
	Name:	Date: