

MSFC ISO 9000 INTERNAL AUDIT NONCONFORMANCE REPORT (NCR)

1	ORGANIZATION AUDITED: _____ MONTH: _____ YEAR: _____	2	NCR NUMBER: _____
	LOCATION: BUILDING: _____ AREA: _____		SEVERITY CODE: _____ (Major - 1, Minor - 2)

3	AUDITOR: _____ ESCORT: _____
	OTHERS IN ATTENDANCE: _____

4	NONCONFORMANCE: _____	ISO ELEMENT: _____

LEAD AUDITOR'S APPROVAL: _____ APPROVAL DATE: _____

5	CAUSE IDENTIFICATION/PROPOSED CORRECTIVE ACTION: _____

RESPONSIBLE ORGANIZATION POC/PHONE: _____

TARGET DATE TO COMPLETE ACTION: _____ RESPONSIBLE ORGANIZATION: _____

AUDITEE'S APPROVAL: _____ APPROVAL DATE: _____

LEAD AUDITOR'S APPROVAL: _____ APPROVAL DATE: _____

6	CORRECTIVE ACTION COMPLETE (DESCRIBE ACTION TAKEN IF OTHER THAN WHAT WAS PROPOSED IN BLOCK 5): _____

AUDITEE'S APPROVAL: _____ APPROVAL DATE: _____

7	CORRECTIVE ACTION VERIFIED AS:	<input type="checkbox"/> TAKEN	<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> EFFECTIVE	<input type="checkbox"/> NOT EFFECTIVE

AUDITOR'S APPROVAL: _____ VERIFICATION DATE: _____

LEAD AUDITOR'S APPROVAL: _____ APPROVAL DATE: _____