NONCONFORMANCE REPORT (NCR)

Identification

Originator:	Organization: Access Fabricators	Date	Report Number

Nonconformance Description (Describe the nonconformance; ensure the applicable requirements, planned activities, procedures, specifications, drawing, standards, serial numbers, etc. are noted. Indicate who documented the nonconformance.).

Risk Level

Steps to Prevent Inadvertent Use of the Item or Process

Corrective/Preventive Action and Disposition

Planned Corrective/Preventive Action (Describe for each cause what action(s) will be taken with the item or process, including, as applicable, the completion dates, disposition of material, and responsible staff for each action. Describe, as applicable, what actions are needed to prevent recurrence of the identified nonconformance, such as process improvement, procedure revisions, training plan, etc., and include completion dates and responsible staff for each action.).

Independent verification required? Yes ☐ No ☐

Person(s) Responsible for the Corrective/Preventive Action and Disposition	Approval of Corrective/Preventive Action and Disposition
_____	_____
Name *Date*	*Name* *Date*

Closing the Nonconformance

Action Completed	Independent Verification Completed (if required)
_____	_____
Name *Date*	*Name* *Date*

Distribution:

EMSMR/CFT Member Initial ☐ Final ☐