



Reference No.: BatStateU-FO-NCP-01

Effectivity Date: January 3, 2017

Revision No.: 00

NON-CONFORMITY, CORRECTIVE/PREVENTIVE ACTION REPORT (NCPAR)

NCPAR No.:		Date:	
Department/ College:		Section Clause No. (for IQA only)	

1. Details: *Non-conformity raised as a result of:*

<input type="checkbox"/> Material, Product or Equipment	<input type="checkbox"/> Unmet Quality Objectives
<input type="checkbox"/> Customer Complaints	<input type="checkbox"/> Service Non-conformity
<input type="checkbox"/> Internal Quality Audit	<input type="checkbox"/> Potential Nonconformity
<input type="checkbox"/> Customer Satisfaction Survey	<input type="checkbox"/> Improvement

2. Description of: **Non-Conformity** **Potential Non-Conformity** **Improvement**

Detected by: _____ Date: _____

3. Disposition: [Applicable for Material/Product or Equipment only]

<input type="checkbox"/> Rework/Repair	<input type="checkbox"/> Use as is	<input type="checkbox"/> N/A
<input type="checkbox"/> Reject & return to supplier	<input type="checkbox"/> Other	

Proposed by: _____ Date: _____

4. Correction (Immediate Action):

Responsible Person/s: _____ Date: _____

5. Root Cause Analysis: **Non-conformity** **Potential Non-conformity:**

Investigated by: _____ Date: _____

6. Corrective Action: **Preventive Action:** **Improvement:**

Responsible Person/s: _____ Date: _____

7. Follow-up Implementation of Action:

Satisfactory Not satisfactory (issue new NCPAR)

Remarks: _____

Name & Signature: _____ Date: _____

8. Verification on the effectiveness of action: To be completed by the Department Head / Immediate Supervisor

Satisfactory Not satisfactory (issue new NCPAR)

Remarks: _____

Verified by: _____

Name of Department Head/ Immediate Supervisor: _____ **Signature** _____ **Date** _____

Position/Designation: _____