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| **NCR Title / Reference** | **Issue Date** |
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| **Initiator** *(Name, Department or Designation)* |  |  | **Receiver** *(Name, Department or Designation)* |  |
| **Signature** |  |  | **Signature** |  |

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| **Description of the NCR** *(to be filled by initiator)*  *Include details of what has happened, where it has happened and possible root causes. Mention standard against which the deviation occurred.* |
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| **Root Cause, Correction and Corrective Action** *(to be filled by receiver)*  *Include details of why the nonconformity occurred. What will be done to immediately correct it and what corrective actions will be in place so that it does not recur.* |
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| **Closeout** *(to be filled by closeout authority)* | | | |
|  | | | |
| **Validator Name & Signature** |  | **Validation Date** |  |