

**NON-CONFORMANCE, CORRECTIVE ACTION
AND CLEARANCE REPORT**

CAB Name:						
Field of Operation:						
Assessor:						
Location of Observation:						
Date of Assessment:						
This report covers the following:						
Type of Assessment (Tick box):	Initial:		Follow up:		Re-assessment:	
	Extension:		Onsite clearance:			

NC #: _____						
Reference to Requirement and Standard:						
Non-conformance Classification:	Major:		Minor:		Observation:	

Roles	Name	Signature
CAB Representative:		
Assessor		
Team leader		

First response from CAB		Date:
Root Cause Analysis:		
Corrective Action:		
Name of CAB Representative:	Signature	Date DD/MM/YY
Reaction from the Assessor:		
Name of Assessor	Signature	Date DD/MM/YY

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Second response from CAB	Date:	
Root Cause analysis		
Corrective Action:		
Name of CAB Representative:	Signature	Date DD/MM/YY
Reaction from the Assessor:		
Name of Assessor	Signature	Date DD/MM/YY

Note1: If additional responses are required, more lines may be added to the table.

Note2: the format uses for any negative findings by putting consequential number