

SADCAS Ref. No:

**CONFORMITY ASSESSMENT BODIES NONCONFORMITY,
CORRECTIVE ACTION AND CLEARANCE REPORT**

NC Report No.	
Reporting Assessor/Technical Expert::	
Organization:	
Area/Field of Organization Assessed:	
Name of Area/ Field Representative:	
Signature of Representative:	
PART 1. DETAILED OBSERVATION	
Classification of Non-conformity (Major/Minor)	Reference number of relevant Guide/Standard/Requirement
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Signed (Team Leader): _____	Date: _____
PART 2: ROOT CAUSE ANALYSIS	
Signed : Management Representative _____	Date: _____

PART 3: CORRECTIVE ACTION COMPLETED

Report by Management Representative

 Signed : Management Representative

Date: _____

PART 4: CORRECTIVE ACTION VERIFIED AND CLEARED

 Signed: Team Leader/Technical Assessor/Technical Expert

Date: _____

PART 5: FOLLOW UP AT NEXT ASSESSMENT

 Signed: Team Leader/Technical Assessor/Technical Expert

Date: _____