

KALYANI FORGE LTD.		IQA No. :-	
NON CONFORMANCE REPORT		NCR No. :-	
Process		Audit Date :-	
Auditee :		Auditor :-	
Procedure:		Rev:	
(NOTE:- Please write in <u>CAPITAL LETTERS</u> Only.)			
A. Details of Non conformance :-			
Objective evidence :-			
Clause Ref. :		Customer Specific Req.:-	
NC closing date :		(Not to exceed more than 15 days)	
Auditor Name.		Auditee Incharge Name.	
B.Disposition / Immediate action on NC :-			
C. Root Cause :			
1) Why?			
2) Why?			
3) Why?			
4) Why?			
5) Why?			
D.CAPA Details (Actions to eliminate the cause).		Resp.	Target Date
E. CAPA Impact - Applicable / Not Applicable		Resp.	Target Date



F. EOHS Documentation Review Details : (where applicable)		
	Ammendment Required / Not required	Ammendment done on
EOHS Manual		
EOHS Procedures		
EMP/OCP		
Format		
Specify, if any other		
G .Verification Details		
1. Verification of CAPA taken		
Verified by:	Designation	Date
2. Verification of effectiveness of CAPA taken (if required)		
Verified by:	Designation	Date
H. Status of N.C :		
Open <input type="checkbox"/>	Closed <input type="checkbox"/>	Auditor's name: