

**ISSUER NAME**Address  
email, phone

# Non Conformance Report

Form  
ID  
Revision

## PROJECT NAME

Project address, project/contract number, project reference

Employer:	Emp Developers		Consultant:	LTD Engineers	
Main Contractor:	Main Contractor LTD		Sub Contractor:	Sub Contractor LTD	

NCR-ID: Trade/DIV: Date: Status: OPEN

### A) NCR IDENTIFICATION

Location:	Subcontractor (If any):
Element / Activity:	Severity:
WIR / Inspection / Test:	Package / Lot

### B) NON-CONFORMANCE DESCRIPTION / FACTS

Extend / Quality Affected:

Attachment List:

### C) REQUIREMENT REFERENCES (SPEC / DRAWING / ITP / STANDARD)

Specification Clause:	Drawing No. / Rev:
Submittal / Shop Drawing:	Method Statement Ref:
ITP Hold Point Reference:	Code / Standard Ref (if any):

### D) IMMEDIATE ACTION / CONTAINMENT

Stop affected activity:	<input type="checkbox"/>	Quarantine material:	<input type="checkbox"/>
Other Immediate Action (If any):			

Raised By: Signature: X

### E) CONTRACTOR RESPONSE

Root Cause of Non Conformity:

Corrective Actions: Target Date:

Preventive Actions: Target Date:

Contractor Representative: Signature X

### F) ENGINEER / CONSULTANT DISPOSITION

Disposition: Notes / Conditions:

### G) VERIFICATION & CLOSURE

Re-Inspection Date:	Re-Test Ref (if any):
Closed By (Company/Name):	Closure Evidence Ref:
Consultant Representative:	Signature: X