



Nonconformity Closure Report

Nonconformity Closure Report #

Nonconformity Closure Date

Nonconformity Source

Corrective Action Request (CAR)

Date of N.C. Raise:..... NC #

CAR # Date

Type of N.C.

Requested by.....

NC Location

Requested to Designation.....

Process Name

Request Details.....

Identified by..... Designation.....

NC Note

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N.C - CAPA

Date of Filling

Corrective Action Details

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Preventive Action Details

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NC Closure Details

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Auditee Sign.....

Auditor Sign.....

Plant Manager Sign.....

M.R. Sign.....