

PROJECT :		Date:
LOCATION :		No:
QAQC Representative:	Signature:	NCR No: PRJ/CON/MM-YY/XX
Work / Structure / location at which Non-conformance Observed:-		
1.		
2.		
3.		
4.		
5.		
Penalty as per EHS-MSF-O27:		
Root Causes of NC:		
CORRECTIVE ACTION TO THE N.C :		
		Completion target date:
Signature of Contractor's Authorized Representative : (In Acceptance of NCR & proposed corrective action/s)		Sign Of Representative. (DB Reality)
Corrective action taken by Contractor's Representative as per proposal: YES / NO		
Signature of DB Reality - QAQC Representative :		Actual closing date:
Review of corrective action and closing of NCR:		<u>NCR reviewed & closed : YES / NO</u>
Project In Charge	Manager QA/QC	
Management Representative / GM QAQC (H.O.) :		Date :