SADCAS Ref. No:	

CONFORMITY ASSESSMENT BODIES NON-CONFORMITY, 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(to be completed by Assessor)

Classification of Non-conformity (Major/Minor)

Reference number of relevant Guide/Standard/Requirement

Signed (Team Leader):_____ **Date**: _____

PART 2: ROOT CAUSE ANALYSIS AND ANALYSIS OF EXTENT (to be completed by CAB)

PART 2.1: Outcome of Root Cause Analysis [Identified Root Cause(s): Method Used (e.g., 5 Whys, Fishbone, etc.)]:

PART 2.2: Extent Analysis of Nonconformity: (How widespread the problem is)

_____ **Date**: _____

Signed: Management Representative

PART 3: CORRECTIVE ACTION COMPLETED *Report by Management Representative*
_____ **Signed**: Management Representative **Date**: _____
PART 4: ASSESSOR VERIFICATION AND CLEARANCE (Root cause adequacy; Extent analysis adequacy; Actions appropriate to root cause; Evidence of implementation)
_____ **Signed**: Team Leader/Technical Assessor/Technical Expert **Date**: _____
PART 5: FOLLOW UP AT NEXT ASSESSMENT (Verification of Corrective Action Effectiveness)
_____ **Signed**: Team Leader/Technical Assessor/Technical Expert **Date**: _____