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| ORGANIZATION: | STANDARD: ISO 9001:2015 |
| Date of audit: |
| Nonconformance reference no: \_\_\_\_\_\_ |
| Date of corrective action: |

**\*Note- Auditee organisation shall provide proposed correction and corrective action with root cause analysis if nonconformance/s identified during audit. Please refer form F 7.24 – for non-conformance details.**

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| **AUDITEE ORGANIZATION’S ROOT CAUSE ANALYSIS, PROPOSED CORRECTION, CORRECTIVE ACTION\***  (ATTACH ADDITIONAL SHEET, IF SPACE BELOW IS NOT SUFFICIENT) | |
| ***Root-cause:***  ***Correction:***  ***Corrective Action (action to prevent recurrence):*** | |
| **ORGANIZATION PERSON RESPONSIBLE FOR IMPLEMENTING CORRECTIVE ACTION**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation: \_\_\_\_\_\_\_\_\_\_\_Proposed Completion Dt.: \_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_** | |
| FOR VERIFICATION BY AITF ASSESSOR | |
| **Accepted** : Yes 🗌 | **Not Accepted** : 🗌 Further action required by client |
| Based on  Correction & corrective action received 🗌 (for minor NC\*)  Verification of supporting evidence/s 🗌  Onsite verification 🗌  **Verification** by Team Leader /Assessor  (Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Comments:  **Verification** by Team Leader /Assessor  (Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature): \_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_ |
| **Follow-up comments**\* (during the next surveillance / recertification) audit: Effectiveness of corrective action/s taken by client verified and found satisfactory 🗌 Yes / 🗌 No  □ **Not effective** 🙻🖝:  Sign of verifying assessor  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ | |