



DAVAO CITY WATER DISTRICT  
 Km 2.5 Mc Arthur Highway, Matina, Davao City

PM-10-01-F01  
 Rev. No. 0  
 Aug. 1, 2018

COMMERCIAL SERVICES DEPARTMENT

**NONCONFORMING SERVICES REPORT (NSR)**

**PART 1 - Documentation (To be filled-out by the Supervisor/Division Manager)**

REPORTED BY :	DATE :	NSR NO.
<b>SOURCE</b> <input type="checkbox"/> Normal Operation <input type="checkbox"/> Audit <input type="checkbox"/> Management Review <input type="checkbox"/> Customer <input type="checkbox"/> Others, _____	<b>LOCATION</b> <input type="checkbox"/> Field / On-site <input type="checkbox"/> Matina Main Office <input type="checkbox"/> Sub-office: <input type="checkbox"/> Bajada <input type="checkbox"/> Victoria Plaza <input type="checkbox"/> Toril <input type="checkbox"/> Others, _____	<b>EQUIPMENT / CODE</b> <input type="checkbox"/> Calibration Bucket/ _____ <input type="checkbox"/> Others, _____ _____

**DESCRIPTION OF THE NONCONFORMITY**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe correction made, if any. \_\_\_\_\_

**Part 2 - To be filled-out by the Division Manager/Department Manager**

<b>RECOMMENDATION/S</b> <input type="radio"/> Validate correction made <input type="radio"/> Execute Corrective Action Request (CAR) Procedure <input type="radio"/> Convenes the CSD ISO 9001:2015 Core Team <input type="radio"/> No nonconformity, stop. <input type="radio"/> Assign to personnel, specify name of personnel: _____	<b>SPECIAL INSTRUCTION (if any)</b> _____
---	--

This is to confirm that the above facts are my recommendations of the stated nonconformity:

\_\_\_\_\_

Division/Department Manager

**Part 3 - To be filled-out by the Assigned Personnel**

**Describe Corrective Action/s & Action Plan/s, if any.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Assigned Personnel

**To be filled-out by Department Manager**

This is to confirm that:

Recommendation/s is/are effective.  
 Close-out nonconformity.

\_\_\_\_\_

Department Manager

**To be filled-out by Document Controller**

Date of Notification :	Date of Submission to Document Controller:
Name of Customer Notified :	Name and Signature of Document Controller:
_____	_____