

FO-04-17

Issue No. 1

Rev. No. 0



Km. 7, McArthur Hi-way, Bangkal, Davao City

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DCWD CALIBRATION LABORATORY

NON-CONFORMITY REPORT (NCR)

REPORTED BY :	DATE :	NCR NO.
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SOURCE <input type="checkbox"/> Normal Operation <input type="checkbox"/> Audit <input type="checkbox"/> Management Review <input type="checkbox"/> Others, _____	<input type="checkbox"/> Customer <input type="checkbox"/> Maintenance <input type="checkbox"/> Validation	LOCATION <input type="checkbox"/> Laboratory <input type="checkbox"/> Onsite "Field" <input type="checkbox"/> Administrative Office <input type="checkbox"/> Others, _____	EQUIPMENT / CODE <input type="checkbox"/> Proving Tanks/ _____ <input type="checkbox"/> Calibration Bucket/ _____ <input type="checkbox"/> Others, _____
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DESCRIPTION OF THE NON-CONFORMITY (also includes potential non-conformity)

TO BE FILLED UP BY THE ASSIGNED PERSONNEL

Assigned Personnel :

RECOMMENDATIONS <input type="radio"/> Stoppage of work <input type="radio"/> Others, _____	DESCRIBE CORRECTIONS MADE
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I hereby confirm that I have made/recommended the above cited action/s:

ASSIGNED PERSONNEL (Signature and Date)

TO BE FILLED UP BY THE QUALITY MANAGER

RECOMMENDATION/S <input type="radio"/> Re-evaluate <input type="radio"/> Executes QP 04-07 Corrective and Preventive Action Procedure (CPAP) <input type="radio"/> Convenes the Laboratory Quality Management Team (LQMT) <input type="radio"/> Assigns Personnel, specify name of personnel _____ <input type="radio"/> Resumes work <input type="radio"/> Notifies customer <input type="radio"/> Close-out Non-conformity Procedure	SPECIAL INSTRUCTION (if any)
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This is to confirm that the above facts are my recommendation/final assessment of the stated non-conformity:

Quality Manager (Signature and Date)

Noted by:

Laboratory Executive Director (Signature and Date)

TO BE FILLED UP BY THE DOCUMENT CONTROLLER

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