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| **Nonconformity Report No:**  ***(if applicable)*** |  | | | |
| **Accreditation scheme:**  ***(if applicable)*** |  | | | |
| **Auditor/Reported by:** |  | | | |
| **Auditee:**  ***(if applicable)*** |  | | | |
| **Date:** |  | | | |
| **DESCRIPTION OF NONCONFORMITY:** | | | | |
| **Reference to clause/sub-clause of ISO/IEC 17011** | |  | **Reference to MAURITAS/External documents** |  |
| **Signature of Auditor/:**  **MAURITAS Staff** | | | **Signature of Auditee:**  ***(where relevant)*.** | |
| **CORRECTION:**        **ROOT CAUSE OF NONCONFORMITY *(use additional page if necessary)*:**                **PROPOSED CORRECTIVE ACTION (PCA):**                **Name of Responsible Officer: Signature: Target Date: .** | | | | |
| **PCA approved by Director: Yes No Signature: Date: .** | | | | |
| **NEW DEADLINE (If Applicable)**  **Name of Responsible Officer: Signature: New Target Date:**  **Approved by Director: Signature: Date:**  *Note: For subsequent new deadlines, fill in Annex A* | | | | |
| **Date of implementation of Corrective Action: .**  **Name of Responsible Officer: . Signature: .**  ***Documentary Evidence (attach supporting evidence, if necessary):*** | | | | |
| **CORRECTIVE ACTION VERIFIED AND CLEARED**  **(Provide comment on the effectiveness of the action taken and indicate whether the NC is cleared or requires further action)**                  **Date of Verification: Name of Auditor/MAURITAS Staff: Signature: .** | | | | |

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| **Nonconformity closed on: Signature of Quality Manager: .** |

**Annex A**

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| **New Target Date** | **Name of Responsible Officer** | **Signature** | **Approved by Director** | **Date** |
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