|  |  |
| --- | --- |
| **Name of Certification Body (CB):** | **Date of Assessment:** |
| **CB Accreditation No.:**  | **NC Report No.:** ***(your initial followed by 01 & so on)*** |
| **Accreditation Scheme** | **ISO/IEC 17021-1 (QMS) ISO/IEC 17021-3 (EMS) ISO/IEC 17021-2** **(FSMS) ISO 22003-1 (HACCP) ISO 22003-1 (ISMS) ISO/IEC 27006-1**  |
| **Type of visit** | **Initial Assessment Assessment Re-assessment** **Extension Extraordinary visit Others (specify)…………………………..** |
| **Name of Assessment Team Member** |  |
| **Role Assigned*****(tick as appropriate)*** | **Team Leader Assessor Technical Expert MAURITAS Staff**  |

|  |
| --- |
| **Description of Nonconformity:** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| .......................... ............................................... ............................................. **Signature Name of CB representative Signature (CB Rep.)** **(Assessment Team Member)**  |
| **CLASSIFICATION OF NONCONFORMITIES AND REQUIREMENTS** |
| **Nonconformity type***(tick whichever applies)* | **Major:** nonconformity that affects the capability of the management system to achieve the intended results**Minor:** nonconformity that does not affect the capability of the management system to achieve the intended results |
| Major Minor | ISO/IEC 17021-1 ISO/IEC 17021-2 ISO/IEC 17021-3 ISO 22003-1 (FSMS) ISO 22003-1 (HACCP) ISO/IEC 27006-1 MAURITAS R1 MAURITAS R2 MAURITAS R4 **Clause number**  ***(specify)*** |

|  |
| --- |
| **PROPOSED CORRECTIVE ACTIONS BY CERTIFICATION BODY** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| ***Please attach the Root cause analysis when submitting proposed Corrective Action*** |
| ***Management Representative of CB*** Signed***Date*** |
| **FOLLOW UP OF CORRECTIVE ACTIONS DURING NEXT VISIT** **(FOR MAURITAS USE ONLY)** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **NC Closed NC Closed partially NC Not Closed** |
| ***Name of Assessment Team member*** Signed***Date*** |