



## NON-CONFORMITY REPORT

***ALL corrective actions shall be cleared within the maximum time period specified in the OP-PAC004, after which the deadline penalty will apply immediately e.g. suspension of the NCB from issuing CB Test Certificates***

Non-conformity Report No: <i>01/Total number</i>	Date: <i>Format : yyyy-mm-dd</i>
Name of the Assessed Organisation:	
Category(ies) concerned:	Clause/Sub-clause of Non-conformity: <i>related to the relevant reference standards, procedures or product standard</i>
<b>Non-conformity(ies) description:</b> <i>Note: Try to group similar non-conformities together per product category.</i>	
<b>LEAD ASSESSOR:</b>          Signature and printed name	<b>MANAGEMENT REPRESENTATIVE:</b>          Signature, printed name and title



**ASSESSMENT REPORT**  
**Confidential to the Members**

IECEE-PAC/ /\*

**Common to:  
 OD-2004/2005**

Non-conformity Report No: *01/Total number* | Date: *Format : yyyy-mm-dd*

Name of the Assessed Organisation:

**Root Cause of Non-conformity:**

**Proposed Corrective action(s):**

Implementation date:	Management Representative Signature, printed name and title/Date:
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**Proposed Corrective Action(s) acceptance:**

<input type="checkbox"/>	Acceptance, no further verification required		
<input type="checkbox"/>	Acceptance, further verification of implementation is required	<input type="checkbox"/>	With on-site follow-up assessment
		<input type="checkbox"/>	Without on-site assessment

LEAD ASSESSOR (Signature, printed name/Date)

**Implementation verified and Final Clearance provided by Lead Assessor :**

LEAD ASSESSOR (Signature, printed name/Date)