

[organization name]

Appendix 9 – OH&S Nonconformity and Corrective Action Record

Identification of OH&S Nonconformity	
Process/activity name:	
	Date:
Description of nonconformity:	
Referring document:	
Description of activity:	
	Correction team members:
Corrective action needed (Yes/No):	

Commented [45A1]: Description of non-conformity should be

Commented [45A2]: For example: working order.

Commented [45A3]: For example: immediately provided.

Corrective Action		
Is non-conformity repeated?		
Responsible for ordering action:	Ordering authority:	Action ordered by:
Cause of non-conformity:		
Corrective action:		
Report date/implementation date:	Report date:	Reported by:
Objective evidences of implemented action:		
	Date:	Responsible person:
<input type="checkbox"/> Item of non-conformity corrected		
<input type="checkbox"/> Item of non-conformity corrected		
<input type="checkbox"/> Item of non-conformity not corrected. The date when it will		

Commented [45A4]: Name the person who ordered.

Commented [45A5]: While identifying cause of non-conformity

Commented [45A6]: If there are more than one corrective action write them in the order of priorities.

Commented [45A7]: Write in whether

Commented [45A8]: Name of person who made the report.

Commented [45A9]: etc.

Commented [45A11]: Person responsible for monitoring and evaluating effectiveness of implemented corrective and preventive actions.

Commented [45A10]: Delete those that are unnecessary.

[job title]

[name]

[signature]

Commented [45A12]: Only necessary if document is in paper form.