| | | Page/ | | | | | |
|---------------------------|-------------------------------------|--|--|--------------|--|-----------------------------------|--|
| | | Quality Audit | Report No | Cc | onclusions | | |
| The au | idit has identified the following a | audit findings (AF1, AF2, etc.) nts. Serious and/or widesprea | being discrepancies ad AF's may be design | between wh | at was observed and what suconformances. | should be the situation according | |
| AF No. (NCR No.) | Description | Corrective Action | To be corrected by (name) | By (date) | Closed out QAM initials & date | Remarks | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| For Company QA Department | | | | For | | | |
| Name : | | | | Name : | | | |
| Signature : | | | | Signature : | | | |

Signature

Date

Date