



**NON CONFORMITY/CORRECTIVE AND PREVENTIVE ACTION FORM**

NCPAR No (E.g. NC-YY-001)	<b>Nonconformity/Corrective &amp; Preventive Action Report (NCPAR)</b>	Date NC Found:
<b>Section where NC is found:</b>		
<b>1. DETAILS:</b> Non-conformity raised as a result of:		
<input type="checkbox"/> Internal audit <input type="checkbox"/> Customer complaint <input type="checkbox"/> Process nonconformity <input type="checkbox"/> Suggestion (improvement) <input type="checkbox"/> Product nonconformity <input type="checkbox"/> Others _____		
<b>2. REFERENCES:</b> Documents used or referred-to (e.g. manuals, procedures, flowcharts, standards, records ...)		
<b>3. NONCONFORMITY:</b> Description of non-conformity, suggestion, complaint or incident.		
Detected or Observed by:	Section:	
<b>4. DISPOSITION:</b> Immediate remedial action		
Proposed by:	Date:	Implementation date:
<b>5. CORRECTIVE/PREVENTIVE ACTION:</b> (Preventive action is only required for potential non-conformities). Fill ONLY EITHER "Corrective Action" OR "Preventive Action"		
Corrective Action:	Preventive Action:	
Proposed by:	Date:	
	Proposed implementation date:	



**THE UNITED REPUBLIC OF TANZANIA**  
**MINISTRY OF WORKS, TRANSPORT AND COMMUNICATION**  
**TANZANIA SHIPPING AGENCIES CORPORATION**  
**TASAC**



<b>6. VERIFICATION OF VALIDITY OF CORRECTIVE “or” PREVENTIVE ACTION:</b>			
<input type="checkbox"/> Addresses the root cause? <input type="checkbox"/> Prevents recurrence?  <input type="checkbox"/> Valid <input type="checkbox"/> Invalid. Issue new NCPAR  Remarks: _____ _____	<input type="checkbox"/> Addresses the root cause? <input type="checkbox"/> Prevents occurrence?  <input type="checkbox"/> Valid <input type="checkbox"/> Invalid. Issue new NCPAR  Remarks: _____ _____		
Name	Date:	Name	Date:
Signature:		Signature:	
<b>7. FOLLOW-UP OF IMPLEMENTATION CORRECTIVE/PREVENTIVE ACTION TAKEN:</b>			
Implementation of corrective action is: <input type="checkbox"/> Implemented <input type="checkbox"/> Not implemented. Issue new NCPAR  Remarks: _____ _____		Implementation of preventive action is: <input type="checkbox"/> Implemented <input type="checkbox"/> Not implemented. Issue new NCPAR  Remarks: _____ _____	
Name	Date:	Name	Date:
Signature:		Signature:	
<b>8. VERIFICATION OF EFFECTIVENESS OF IMPLEMENTED CORRECTIVE/PREVENTIVE ACTION:</b>			
Corrective action is: <input type="checkbox"/> Effective <input type="checkbox"/> Not effective. Issue new NCPAR  Remarks: _____ _____		Preventive Action: <input type="checkbox"/> Effective <input type="checkbox"/> Not effective. Issue new NCPAR  Remarks: _____ _____	
Name	Date:	Name	Date:
Signature:		Signature:	

**Instructions:**

1. Person observing non-conformity shall fill-in sections 1, 2, 3.
2. Affected person shall fill-in sections 4, 5.
3. Management Representative shall fill-in sections 6, 7 and 8