ORGANIZATION:	STANDARD: ISO 9001:2015
	Date of audit:
	Nonconformance reference no: _____
	Date of corrective action:

*Note- Auditee organisation shall provide proposed correction and corrective action with root cause analysis if nonconformance/s identified during audit. Please refer form F 7.24 – for non-conformance details.

AUDITEE ORGANIZATION'S ROOT CAUSE ANALYSIS, PROPOSED CORRECTION, CORRECTIVE ACTION*
(ATTACH ADDITIONAL SHEET, IF SPACE BELOW IS NOT SUFFICIENT)

Root-cause:

Correction:

Corrective Action (action to prevent recurrence):

ORGANIZATION PERSON RESPONSIBLE FOR IMPLEMENTING CORRECTIVE ACTION

Name: _____ **Designation:** _____ **Proposed Completion Dt.:** _____ **Signature:** _____

FOR VERIFICATION BY AITF ASSESSOR

Accepted : Yes ☐	**Not Accepted** : ☐ Further action required by client
Based on	Comments:
Correction & corrective action received ☐ (for minor NC*)	
Verification of supporting evidence/s ☐	
Onsite verification ☐	
Verification by Team Leader /Assessor	
(Name): _____ (Signature): _____	**Verification** by Team Leader /Assessor
Date: _____	(Name): _____ (Signature): _____
	Date: _____

Follow-up comments* (during the next surveillance / recertification) audit: Effectiveness of corrective action/s taken by client verified and found satisfactory ☐ Yes / ☐ No

☐ **Not effective** ‽☞ :

Sign of verifying assessor
Date: _____