

**Project.....**  
**Nonconformance Report**

NCR No.:  
(Audit No.)

**A. Definition of nonconformance:**

Subcontract No. : \_\_\_\_\_ Item : \_\_\_\_\_  
Reference (dwg/spec) : \_\_\_\_\_ : Zone \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_

**Originator:**

Name: \_\_\_\_\_  
Signature \_\_\_\_\_  
Date: \_\_\_\_\_

Attachments (pages A1, A2, A3, etc.)

**B. Definition of disposition:**

The following subcontractor/Company Department .....  
is requested to define corrective action required.

**Company Quality Department:**

Name: \_\_\_\_\_  
Signature \_\_\_\_\_  
Date: \_\_\_\_\_

Corrective action required:

Name: \_\_\_\_\_  
Signature \_\_\_\_\_  
Date: \_\_\_\_\_

Attachments (pages B1, B2, B3, etc.)

**C. Approval of disposition and instruction to implement:**

The above defined corrective action is approved and shall be implemented by:

\_\_\_\_\_

**Quality Department:**

Name: \_\_\_\_\_  
Signature \_\_\_\_\_  
Date: \_\_\_\_\_

Attachments (pages C1, C2, C3, etc.)

**D. Close-out**

Corrective action is complete and documented

**Quality Department:**

Name: \_\_\_\_\_  
Signature \_\_\_\_\_  
Date: \_\_\_\_\_

Attachments (pages D1, D2, D3, etc.)

**Field distribution:**

**Copy:**  
Originator/Construction Specialist

**Original**  
Company QA