

# Panama TR4 Program

## Non-conformance report

Case ID		Q number	
Audit #		Audit date	
PAN number		NCR#	

### Details of non-conformance

Document reference	
Section/s involved	
Details	

NCR Category	<input type="checkbox"/> Critical <input type="checkbox"/> Major <input type="checkbox"/> Minor
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### Proposed corrective action

Details	
Proposed close out date	

### Acknowledgement of non-conformity (To be completed by business representative)

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

Role: \_\_\_\_\_ Date: \_\_\_\_\_

Authorised officer		Signature	
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### Follow-up and close out details

Follow-up audit date	
Details	
Closed	<input type="checkbox"/> Yes, date: _____ <input type="checkbox"/> No, new NCR# _____

Authorised officer		Signature	
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