MD NO.:

Initial Issue Date:

Revision Date:

|  |
| --- |
| **MONITORING FINDING REPORT** |

|  |  |
| --- | --- |
| **NC / OFI / OBS / NE No.:** | **Date:** |
| **Name of MTI/AC:** |
| **Address:** |
| **Classification of finding:** Nonconformance Observation Opportunity for Improvement Noteworthy Effort  |
| **Key Area of Evaluation:** | **Reference:** |
| 1. **Description of Finding**
 |
|  |
| **Name & Signature of Monitoring Team Lead Evaluator:** | **Acknowledged by: (Name & Signature)** |
| 1. **Root Cause** (*investigation shall be conducted where the nonconformity was found)*
 |
|  |
| 1. **Correction** *(immediate action to address the finding)*
 |
|  |
| 1. **Corrective Action** *(long-term plan of action to prevent recurrence)*
 |
|  |
| **Approved by QAM or Authorized Official of the MTI: (Name & Signature)** | **Date Approved:** | **Implementation Date:** |
| 1. **Evaluation of the Planned Corrective Action**
 |
| Comments:( ) No further action / This FINDINGS is considered CLOSED( ) Additional information / documents required( ) Verify at next monitoring schedule( ) Follow-up verification on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( ) Others, specify |
| **Name & Signature of Monitoring Team Lead Evaluator:** | **Date:** |
| 1. **Verification of the Implementation of the Planned Corrective Action**
 |
| **Finding Closed? Yes No****If No, please specify:** |
| **Name & Signature of Monitoring Team Lead Evaluator:** | **Date:** |
| **Name &Signature of MTIs Head or Authorized Representative:** | **Date:** |