MD NO.:

Initial Issue Date:

Revision Date:

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

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| **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:** | |