



## QUALITY COUNCIL OF INDIA (QCI)

2<sup>nd</sup> Floor, Institution of Engineers Building, Bahadur Shah Zafar Marg, New Delhi – 110002  
Phone: +91-11-2337 8056 / 57; Web: [www.qcin.org](http://www.qcin.org); E-mail ID: [padd\\_schemes@qcin.org](mailto:padd_schemes@qcin.org)



### PADD: Inspection Scheme| IT and ICS IBs: FR: 07

| QCI                                                                     |                | NON-CONFORMITY REPORT                     |   | Reference and Date               |  |
|-------------------------------------------------------------------------|----------------|-------------------------------------------|---|----------------------------------|--|
| IB's name & location                                                    |                |                                           |   | XXX/OA/YEAR/NC/01 of xx<br>Date: |  |
| Non-Conformity Observed                                                 |                |                                           |   |                                  |  |
| Standard / Clause No.                                                   |                | Evidence reference, if any                |   |                                  |  |
|                                                                         |                | Records presented                         |   |                                  |  |
| <b>Scheme:</b> Inspection Scheme for IT and ICS                         |                | <b>Category:</b> Critical / Major / Minor |   |                                  |  |
|                                                                         |                |                                           |   |                                  |  |
| Signatures                                                              |                |                                           | - |                                  |  |
| Name                                                                    |                |                                           | - |                                  |  |
|                                                                         | Lead Inspector | Technical Expert                          |   | IB Representative                |  |
| Root Cause Analysis (RCA) and proposed correction and corrective action |                |                                           |   |                                  |  |
|                                                                         |                |                                           |   |                                  |  |
| IB Rep/Date                                                             |                |                                           |   |                                  |  |
| Acceptance of RCA, correction and corrective actions proposed           |                |                                           |   |                                  |  |
|                                                                         |                |                                           |   |                                  |  |
| QCI IT/Date                                                             |                |                                           |   |                                  |  |



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Implementation of Correction/Corrective actions with evidence(s)

IB Rep/Date

Correction/Corrective actions verified: (Give details of verification and acceptance)

Signature of the team leader/Inspector      Date: