



PO Box 299 Oberon NSW 2787 ABN 98 107 506 208	Version	Author	Reviewed	Reference
	A	SM	Committee	F-005
	6/10/2009			
	Non Conformance Report			

Document Status

Version	Date	Revision	Prepared	Reviewed	Approved
A	May 2016	SM	Sec/TM	Committee	May 2016
B					

Revision Record

Revision	Date issued	Description of Changes
B	12/5/2020	Formatting changes to body text and header. New front page



Non-Conformance Report No.: \_\_\_\_\_ Issue Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
File No. : \_\_\_\_\_ Auditor: \_\_\_\_\_  
Audit No.: \_\_\_\_\_ Phone: \_\_\_\_\_  
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Organisation: \_\_\_\_\_ Representative: \_\_\_\_\_  
Division: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_

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**Section 1. Details Of Non Conformance (Completed By Auditor)**

**Reference clause (Act/Regs/Other) AS4292 Part \_\_\_\_\_**  
*(Circle as applicable; if other identify)*  
**Company Document No. (if applicable) \_\_\_\_\_**

Signed \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**Section 2. Corrective Action Proposed (Completed By Auditee's Representative)**

Est. Completion Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Actual Completion Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**Section 3. Corrective Action Finalised (Completed By Auditor)**

Signed \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_