



MIT

MADANAPALLE INSTITUTE OF TECHNOLOGY & SCIENCE

(Deemed to be University under section 3 of UGC Act, 1956)

AUDIT NON CONFORMANCE REPORT

Issue No : 01

Revision No: 01

Doc. No: EOMS-MITSU/AUD/NCR

Issue Date: 22/12/2025

Revision Date: 13/08/2026

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Department/Function:

Responsibility:

Audit No:

Date of Audit:

Details of Non Conformity (To be filled by Auditor)

ISO 21001 Clause no:

Reference Document(s):

Non Conformity:

Auditor Name:

Corrective Action Report (to be filled by Process Owner)

Proposed Correction:

Root Cause Analysis(*):

Proposed Corrective Action:

Proposed Completion Date:

Name of the Process Owner:

Signature & Date:

Verification of Corrective Actions: (to be filled by Auditor at the time of Closure)

Status: Open/Closed

Name & Signature of the Auditor:

Date:

Verification of effectiveness of Corrective Action (To be filled by Auditor during next Internal Audit)

Auditor Name & Signature:

Date:

(-) - apply the 5-Why method for root cause analysis



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Guideline for Corrective Actions Acceptance

Objective: The purpose of this section is to provide a consistent set of criteria for the development, acceptance, and implementation of corrective action responses. These criteria are intended for auditors and audited departments to help them understand how nonconformities should be addressed

1. Was correction to eliminate existing finding completed?

- Describe corrections for NC taken under “Intended correction and corrective action”.

2. Have the appropriate root causes been identified?

Consider the following:

- What caused the actual nonconformity (for NC) (occurrence of systematic failure)?
- What allowed the problem to occur without being detected internally?
- Which part of the organization’s processes failed to address this issue or is the organization lacking a specific process, method, etc.?
- The cause shall not be a repeat or a rewording of the nonconformity statement nor of the objective evidence.

e.g.: Apply the 5-Why method for root cause analysis

3. Has a corrective action been determined for each identified root cause?

- Each root cause must have at least one identified corrective action that eliminates / addresses the specific cause(s) and prevents recurrence of the nonconformity.

4. Has appropriate evidence been provided to verify that actions taken have been implemented and are effective?

- It is the responsibility of the department to provide evidence of internal verification of the corrective action(s), or a plan to do so.
- The Auditor will provide due dates for submitting evidence of implementation. This could vary depending on the circumstances and standards involved.

3.

(-) - apply the 5-Why method for root cause analysis