NONCONFORMITY REPORT - CORRECTIVE ACTION REQUEST (NCCAR)

NCCAR Number: __________________________
(NC# - ISM Section – NC Letter)

Initiator: ___________________________________________ Date: _____________________

Nonconformity identified through:
- Day to Day Operation
- Customer Complaint
- Management Review
- Internal Audit
- External Audit
- Departmental Report
- Voyage Exception
- Other ___________________

Description of Nonconformity (Or Attachment):

Affected Document and Clause No.: ____________________________________________________

Does this nonconformity require further action?  □  - Yes  □  - No

If Yes, Submit Corrective Action by ______________

Validation Signature (If result of an Internal Audit): ____________________________________