# Non-Conformance Report

## Bay West, Inc.

<table>
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<tr>
<th>NCR No.</th>
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## ISSUE DATE

## PAGE OF

### CONDITION DESCRIPTION (1)

### IDENTIFIED  □ INTERNAL  BY: ____________ LOC: __________ DATE: ________

□ EXTERNAL  BY: ____________ LOC: __________ DATE: ________

### REVIEW AND EVALUATION

(Comments)

### BRIEF DESCRIPTION OF:

CAUSE, CORRECTIVE ACTION, AND PREVENTIVE ACTION (as required)

### CORRECTIVE/PREVENTIVE ACTION AGREED COMPLETION DATE ________ BY ____________

### VERIFICATION REQUIREMENTS:

□ CORRECTIVE ACTION:  BY ____________ PROJ./OFFICE ____________ DATE ________

□ PREVENTIVE ACTION:  BY ____________ PROJ./OFFICE ____________ DATE ________

### INITIAL DISTRIBUTION:

### FINAL DISTRIBUTION (AFTER CLOSEOUT)

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<tr>
<th>CLOSEOUT (3)</th>
<th>BY __________________________ DATE __________</th>
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