

INSTITUTE OF ADVANCED STUDY IN SCIENCE AND TECHNOLOGY

NON CONFORMITY NOTE: INTERNAL AUDIT OF QMS

Internal Audit Cycle-	Internal Audit Date:	
Name of the Auditor(s):		
Area of Audit (Department/ Section) :		
Requirement:		
Non Conformity:	Audit Criteria: ISO 9001:2015	Category: Major () Minor () Observation() OFI ()
	Clause: 8.5.1	
	Evidence: Lab visit/Interview/ Observation	
	Root Cause:-	
Proposed Correction:		
Proposed Corrective Action:		
Signature of the Auditor:	Signature of the Auditee:	
Follow up Audit Observation by other member(S) (Within three weeks)	Recommendation Tick	
	Corrective Action Satisfactory ()	
	Corrective action not satisfactory ()	
Follow up Auditor's name and sign with date:		
Comment of SC:	Signature of SC:	