

### STATUS OF NON-CONFORMANCE

Contract No: _____	NCR: _____
Contractor: _____	Revision: _____
Subject: _____	

On \_\_\_\_\_ (Date/time of occurrence), a Non-Conformance for this contract, occurred from the following quality requirement(s). (Check all applicable Categories).

- Category 1.0: Contractor Personnel / Firms
- Category 2.0: Sampling, Testing and Submission of Results
- Category 3.0: Material and Mix Designs
- Category 4.0: Material Placement and Construction
- Category 5.0: **Workmanship**
- Category 6.0: Certifications, Request to Proceed, Notice to Proceed, and Submission of Drawing Documents

**Contract Document Specification(s) and Clause(s) :**

(Specification(s) containing the details covered by the quality requirement Category)

[\(Click here and enter your text\)](#)

**Description of Non-Conformance:**

[\(Click here and enter your text\)](#)

**Status of Non-Conformance :**

- |   |  |
|---|--|
| <input type="checkbox"/> A deviation, including the reason for the deviation; | <input type="checkbox"/> Major Deviation                 |
| <input type="checkbox"/> Not a deviation;                                     | <input type="checkbox"/> NCR returned to the Contractor. |
| <input checked="" type="checkbox"/> Under review with the Owner; or           |  |

**Reason NCR is Returned to Contractor**

(Explain why this is being returned to the Contractor)

[\(Click here and enter your text\)](#)

**Justification for Assessment:**

(Explain what happened and refer to one or more of the points in the applicable Categories checked-off above)

[\(Click here and enter your text\)](#)

**Other Comments:**

[\(Click here and enter your text\)](#)

<b>Issued By :</b> (Contract Administrator) _____	<b>Date/Time :</b> _____
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<b>Received By :</b> (Contractor Representative) _____	<b>Date/Time :</b> _____
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cc. **Area Manager Construction**  
Contract Services Administrator  
Head, Quality Assurance

