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| **BRC Global Standards for Agents & Brokers Issue 3 - Audit Non Conformity / Corrective Action Agreement** **Complete and email to:** **magda@micron2.com****and to the auditor at:****with your evidence within 28 DAYS of Audit Date (or 90 days for an initial audit) i.e. xx/xx/20xx** |
| Company Name |  | Site Code: |  |
|  Site Address |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Day 1: | Date | Start Time | Finish Time | Day 2: | Date | Start Time | Finish Time |
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| --- | --- | --- | --- |
| Contact Name |  | Date  |  |
| Contact Signature\* |  |
| Auditor Signature |  | Date |  |

\* I confirm the audit times above and my agreement with the non conformities raised.

**Non-Conformity Summary**

| **Critical** |
| --- |
| **No.** | **Clause** | **Details of non-conformity** | **Anticipated re-audit date** |
|  |  |  |  |

| **Major** | **MICRON2 USE ONLY** |
| --- | --- |
| **No.** | **Requirement ref.** | **Details of non-conformity** | **Corrective action taken** | **Proposed preventive action plan (based on root cause analysis)** | **Root cause analysis** | **Date reviewed** | **Reviewed by** |
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| **Minor** | **MICRON2 USE ONLY** |
| --- | --- |
| **No.** | **Requirement ref.** | **Details of non-conformity** | **Corrective action taken** | **Proposed preventive action plan (based on root cause analysis)** | **Root cause analysis** | **Date reviewed** | **Reviewed by** |
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**Voluntary Module Non-Conformity Summary Sheet - FSMA Preparedness (Module 6)**

| **Critical** |
| --- |
| **No.** | **Clause** | **Details of non-conformity** | **Anticipated re-audit date** |
|  |  |  |  |

| **Major** | **MICRON2 USE ONLY** |
| --- | --- |
| **No.** | **Requirement ref.** | **Details of non-conformity** | **Corrective action taken** | **Proposed preventive action plan (based on root cause analysis)** | **Root cause analysis** | **Date reviewed** | **Reviewed by** |
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| **Minor** | **MICRON2 USE ONLY** |
| --- | --- |
| **No.** | **Requirement ref.** | **Details of non-conformity** | **Corrective action taken** | **Proposed preventive action plan (based on root cause analysis)** | **Root cause analysis** | **Date reviewed** | **Reviewed by** |
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