

REPORT OF NON-CONFORMITY			
Type of inspection: <input type="checkbox"/> Initial Control Visit <input type="checkbox"/> Annual/Monitoring Control Visit <input type="checkbox"/> Additional Control Visit			
Company Name:		Date of Inspection:	./ /
Company Code:		Non-Conformity Number:	
Time of Non-Conformity: <input type="checkbox"/> During Inspection <input type="checkbox"/> During Evaluation			
Category of non-compliance:		Paragraph of Catalogue of Sanctions according to Reg. (EU) 2018/848	
<input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Critical			
Description of Non-Conformity			
Findings (objective evidence)			
Lead Inspector/Evaluator		Date	Signature
The corrective actions shall be carried out until: ./ /		Is it necessary for a new inspection to take place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspected Operator		Date	Signature
CORRECTIVE ACTION PLAN (FILLED IN ONLY BY THE OPERATOR)			
FILLED IN ONLY BY A CERT			
Was the corrective action submitted?	<input type="checkbox"/> Yes - <input type="checkbox"/> No	Date of submission:	./ /
Was the corrective action acceptable?	<input type="checkbox"/> Yes - <input type="checkbox"/> No	Date of evaluation:	./ /
Description of the submitted corrective action			
Lead Inspector/Evaluator		Signature	