

NAME & ADDRESS OF BLOOD BANK

Licence No.:-

INTERNAL AUDIT NON-CONFORMANCE

(GD-12)



Date	NC No	Audit Observation No.	SECTION	Activity Audited
Non conformance Details:				
NABH Clause No:				
Classification of Non-conformance: Major/Minor				
SIGNATURE OF AUDITEE			SIGNATURE OF AUDITOR	
Corrective Action Proposed / Taken By The Blood Bank:				Target Date:
SIGNATURE OF PROPOSER				
Follow Up Audit Report/Assessor's comment on corrective Action Proposed/Taken By the Blood Bank:				
Follow Up Date:			AUDITOR'S SIGNATURE	

Gujarat