



# Record of Nonconformance, Complaint and Corrective Action

**F23**  
Rev. 1  
20VV/06/01

|  |   |                              |                 |           |
|--|---|------------------------------|-----------------|-----------|
| <input checked="" type="checkbox"/> Nonconformance <input type="checkbox"/> Complaint <input type="checkbox"/> Improvement   |   |                              |                 |           |
| Issued by: Quality Manager   | Responsible for the Action:<br>Administrative Manager | Date:<br>20XX/09/05          | Number: 20XX-01 |           |
| <b>Description</b>   |   |                              |                 |           |
| NC 01 - Cleaning products purchased from supplier A. Silva Ltd., are not on the list of approved suppliers   |   |                              |                 |           |
| <b>Disposition – Immediate Action</b>  |   |                              |                 |           |
| 1) Update the list of suppliers<br>2) Check for other purchases that have been excluded from the supplier list<br>3) Train purchasing staff to use the supplier list |   |                              |                 |           |
| Responsible: Administrative Manager  |   | Date for Conclusion: 30 days |                 |           |
| Corrective Action Needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> CA nº _____                                   |   |                              |                 |           |
| <b>Root Cause Analysis</b>   |   |                              |                 |           |
|  |   |                              |                 |           |
| <b>Action Plan</b>   |   |                              |                 |           |
| Description  |   | Responsible                  | Date            | Concluded |
|  |   |                              |                 |           |
|  |   |                              |                 |           |
|  |   |                              |                 |           |
|  |   |                              |                 |           |
| <b>Verification of Effectiveness for Closing or Opening of a new Corrective Action</b>   |   |                              |                 |           |
|  |   |                              |                 |           |
| Responsible for the Verification of Effectiveness:   |   |                              | Date:           |           |



# Record of Nonconformance, Complaint and Corrective Action

**F23**  
Rev. 1  
20VV/06/01

|   |  |                              |                 |
|---|--|------------------------------|-----------------|
| <input checked="" type="checkbox"/> Nonconformance <input type="checkbox"/> Complaint <input type="checkbox"/> Improvement                |  |                              |                 |
| Issued by: Quality Manager  | Responsible for the Action:<br>Manager of the Farm | Date:<br>20XX/09/05          | Number: 20XX-02 |
| <b>Description</b>  |  |                              |                 |
| NC 02 - The 20VV/11/20 purchase order for food for horses was not found   |  |                              |                 |
| <b>Disposition – Immediate Action</b>   |  |                              |                 |
| Check the control of the order records and make another control sheet   |  |                              |                 |
| Responsible: Manager of the Farm  |  | Date for Conclusion: 30 days |                 |
| <b>Corrective Action Needed?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CA n° _____ |  |                              |                 |
| <b>Root Cause Analysis</b>  |  |                              |                 |
| 1) Staff do not know the process<br>2) Purchase sheet control is not good<br>3) There is no suitable place to register purchase orders    |  |                              |                 |
| <b>Action Plan</b>  |  |                              |                 |
| Description   | Responsible  | Date                         | Concluded       |
| Check for other purchases that have been cut without keeping purchase order records.  | Administrative Manager                             | 30 days                      | ok              |
| Check the process of issuing and filing orders  | Administrative Manager                             | 40 days                      | ok              |
| Train purchasing personnel to register the order  | Administrative Manager                             | 50 days                      | ok              |
|   |  |                              |                 |
|   |  |                              |                 |
| <b>Verification of Effectiveness for Closing or Opening of a new Corrective Action</b>  |  |                              |                 |
| Effectiveness will be checked during the 20YY internal audit  |  |                              |                 |
| Responsible for the Verification of Effectiveness:  |  |                              | Date:           |



# Record of Nonconformance, Complaint and Corrective Action

**F23**  
Rev. 1  
20VV/06/01

|   |   |                              |                 |
|---|---|------------------------------|-----------------|
| <input checked="" type="checkbox"/> Nonconformance <input type="checkbox"/> Complaint <input type="checkbox"/> Improvement                |   |                              |                 |
| Issued by: Quality Manager  | Responsible for the Action:<br>Administrative Manager | Date:<br>20XX/09/05          | Number: 20XX-03 |
| <b>Description</b>  |   |                              |                 |
| NC 03 - Sales personnel do not know the Management Policy   |   |                              |                 |
| <b>Disposition – Immediate Action</b>   |   |                              |                 |
| Train sales staff in Management Policy  |   |                              |                 |
| Responsible: Administrative Manager   |   | Date for Conclusion: 30 days |                 |
| <b>Corrective Action Needed?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> CA n° _____ |   |                              |                 |
| <b>Root Cause Analysis</b>  |   |                              |                 |
|   |   |                              |                 |
| <b>Action Plan</b>  |   |                              |                 |
| Description   | Responsible   | Date                         | Concluded       |
|   |   |                              |                 |
|   |   |                              |                 |
|   |   |                              |                 |
|   |   |                              |                 |
|   |   |                              |                 |
| <b>Verification of Effectiveness for Closing or Opening of a new Corrective Action</b>  |   |                              |                 |
|   |   |                              |                 |
| Responsible for the Verification of Effectiveness:  |   |                              | Date:           |



# Record of Nonconformance, Complaint and Corrective Action

**F23**  
Rev. 1  
20VV/06/01

|  |   |                              |                 |
|--|---|------------------------------|-----------------|
| <input checked="" type="checkbox"/> Nonconformance <input type="checkbox"/> Complaint <input type="checkbox"/> Improvement   |   |                              |                 |
| Issued by: Quality Manager   | Responsible for the Action:<br>Administrative Manager | Date:<br>20XX/09/05          | Number: 20XX-04 |
| <b>Description</b>   |   |                              |                 |
| NC 04 - The restaurant garbage sector was leaking liquids into the environment   |   |                              |                 |
| <b>Disposition – Immediate Action</b>  |   |                              |                 |
| Immediately eliminate leakage into the environment   |   |                              |                 |
| Responsible: Administrative Manager  |   | Date for Conclusion: 30 days |                 |
| <b>Corrective Action Needed?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CA n° _____  |   |                              |                 |
| <b>Root Cause Analysis</b>   |   |                              |                 |
| 1) People do not know that the spill of garbage is polluting the environment<br>2) Employees do not follow or visit garbage facilities<br>3) Garbage containment facilities are not suitable |   |                              |                 |
| <b>Action Plan</b>   |   |                              |                 |
| Description  | Responsible   | Date                         | Concluded       |
| Train personnel in environmental pollution due to garbage spills   | Administrative Manager                                | 30 days                      | ok              |
| Check how access controls and inspection of kitchen facilities are done  | Administrative Manager                                | 30 days                      | ok              |
| Check the suitability of the facilities to contain waste spills  | Administrative Manager                                | 30 days                      | ok              |
|  |   |                              |                 |
|  |   |                              |                 |
| <b>Verification of Effectiveness for Closing or Opening of a new Corrective Action</b>   |   |                              |                 |
| Effectiveness will be checked during the 20YY internal audit   |   |                              |                 |
| Responsible for the Verification of Effectiveness:   |   |                              | Date:           |



# Record of Nonconformance, Complaint and Corrective Action

**F23**  
Rev. 1  
20VV/06/01

|   |   |                              |                 |
|---|---|------------------------------|-----------------|
| <input checked="" type="checkbox"/> Nonconformance <input type="checkbox"/> Complaint <input type="checkbox"/> Improvement  |   |                              |                 |
| Issued by: Quality Manager  | Responsible for the Action:<br>Administrative Manager | Date:<br>20XX/09/05          | Number: 20XX-05 |
| <b>Description</b>  |   |                              |                 |
| NC 05 - Personal protective equipment established for the kitchen is not used   |   |                              |                 |
| <b>Disposition – Immediate Action</b>   |   |                              |                 |
| Ensure the immediate use of all PPE by kitchen staff  |   |                              |                 |
| Responsible: Administrative Manager   |   | Date for Conclusion: 30 days |                 |
| <b>Corrective Action Needed?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CA n° _____                               |   |                              |                 |
| <b>Root Cause Analysis</b>  |   |                              |                 |
| 1) Staff do not know the need to wear personal protective equipment<br>2) Insufficient protective equipment<br>3) The available equipment cannot be used in the kitchen |   |                              |                 |
| <b>Action Plan</b>  |   |                              |                 |
| Description   | Responsible   | Date                         | Concluded       |
| Train staff on the need to use personal protective equipment  | Administrative Manager                                | 30 days                      | ok              |
| Make sure there is equipment for everyone in the kitchen  | Administrative Manager                                | 30 days                      | ok              |
| Check that the equipment is suitable for culinary activities  | Administrative Manager                                | 30 days                      | ok              |
|   |   |                              |                 |
|   |   |                              |                 |
| <b>Verification of Effectiveness for Closing or Opening of a new Corrective Action</b>  |   |                              |                 |
| Effectiveness will be checked during the 20YY internal audit  |   |                              |                 |
| Responsible for the Verification of Effectiveness:  |   |                              | Date:           |



# Record of Nonconformance, Complaint and Corrective Action

**F23**  
Rev. 1  
20VV/06/01

|   |   |                              |                 |
|---|---|------------------------------|-----------------|
| <input checked="" type="checkbox"/> Nonconformance <input type="checkbox"/> Complaint <input type="checkbox"/> Improvement  |   |                              |                 |
| Issued by: Quality Manager  | Responsible for the Action:<br>Administrative Manager | Date:<br>20XX/09/05          | Number: 20XX-06 |
| <b>Description</b>  |   |                              |                 |
| NC 06 - Meat temperature control is not working   |   |                              |                 |
| <b>Disposition – Immediate Action</b>   |   |                              |                 |
| Check the meat temperature controller and put it to work immediately  |   |                              |                 |
| Responsible: Administrative Manager   |   | Date for Conclusion: 30 days |                 |
| <b>Corrective Action Needed?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CA n° _____   |   |                              |                 |
| <b>Root Cause Analysis</b>  |   |                              |                 |
| 1) The staff does not control the temperature of the meat<br>2) There is no adequate maintenance of the facilities<br>3) People do not know why they need to control meat temperature |   |                              |                 |
| <b>Action Plan</b>  |   |                              |                 |
| Description   | Responsible   | Date                         | Concluded       |
| Check the kitchen operation control process   | Administrative Manager                                | 30 days                      | ok              |
| Check the maintenance of the kitchen facilities   | Administrative Manager                                | 40 days                      | ok              |
| Check knowledge of the process by the kitchen team  | Administrative Manager                                | 50 days                      | ok              |
| Check for other instruments that do not work in the kitchen   | Administrative Manager                                | 60 days                      | ok              |
|   |   |                              |                 |
| <b>Verification of Effectiveness for Closing or Opening of a new Corrective Action</b>  |   |                              |                 |
| Effectiveness will be checked during the 20YY internal audit  |   |                              |                 |
| Responsible for the Verification of Effectiveness:  |   |                              | Date:           |