NON-CONFORMANCE (NC), CORRECTIVE ACTION AND CLEARANCE REPORT

Reporting team member:	**NC Report no**
Entity (applicant or operational):	**UNFCCC ref. no.:**
Area/Field of entity assessed:	
Name of the entity representative for this area/field:	

PART 1: DETAILED DESCRIPTION OF NON-CONFORMANCE:

Classification of Non-conformance (Major (MA)/Minor(MI))		**Relevant requirement:**	
Signature of area/field representative:	**Date**	**Signed (CDM-AT leader)**	**Date**

PART 2: CORRECTIVE ACTION PROPOSED BY THE ENTITY:

Proposed date for completion of proposed action		**Name and signature of management representative:**

PART 3: CORRECTIVE ACTION COMPLETED (report by management representative, use separate sheet if necessary):

Date:

Signature
Management representative

PART 4: CORRECTIVE ACTION VERIFIED AND CLEARED

Date:

Signature
CDM-AT team leader/ member