



MONITORING FINDING AND CORRECTIVE ACTION REPORT



PA / NC / OFI / OBS / NE No.:	Date:	
Name of Maritime Higher Education Institution:		
Address:		
Programs:		
Classification of finding:		
<input type="checkbox"/> Prohibited Act <input type="checkbox"/> Nonconformance <input type="checkbox"/> Observation <input type="checkbox"/> Opportunity for Improvement <input type="checkbox"/> Noteworthy Effort		
Key Area of Evaluation:	Reference:	
A. Description of Finding		
Name and Signature of Lead Evaluator:	Acknowledged by: (Name and Signature)	
B. Root Cause(s)		
C. Corrective Action Plan		
QAM or Authorized Official of the MHEI: (Name and Signature)	Date:	Implementation Date:
D. Verification of the Implementation of Corrective Action Plan		
Comments: <input type="checkbox"/> No further action / This finding is considered closed. <input type="checkbox"/> Additional information / documents required <input type="checkbox"/> Verify at next monitoring schedule <input type="checkbox"/> Follow-up verification on _____ <input type="checkbox"/> Others, specify		
Name & Signature of Lead Evaluator:	Date	
E. Finding Closed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name & Signature of Lead Evaluator:	Date	

