



MONITORING FINDING AND CORRECTIVE ACTION REPORT



PA / NC / OFI / NE No.:		Date:	
Name of Maritime Higher Education Institution:			
Address:			
Region:			
Programs:			
Classification of finding:			
<input type="checkbox"/> Prohibited Act		<input type="checkbox"/> Noncompliance	
<input type="checkbox"/> Opportunity for Improvement		<input type="checkbox"/> Noteworthy Effort	
Key Area of Monitoring:		Reference:	
A. Description of Finding			
Name and Signature of Lead Evaluator:		Acknowledged by: (Name and Signature) MHEI Authorized Representative	
B. Root Cause(s) <i>(investigate/determine the reason for the occurrence of the non-conformance or observation)</i>			
C. Correction <i>(immediate action to address/correct the finding)</i>			
D. Corrective Action Plan <i>(Long term plan of action to prevent recurrence)</i>			
QAM or Authorized Official of the MHEI: (Name and Signature)		Date:	Implementation Date:
E. Review on the Acceptability of Root Cause, Correction and Corrective Action			
ACCEPTABLE <input type="checkbox"/> CLOSED. No further action <input type="checkbox"/> CLOSED. Verify at next monitoring schedule		NOT ACCEPTABLE <input type="checkbox"/> NOT CLOSED. Additional information / documents required <input type="checkbox"/> NOT CLOSED. Follow-up verification on _____ <input type="checkbox"/> Others, specify	
Name & Signature of Monitoring Team Lead Evaluator:		Date:	
F. Verification of the Implementation of Corrective Action			
Finding Closed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Comment/s:			
Name & Signature of Lead Evaluator:		Date:	
Acknowledged by: MHEI Authorized Representative		Date:	

Note: Use additional sheets if necessary.

