



QUALITY REGISTRAR SYSTEMS

Page 1 of 1

CORRECTIVE & PREVENTIVE ACTION REQUEST FORM

Form

COMPANY	ENVIRO VISION WASTE MANAGEMENT SERVICES LLC
AUDITEE NAME	Mr. Amal
AUDIT DATE	10 April 2026
AUDIT TYPE	☐ Initial Audit ☒ Surveillance (No. 01) ☐ Re-Assessment ☐ Other
STANDARDS	9001:2015, 14001:2015, 45001:2018

S#	TYPE OF FINDING (NCR, OBS)	NCR/OBS STATEMENT	CRITERIA'S CLAUSE	PROPOSED CORRECTIVE ACTION
1.	Minor	The organization has conducted internal audit; however, it was noted that the QHSE department is also auditing its own functions, which may cause impartially.	9.2 -QHSE	

Auditor Signature:	Ms Mahnoor	Auditee Signature: <i>Amal</i>	Mr. Amal
Date:	10 April 2026	Date: 10-04-2026	
Verification Comments of Auditor:		Signature:	

Upon receiving the NCS, please share the supporting evidence to this email address mkt1@qrs.ae for NC closure.

Page 1 of 1