## **Electrical Engineering NCR**

Project Name:					
NCR Number:					
Date:					
Date.					
Location:					
Reference Drawings/Docs:					
Inspector:					
Description of Non-Confor	mance				
Details					
Description	Observed By	Date Observed			
Proposed Disposition					
O					
Corrective Action(s)/Rema	Irks				
Proposed By:					
Reviewed By:					
Approved By:					
Approved By:					
Approved By:  Date:					
Date:					
Date:					