AUDITED PARTY'S INFORMATION

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| --- | --- |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Evaluation Date: |  |

NON-CONFORMITIES IDENTIFIED

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| --- | --- | --- | --- | --- |
| No.  | Description of non-compliance | Reference (SPP System Document) | Proposed Corrective Action (as proposed by Certification Entity) | Corrective Action (as implemented by audited party) |
| 1 |  |  |  |  |
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| Name and signature of audited party's representative | Name and signature of evaluator | Date |