**Plan d’actions suite à non-conformités**

Si absence de non-conformités relevées au cours de l’audit, cocher la case :

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| **Exigence** | | **NCC** | **NC**  **M** | **N C**  **m** | **C** | **Commentaires** | **Actions correctives proposées** | **Réponse auditeur** | **Ecart levé**  **OUI/ NON** |
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