

Deficiency Listing for Follow Up Action

Date(s) of Review: _____

Company Name and Address:

Name

Division (when applicable) Abbreviation (when applicable)

Street

City State/Province Country Postal Code

Each open deficiency should be listed on a separate NB-232

Code Reference/ QCM Paragraph	No: _____ DESCRIPTION OF DEFICIENCY

By signing below, you agree that the review team recommends issuance of the requested *Certificate of Authorization*, pending receipt, and acceptance by the National Board, of page 2 of this document showing the Authorized Inspection Agency has accepted the corrective action for the outstanding deficiency listed above.

Team Leader Signature

Date

Team Leader Printed Name

Team Leader Number

Review Team Member (AIA) Signature

Date

Review Team Member (AIA) Printed Name

Name of Authorized Inspection Agency

IMPORTANT: Page 2 of this document should be completed by the Authorized Inspection Agency and submitted to the National Board **within 30 days of the last day of the review**, advising that the above listed deficiency has been corrected. If this form is not received within 30 days, the *Certificate of Authorization* will not be issued, and another review may be required.

