

AUDIT PLAN		
Area:		Date:
Audit Scope:		Audit Objectives:
Time	Lead/Member: _____	Member: _____
08:00		
09:00		
10:00		
11:00		
12:00		
13:00		
14:00		
15:00		
16:00		
17:00		
Resources Required		
Form No: _____		Page _____ of _____

<p style="text-align: center;">ABC AUDIT CHECKLIST</p>	Audit No: _____
	Audit date: _____
<p>TOPIC AUDITED _____</p> <p>PROCEDURE NO: _____</p>	
<p style="text-align: center;">CRITERIA TO BE INVESTIGATED</p>	<p style="text-align: center;">COMMENTS</p>
<p>Question 1: _____</p> <p>_____</p> <p>_____</p> <p>Look at: (Record 1) _____</p> <p> (Record 2) _____</p> <p>Look for: (Condition 1) _____</p> <p> (Condition 2) _____</p> <p> (Condition 3) _____</p>	
<p>Question 2: _____</p> <p>_____</p> <p>_____</p> <p>Look at: (Record 1) _____</p> <p> (Record 2) _____</p> <p>Look for: (Condition 1) _____</p> <p> (Condition 2) _____</p> <p> (Condition 3) _____</p>	
<p>Question 3: _____</p> <p>_____</p> <p>_____</p> <p>Look at: (Record 1) _____</p> <p> (Record 2) _____</p> <p>Look for: (Condition 1) _____</p> <p> (Condition 2) _____</p> <p> (Condition 3) _____</p>	
<p>Question 4: _____</p> <p>_____</p> <p>_____</p> <p>Look at: (Record 1) _____</p> <p> (Record 2) _____</p> <p>Look for: (Condition 1) _____</p> <p> (Condition 2) _____</p> <p> (Condition 3) _____</p>	
<p>PREPARED BY: _____</p>	

<p style="text-align: center;">ABC AUDIT CHECKLIST</p>	Audit No: _____
	Audit date: _____
<p>TOPIC AUDITED _____</p> <p>PROCEDURE NO: _____</p>	
CRITERIA TO BE INVESTIGATED	COMMENTS
<p>Question 1: _____</p> <p>_____</p> <p>_____</p> <p>Look at: (Record 1) _____</p> <p> (Record 2) _____</p> <p>Look for: (Condition 1) _____</p> <p> (Condition 2) _____</p> <p> (Condition 3) _____</p>	
<p>Question 2: _____</p> <p>_____</p> <p>_____</p> <p>Look at: (Record 1) _____</p> <p> (Record 2) _____</p> <p>Look for: (Condition 1) _____</p> <p> (Condition 2) _____</p> <p> (Condition 3) _____</p>	
<p>Question 3: _____</p> <p>_____</p> <p>_____</p> <p>Look at: (Record 1) _____</p> <p> (Record 2) _____</p> <p>Look for: (Condition 1) _____</p> <p> (Condition 2) _____</p> <p> (Condition 3) _____</p>	
<p>Question 4: _____</p> <p>_____</p> <p>_____</p> <p>Look at: (Record 1) _____</p> <p> (Record 2) _____</p> <p>Look for: (Condition 1) _____</p> <p> (Condition 2) _____</p> <p> (Condition 3) _____</p>	
<p>PREPARED BY: _____</p>	

AUDIT REPORT COVER PAGE	Audit Report No. _____
<u>Area:</u> _____	<u>Date:</u> _____
<u>Audit Scope:</u> _____	<u>Audit Objectives:</u> _____
<u>Reference Document Status:</u> _____ _____	
<u>Documents that form part of the Audit, including revision and status:</u> _____ _____ _____	
<u>Audit Team:</u> <ul style="list-style-type: none"> • The contents of this report are confidential to ABC. • The findings contained within this report are the result of limited sampling and therefore it cannot be assumed that others do not exist. _____ _____	<u>Area Representatives:</u> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
<p><i>The signature below of the area's representatives indicates their agreement and understanding of the findings identified that are the subject of this report.</i></p> <p>Signed _____</p>	
Form No: _____	Page ___ of ___

AUDIT REPORT SUMMARY	Audit Report No. 2009 - 003
Comments or concerns of the Auditors: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
Conclusions and Follow-up Action: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
Recommendations: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
Date of Next Planned Audit: <hr/>	
Form No: _____	Page__ of __

AUDIT ACTIVITY SUMMARY		Audit Report No. _____
Reference:	Activities / Areas / Evidence	Findings
Comments:		
Form No: _____		Page__ of ____

Date: _____
 Serial # _____
 Number of pages attached _____

Incident and Deviation Report

Note: Only one incident or deviation per report.

Deviation ☐ Potential Deviation ☐ Opportunity for Improvement ☐

(Select one ref only) → ☐ ABC QMS: _____ ☐ External: _____

1. Description of the incident or deviation

--

2. Description of the immediate remedial action (remediation) taken, including any correction or prevention.

	First Aid <input type="checkbox"/> Medical Aid <input type="checkbox"/> Modified Work <input type="checkbox"/> Lost Work Days <input type="checkbox"/>
QM review (initials) _____	Investigation assigned to _____ Date: _____

3. Is full Corrective/Preventive Action Required? **Yes** if there are any "Yes" boxes checked.

	Yes	No	
Is there an unacceptable risk to ABC?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If all answers are "No" then only remediation is required.</i>
Is the technical validity of ABC results affected?	<input type="checkbox"/>	<input type="checkbox"/>	
Is it easier to effect permanent resolution than many little remediations?	<input type="checkbox"/>	<input type="checkbox"/>	

4. Proposed Solution (and Investigation of Root Cause if required) Date Due: _____

Root Cause(s) of condition: _____	Not required (eg: remediation only) <input type="checkbox"/>
Proposed solution: Corrective Action <input type="checkbox"/> Preventive Action <input type="checkbox"/> Remediation Only <input type="checkbox"/>	
Investigator's Signature and Date _____, _____	

5. Confirmation of Solution Implementation

Condition resolved (root cause eliminated/opportunity exploited) <input type="checkbox"/>	Date implemented _____
Supervisor/Manager Initials _____	QM closure (Initials) _____

6. Follow up

Date Due: _____

Follow up required? Yes - <input type="checkbox"/> No - <input type="checkbox"/>	If not, why not? _____
Monitoring of condition assigned to: _____	Date Completed _____
"Solution is deemed EFFECTIVE." <input type="checkbox"/> QM review (Initials) _____	

Date: _____
 Serial # _____
 Number of pages attached _____

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QM review (initials) _____	Investigation assigned to _____ Date: _____

3. Is full Corrective/Preventive Action Required? Yes if there are any "Yes" boxes checked.

	Yes	No	
Is there an unacceptable risk to ABC?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If all answers are "No" then only remediation is required.</i>
Is the technical validity of ABC results affected?	<input type="checkbox"/>	<input type="checkbox"/>	
Is it easier to effect permanent resolution than many little remediations?	<input type="checkbox"/>	<input type="checkbox"/>	

4. Proposed Solution (and Investigation of Root Cause if required) Date Due: _____

Root Cause(s) of condition: _____	Not required (eg: remediation only) <input type="checkbox"/>
Proposed solution: Corrective Action <input type="checkbox"/>	Preventive Action <input type="checkbox"/> Remediation Only <input type="checkbox"/>
Investigator's Signature and Date _____, _____	

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Condition resolved (root cause eliminated/opportunity exploited) <input type="checkbox"/>	Date implemented _____
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Date Due: _____

Follow up required? Yes - <input type="checkbox"/> No - <input type="checkbox"/>	If not, why not? _____
Monitoring of condition assigned to: _____	Date Completed _____
"Solution is deemed EFFECTIVE." <input type="checkbox"/> QM review (Initials) _____	

Date: _____
 Serial # _____
 Number of pages attached _____

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QM review (initials) _____	Investigation assigned to _____ Date: _____

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