

**Audit Report (1)** For Internal and Supplier Audits

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Notification of Audit to		Report Reference Number	
Department /Supplier			
Planned Audit date		Actual Audit Date	
Lead Auditor		Auditor 1	

For Internal / Departmental Audits your suggestions for improvement of your departments procedures and the Quality System should be completed overleaf or emailed to the Audit Team prior to the commencement of the audit

Have you notified the Audit Team of your suggestions for improvements

Yes ☐ No ☐**Audit team**

Auditor 2	Auditor 3	Auditor 4
Specialism	Specialism	Specialism

Supplier / Department / Site Address / Details		Telephone No	
		Fax No	
		Email	
		Telex No	
Zip / Post Code		Country	
Auditees / Quality Rep			

**Identification of Audit Activity**

ISO 9001	<input type="checkbox"/>	ISO 14001	<input type="checkbox"/>	BS2599	<input type="checkbox"/>	ISO 27001	<input type="checkbox"/>	OHSAS 18001	<input type="checkbox"/>
ISO 15288	<input type="checkbox"/>	Other	<input type="checkbox"/>	For multi-discipline Audits check here and mark all that apply					<input type="checkbox"/>

**Details of Controlling Document(s), Section and Paragraph**


**Check List Item (where applicable)**


**Requirement definition**


**Findings**


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	Corrective / Preventive Action(s)  Required	By	Date
1			
2			
3			
4			
5			
6			

## Confirmation of completion of audit and findings

Auditee / Quality Rep

Signature	Print	Date

Assessor / authorised person

Signature	Print	Date

	Corrective / Preventive Action(s) Verified	Auditor Name	Date
1			
2			
3			
4			
5			
6			

## Review (Q A use only) Comments


Lessons Learnt from this Audit and Findings

Yes ☐ No ☐


Now ensure that Lessons Learnt are notified to the Lessons Learnt Co-ordinator