

AUDIT PLANNING WORKSHEET

6 Process Characteristics: <input type="checkbox"/> Has an Owner <input type="checkbox"/> Is Defined <input type="checkbox"/> Is Documented <input type="checkbox"/> Linkages are Established <input type="checkbox"/> Is Monitored <input type="checkbox"/> Has Records Maintained	<input type="checkbox"/>	Audit Questions	Classification: <input type="checkbox"/> Needs Further Research (NR) <input type="checkbox"/> Opportunities for Improvement (OI) <input type="checkbox"/> Nonconformances (NC)
AUDIT NUMBER Process (COP, MOP or SOP) Process Linkages Department / Area Key Indicators, Measurements Applicable Requirements (Clause)	<input type="checkbox"/>	Audit Questions	Descriptions of Audit Observations, Evidence, Potential & Actual Findings
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Audit Report

Auditee		Audit Number:	
Address		SIC Code:	
City, State, Zip		Phone:	
		Fax:	

PURPOSE OF AUDIT

SCOPE OF AUDIT

AUDIT SUMMARY

REPORT PREPARED BY: _____ Dates: _____

AUDIT TEAM LEADER: _____

AUDITOR: _____

AUDITOR: _____

AUDITOR: _____