

Your Logo	Your Company Name	Document Name or ID
CAGE: xxxxx		Rev: Orig

PLAN - STEP ONE: Audit Preparation & Planning

Add to Cart

Process to Audit (Audit Scope):	
Audit Date(s):	Lead Auditor:
Audit #:	Other Auditor(s) on Team:
Applicable Clauses of [REDACTED]	
Applicable Sections of [REDACTED]	
Revision of [REDACTED]	

List any other applicable documents, if any:	
Document Title	Revision

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DO - STEP TWO: Compare Documentation vs. Requirements

Read the applicable sections of the [REDACTED]		
Question	Y/N	Evidence or Notes Sheet Ref. #
In general, does the Company documentation meet the requirements?		
[REDACTED]		
[REDACTED]		

Indicate any suggestions for improvement related to the documentation:

CHECK - STEP THREE: Compare Actual Practice vs. Requirements

Compare the requirements of the [REDACTED]			
Requirement Reference	Question	Y/N	Evidence or Notes Sheet Ref. #

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Compare the requirements of the [REDACTED]

Requirement Reference	Question	Y/N	Evidence or Notes Sheet Ref. #

[REDACTED]

Requirement Reference	Question	Y/N	Evidence or Notes Sheet Ref. #

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ACT - STEP FOUR: Verify the Effectiveness of the Process

Review the applicable process map for this process.

Question	Y/N	Evidence or Notes Sheet Ref: #
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<div> Provide brief details on any areas that you found were well-implemented, particularly effective or </div>		

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STEP FIVE: Summarize Your Findings for Nonconformance System

NONCONFORMITIES	
Nonconformance #	Describe finding as you want it to appear in the Nonconformance system
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STEP SEVEN: Submit Audit Report to Appropriate Managers

[Redacted]

[Redacted]

- | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|
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| <input type="checkbox"/> [Redacted] | <input type="checkbox"/> [Redacted] | <input type="checkbox"/> [Redacted] |
| <input type="checkbox"/> [Redacted] | <input type="checkbox"/> [Redacted] | <input type="checkbox"/> [Redacted] |
| <input type="checkbox"/> [Redacted] | <input type="checkbox"/> [Redacted] | <input type="checkbox"/> [Redacted] |
| <input type="checkbox"/> Other: | | |

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