AUDIT PLAN					
Area: Date:		Date:			
Audit Scope:	dit Scope: Audit C		bjectives:		
Time	Lead/Member:		Memb	er:	
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	

AUDIT PLAN				
Area:		Date:		
Audit Scope:	Audit		Objectives:	
Time	Lead/Member:		Member:	
08:00				
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Resources Required				
Form No:			Page of	

Look at: (Record 1)

Question 4: _____

PREPARED BY:

Question 3:

(Record 2)

Look for: (Condition 1)
(Condition 2)
(Condition 3)

Look for: (Condition 1)
(Condition 2)
(Condition 3)

Look at: (Record 1) (Record 2)

Look at: (Record 1) (Record 2)

Look for: (Condition 1) ______(Condition 2) ______(Condition 3) ______

Look at: (Record 1)

Question 4: _____

PREPARED BY:

Question 3:

(Record 2)

Look for: (Condition 1)
(Condition 2)
(Condition 3)

Look for: (Condition 1)
(Condition 2)
(Condition 3)

Look at: (Record 1) (Record 2)

Look at: (Record 1) (Record 2)

Look for: (Condition 1) ______(Condition 2) ______(Condition 3) ______

AUDIT REPORT COVER PAGE	Audit Report No.
<u>Area:</u>	<u>Date:</u>
Audit Scope:	Audit Objectives:
Reference Document Status:	
Documents that form part of the Audit, including revisi	on and status:
Audit Team: 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. The signature below of the area's representatives indithe findings identified that are the subject of this report Signed	
Form No:	Page of

AUDIT REPORT SUMMARY	Audit Report No. 2009 - 003
Comments or concerns of the Auditors:	
Conclusions and Follow-up Action:	
Recommendations:	
recommendations.	
Date of Next Planned Audit:	
Date of Next Planned Audit:	
Form No:	Page of

AUDIT ACTIVITY SUMMA	ARY Audit Ro	Audit Report No.				
Reference:	Activitie	es / Areas / Evidence	Findings			
Comments:						
Form No:		Page of				

Incident and Deviation F	S N	Date: Serial # Number of page	s attached			<u> </u>
Incident and Deviation Report Deviation □ Potential Deviation (Select one ref only) → □ MOTIVA QMS: 1. Description of the incident or deviation 2. Description of the immediate remedial action (ref QM review (initials) Investigation 3. Is full Corrective/Preventive Action Required? Is there an unacceptable risk to ABC? Is the technical validity of ABC results affected? Is it easier to effect permanent resolution than many litt 4. Proposed Solution (and Investigation of Root Carrective Action □ Proposed solution: Corrective Action □		Note: Or	nly one incider	nt or dev	iation per re	eport.
Deviation Poten	tial Deviation		Opportunity	for Impr	ovement	
(Select one ref only) → MOTIVA QMS	:	E>	ternal:			
Description of the incident or deviation	า					
2. Description of the immediate remedial	action (remedia	ation) taken, inc	luding any cor	rection o	or preventio	n
		,	J ,		·	
QM review (initials)	Investigation ass	signed to		Date:		
3. Is full Corrective/Preventive Action Re	equired?	Yes if there ar	e any "Yes" bo	exes che	cked.	
Is the technical validity of ABC results affect		nediations?	Yes	No	If all answer "No" then or remediation required.	nly
4. Proposed Solution (and Investigation	of Root Cause	if required)	Date Due:			
Root Cause(s) of condition:		Not i	equired (eg:	remedia	ition only)	
Proposed solution: Corrective Action		Preventive Acti	on 🗌	Remed	liation Only	
Investigator's Signature and Date			, , , , , , , , , , , , , , , , , , ,			
5. Confirmation of Solution Implementat						
Condition resolved (root cause eliminat Supervisor/Manager Initials	ed/opportunity e		Date implem sure (Initials)	ented		
		QIVI CIUS				
6. Follow up			Date Due:			

Follow up required? Yes -

Monitoring of condition assigned to:

"Solution is deemed EFFECTIVE." \square

No - 🗌

If not, why not?

QM review (Initials)

Date Completed

Incident and Deviation I	Nu	te: rial # mber of pages	attached		
	•	Note: Onl	y one incident	or deviation pe	r report.
Deviation Poten	tial Deviation		Opportunity fo	or Improvement	
(Select one ref only) →	:	Ext	ernal:		
1. Description of the incident or deviatio	า				
2. Description of the immediate remedia	l action (remediati	ion) taken, incl	uding any corre	ection or prever	ntion
•			<u> </u>	·	
QM review (initials)	Investigation assign	ned to	Da	ate:	
3. Is full Corrective/Preventive Action Re	equired? Y	es if there are	any "Yes" box	es checked.	
Is there an unacceptable risk to ABC? Is the technical validity of ABC results affect is it easier to effect permanent resolution the		diations?	Yes	No If all answ "No" then remediate required.	only ion is
4. Proposed Solution (and Investigation	of Root Cause if r	required)	Date Due:		
Root Cause(s) of condition:		Not re	equired (eg: re	emediation onl	y) 🗌
Proposed solution: Corrective Action	ı 🗌 Pı	reventive Actio	n 🗌 💮 I	Remediation Oi	nly 🗌
Investigator's Signature and Date			,		
5. Confirmation of Solution Implementat					
Condition resolved (root cause eliminat Supervisor/Manager Initials	ed/opportunity exp		Date implemer ure (Initials)	nted	
		QIVI CIUS			
6. Follow up			Date Due:		

Follow up required? Yes -

Monitoring of condition assigned to:

"Solution is deemed EFFECTIVE." \square

No - 🗌

If not, why not?

QM review (Initials)

Date Completed

Incident and De	viation Report	Date: Serial # Number o	f pages attached	
	-	No	ote: Only one incident or	deviation per report.
Deviation	Potential Deviation		Opportunity for	Improvement
(Select one ref only) →	MOTIVA QMS:		External:	
1. Description of the incide	nt or deviation			
Description of the immed	diate remedial action (reme	diation) tak	ken, including any correc	tion or prevention
QM review (initials)	Investigation a	esigned to	Date	•
· · · · ·				•
 Is full Corrective/Preven 	tive Action Required?	Yes if th	ere are any "Yes" boxes Yes	1
Is there an unacceptable risk Is the technical validity of AB Is it easier to effect permane		mediations		No If all answers are "No" then only remediation is required.
4. Proposed Solution (and				
Root Cause(s) of condition			Not required (eg: rem	nediation only)
D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- · ·	A (; 🖂	
Proposed solution: Cor	rective Action	Preventiv	ve Action Re	emediation Only
Investigator's Signature a	nd Date		3	
5. Confirmation of Solution	Implementation			
Condition resolved (root c	ause eliminated/opportunity			ed
Supervisor/Manager Initial	S	C	M closure (Initials)	
6. Follow up			Date Due:	
Follow up required? Yes	s - 🔲 No - 🔲 If not, wh	y not?		
Monitoring of condition as	signed to:		Date Completed	

QM review (Initials)

"Solution is deemed EFFECTIVE." \square