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 _____	

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

LABORATORY AUDIT CHECKLIST	Audit No: _____
	Audit date: _____

TOPIC AUDITED _____

PROCEDURE NO: _____

CRITERIA TO BE INVESTIGATED	COMMENTS

Question 1: _____
_____
_____
 	
Look at: (Record 1) _____
       (Record 2) _____
 	
Look for: (Condition 1) _____
       (Condition 2) _____
       (Condition 3) _____	

Question 2: _____
_____
_____
 	
Look at: (Record 1) _____
       (Record 2) _____
 	
Look for: (Condition 1) _____
       (Condition 2) _____
       (Condition 3) _____	

Question 3: _____
_____
_____
 	
Look at: (Record 1) _____
       (Record 2) _____
 	
Look for: (Condition 1) _____
       (Condition 2) _____
       (Condition 3) _____	

Question 4: _____
_____
_____
 	
Look at: (Record 1) _____
       (Record 2) _____
 	
Look for: (Condition 1) _____
       (Condition 2) _____
       (Condition 3) _____	

PREPARED BY:	

LABORATORY AUDIT CHECKLIST	Audit No: _____
	Audit date: _____

TOPIC AUDITED _____

PROCEDURE NO: _____

CRITERIA TO BE INVESTIGATED	COMMENTS

Question 1: _____
_____
_____
 	
Look at: (Record 1) _____
       (Record 2) _____
 	
Look for: (Condition 1) _____
       (Condition 2) _____
       (Condition 3) _____	

Question 2: _____
_____
_____
 	
Look at: (Record 1) _____
       (Record 2) _____
 	
Look for: (Condition 1) _____
       (Condition 2) _____
       (Condition 3) _____	

Question 3: _____
_____
_____
 	
Look at: (Record 1) _____
       (Record 2) _____
 	
Look for: (Condition 1) _____
       (Condition 2) _____
       (Condition 3) _____	

Question 4: _____
_____
_____
 	
Look at: (Record 1) _____
       (Record 2) _____
 	
Look for: (Condition 1) _____
       (Condition 2) _____
       (Condition 3) _____	

PREPARED BY:	

AUDIT REPORT COVER PAGE	**Audit Report No.** _____
Area: _____	Date: _____
Audit Scope: _____	Audit Objectives: _____
Reference Document Status: _____ _____	
Documents that form part of the Audit, including revision 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.* _____ _____	Area Representatives: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
The signature below of the area's representatives indicates their agreement and understanding of the 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:

_____
_____
_____
_____
_____

Date of Next Planned Audit:

_____

Form No: _____	Page___ of ____

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

Date: _____

Serial # _____

Incident and Deviation Report

Number of pages attached _____

Note: Only one incident or deviation per report.

Deviation ☐   Potential Deviation ☐   Opportunity for Improvement ☐

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

1. Description of the incident or deviation

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

QM review (initials)	Investigation assigned to	Date:

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

	Yes	No	*If all answers are*
Is there an unacceptable risk to ABC?	☐	☐	*"No" then only*
Is the technical validity of ABC results affected?	☐	☐	*remediation is*
Is it easier to effect permanent resolution than many little remediations?	☐	☐	*required.*

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

Root Cause(s) of condition: **Not required (eg: remediation only)** ☐

Proposed solution: Corrective Action ☐   Preventive Action ☐   Remediation Only ☐

Investigator's Signature and Date _____ , _____

5. Confirmation of Solution Implementation

Condition resolved (root cause eliminated/opportunity exploited) ☐   Date implemented _____

Supervisor/Manager Initials _____   QM closure (Initials) _____

6. Follow up   Date Due: _____

Follow up required? Yes - ☐ No - ☐	If not, why not?
Monitoring of condition assigned to:	Date Completed
"Solution is deemed EFFECTIVE." ☐ QM review (Initials)	

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) → ☐ MOTIVA QMS: _____ | ☐ External: _____

1. Description of the incident or deviation

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

QM review (initials)	Investigation assigned to	Date:

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

	Yes	No	*If all answers are*
Is there an unacceptable risk to ABC?	☐	☐	*"No" then only*
Is the technical validity of ABC results affected?	☐	☐	*remediation is*
Is it easier to effect permanent resolution than many little remediations?	☐	☐	*required.*

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

Root Cause(s) of condition:	**Not required (eg: remediation only)** ☐

Proposed solution: Corrective Action ☐   Preventive Action ☐   Remediation Only ☐

Investigator's Signature and Date _____ , _____

5. Confirmation of Solution Implementation

Condition resolved (root cause eliminated/opportunity exploited) ☐   Date implemented _____
Supervisor/Manager Initials   QM closure (Initials)

6. Follow up   Date Due: _____

Follow up required? Yes - ☐ No - ☐	If not, why not?
Monitoring of condition assigned to:	Date Completed
"Solution is deemed EFFECTIVE." ☐ QM review (Initials)	

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) → | ☐ MOTIVA QMS: _____ | ☐ External: _____

1. Description of the incident or deviation

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

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?	☐	☐	*If all answers are "No" then only remediation is required.*
Is the technical validity of ABC results affected?	☐	☐	
Is it easier to effect permanent resolution than many little remediations?	☐	☐	

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

Root Cause(s) of condition: **Not required (eg: remediation only)** ☐

Proposed solution: Corrective Action ☐   Preventive Action ☐   Remediation Only ☐

Investigator's Signature and Date _____ , _____

5. Confirmation of Solution Implementation

Condition resolved (root cause eliminated/opportunity exploited) ☐   Date implemented _____

Supervisor/Manager Initials _____   QM closure (Initials) _____

6. Follow up   Date Due: _____

Follow up required? Yes - ☐ No - ☐	If not, why not?	
Monitoring of condition assigned to: _____	Date Completed	
"Solution is deemed EFFECTIVE." ☐ QM review (Initials)		