Internal Audit Summary Page

Date of Audit: _____

Step 1 – Select one process only ❑ Governance Processes ❑ QMS Processes ❑ Business / Support Processes ❑ Sample Processes ❑ Testing/Inspection Processes ❑ Review / Decision Making Processes ❑ Evaluation / Certification Processes	**Name of Process** _____ (Comments) *(See Summary of Findings Pages)*	
Step 2 – Document Review Is system documented? ❑ Yes ❑ No ❑ N/A Is system implemented? ❑ Yes ❑ No ❑ N/A Note: Any "No" must result in a finding	*(Review Documents – prepare Checklist Page)*	
	Are These Things Available?	**Are Records Maintained?**
Documents that govern the process	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A
Supporting procedures	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A
Necessary space and environment	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A
Staff training	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A
Staff qualification	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A
Supporting QMS Procedures		
• Feedback, disputes/appeals	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A
• Identification of NCs, PNCs, OFIs	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A
• Determining impact and root cause if needed	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A
• Corrective / preventive action if needed	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A
• Follow up for effectiveness if needed	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A
Step 5 - General Comments • Findings overleaf have been agreed • Recommendation for next audit: ❑As regularly scheduled ❑On _____(date)		

_____ _____

(Lead Auditor) (Date)

Internal Audit Document Review/Checklist Form

Step 3 – Create Checklist / Questions from Document Review

Document Name	Revision	Document Review Comments

Internal Audit Summary of Findings

Step 4 – Complete one Finding Form for each entry

Finding No.		Detail of Finding *(cite procedure/document/record)*	Recommend Level
Int Aud #	**IDR Log #**		
			OK ❑ OFI ❑ PNC ❑ N/C ❑
			OK ❑ OFI ❑ PNC ❑ N/C ❑
			OK ❑ OFI ❑ PNC ❑ N/C ❑
			OK ❑ OFI ❑ PNC ❑ N/C ❑
			OK ❑ OFI ❑ PNC ❑ N/C ❑

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) _____

Incident and Deviation Report

Date: _____
Serial # _____
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	
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) _____

Incident and Deviation Report

Date: _____
Serial # _____
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	
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) _____