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| **Audit Report** |

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| **Auditee (Department/Organization)** |  |
| **Audit Date** | DD.MM.YYYY-DD.MM.YYYY |
| **Audit Purpose:**  *Mention about the aim/purpose of the Audit.* | |
| **Audit Scope:**  *List of facilities, departments, areas, functions, processes, documents* | |
| **Audit Criteria:** | |

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| **Introduction** |
| *Brief description of Auditee and related activities* |
| *Description of previous Audits results and CAPAs implementation status* |

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| **Audited areas description, evaluation, related findings, evidences** |
| Auditors fill in this section for areas that were the subject of this audit. The titles of the remaining areas should be deleted.  Audit Areas:   * Quality Management * Personnel * Buildings, premises, facilities * Maintenance of buildings and equipment * Storage of starting materials and finished products * Equipment * Materials Management * Production and in-process controls * Laboratory Quality Control * Documentation and records * Sanitation and Hygiene * Qualification / Validation programs * Calibration of instruments or measurement systems * Recall management * Rejection and re-use of materials * Complaints management * Change management / control * Packaging, identification labelling * Storage and distribution * Third Parties Management |

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| **Audit Findings** | | |
| **Finding Description** | **Audit Criteria** | **DNRN and Nonconformance classification** |
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| **Identification of opportunities for improvement** |
| *In this section, the auditors can present their recommendations, suggestions for further improvements.* |

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| **Audit Conclusion** |
| *In this section, the auditors can present outcome of an Audit, after consideration of the Audit purposes and all Audit Findings.* |

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| **Prepared by**  Auditor’s Name/Title | Date/Signature |
| **Prepared by**  Auditor’s Name/Title | Date/Signature |
| **Approved by Quality Organization representative**  Name/Title | Date/Signature |