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| **Audit Report** |

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| **Auditee (Department/Organization)** |  |
| **Audit Period** | DD.MM.YYYY-DD.MM.YYYY |
| **Purpose:***Mention about the aim/purpose of the 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 byAuditor’s Name/Title | Date/Signature |
| Prepared byAuditor’s Name/Title | Date/Signature |
| Approved by Quality Organization representativeName/Title | Date/Signature |