**QUALITY AUDIT SUMMARY REPORT AND RECORD**

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| Audit Reference: Click or tap here to enter text. | Part B Annexes Click or tap here to enter text. to Click or tap here to enter text. inclusive. | Audit Date:  |

**PART A - QUALITY AUDIT SUMMARY REPORT**

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| 1 | **Type of Audit:** [ ]  **Self Audit** [ ]  **IQA** [ ]  **EQA** [ ]  **Other. If other, please specify:** Click or tap here to enter text. |
| **Organization:** | **Audit Tasking Authority:** |
| **Scope and Purpose:**   |
| 2 | **Audit Team Leader/QSC Summary of Audit Findings, Actions and Recommendations:**  |
|  | **Name** | **Signature** | **Rank/Grade** | **Appointment** | **Telephone No.** | **Date** |
|   |   |   |   |   |   |
| 3 | **Departmental Representative Comments and Acceptance:** |
|  | **Name** | **Signature** | **Rank/Grade** | **Appointment** | **Telephone No.** | **Date** |
|   |   |   |   |   |   |
| 4 | **QSO Comments:** |
|  | **Name** | **Signature** | **Rank/Grade** | **Appointment** | **Telephone No.** | **Date** |
|   |   |   |   |   |   |
|  | **Distribution** |
| 5 | To: | Copy To: |
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**PART B - QUALITY AUDIT RECORD Annex** Insert

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| **1** | **Area/Process** | **Auditor** | **Area Representative** | **Type of Audit** |
|  |  | Name:  | Name:  |[ ]  Self Audit |
|  |  | Sig:  | Sig:  |[ ]  IQA  |
|  |  |  |  |[ ]  EQA  |
|  |  |  |  |[ ]  Other  |
|  |  | Post:  | Post:  | If other, please specify:  |
| **2** | **Audit Criteria:**  |

| **3** | **Ser No.****(a)** | **Audit Checklist****(b)** | **Reference****(c)** | **Audit Findings****(d)** | **Action(s) Taken/Proposed****(e)** | **Complete****(f)** |
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**PART B - QUALITY AUDIT RECORD Annex** Insert

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**PART B - QUALITY AUDIT RECORD Annex** Insert

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**PART B - QUALITY AUDIT RECORD Annex** Insert

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