**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** |
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|  | **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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