

Form#	Company Name and Logo		Revision	
XXX	Internal Audit Report		X	
Audit #		Report Date:		
Audit Date(s)		Responsible Manager:		
Auditor(s)				
Audit Scope:				
Interviewees:				
General Statements:				
Remarks and/or comments:				
Result of Previous audit:				
Non conforming (Auditor)	Root cause (Manager responsible)	Corrective action (Manager responsible)	Effectivness	Mgr. Responsible (Initial and date)
Auditor(s)	Signed:		Report date :	
	Signed:		NC follow up date Date:	
QA Manager	Signed:		Date:	