

ISO 14001:2026 Internal Audit Checklist Template

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Organization: _____ Audit Date: _____ Auditor: _____
Site/Department: _____ Lead Auditor: _____ Report Date: _____

Instructions: For each clause, mark Conformance: C=Conforming, M=Minor NC, Ma=Major NC, N/A=Not Applicable. Record evidence and

CLAUSE 4: Context of the Organization (ISO 14001:2026)						
4.1	Has the organization identified internal and external issues relevant to its purpose and environmental management? <i>Evidence/Notes:</i> _____		C	M	Ma	N/A
4.2	Have interested parties been identified? Are their needs and expectations understood and documented? <i>Evidence/Notes:</i> _____		C	M	Ma	N/A
4.3	Is the scope of the EMS clearly defined, documented, and communicated? <i>Evidence/Notes:</i> _____		C	M	Ma	N/A
4.4	Is the EMS established and maintained in conformance with ISO 14001:2026 requirements? <i>Evidence/Notes:</i> _____		C	M	Ma	N/A
CLAUSE 5: Leadership (ISO 14001:2026)						
5.1	Does top management demonstrate leadership and commitment to the EMS? (Resources, integration, continual improvement) <i>Evidence/Notes:</i> _____		C	M	Ma	N/A
5.2	Is the Environmental Policy documented, appropriate, includes compliance commitment and continual improvement? <i>Evidence/Notes:</i> _____		C	M	Ma	N/A
5.3	Are roles, responsibilities, and authorities for EMS clearly defined and communicated? <i>Evidence/Notes:</i> _____		C	M	Ma	N/A

CLAUSE 6: Planning (ISO 14001:2026)

6.1.1	Has the organization determined risks and opportunities related to environmental aspects and compliance? <i>Evidence/Notes:</i> _____		C	M	Ma	N/A
6.1.2	Have significant environmental aspects and impacts been identified and documented? <i>Evidence/Notes:</i> _____		C	M	Ma	N/A
6.1.3	Are compliance obligations (legal and other requirements) identified and up to date? <i>Evidence/Notes:</i> _____		C	M	Ma	N/A
6.2	Are environmental objectives established, measurable, and consistent with the Environmental Policy? <i>Evidence/Notes:</i> _____		C	M	Ma	N/A
6.2	Are action plans in place to achieve environmental objectives? (What, who, when, how) <i>Evidence/Notes:</i> _____		C	M	Ma	N/A

CLAUSE 7: Support (ISO 14001:2026)

7.1	Are adequate resources (human, infrastructure, technology) provided for the EMS? <i>Evidence/Notes:</i> _____		C	M	Ma	N/A
7.2	Is environmental competence determined? Are training records maintained? <i>Evidence/Notes:</i> _____		C	M	Ma	N/A
7.3	Are personnel aware of the Environmental Policy, aspects, and their EMS responsibilities? <i>Evidence/Notes:</i> _____		C	M	Ma	N/A
7.4	Is there a process for internal and external communication on environmental matters? <i>Evidence/Notes:</i> _____		C	M	Ma	N/A
7.5	Is documented information controlled, available, and protected as required? <i>Evidence/Notes:</i> _____		C	M	Ma	N/A

CLAUSE 8: Operation (ISO 14001:2026)

8.1	Are operational controls in place for significant environmental aspects? (Procedures, work instructions) <i>Evidence/Notes:</i> _____		C	M	Ma	N/A
8.2	Is there an emergency preparedness and response plan? Have drills been conducted? <i>Evidence/Notes:</i> _____		C	M	Ma	N/A

CLAUSE 9: Performance Evaluation (ISO 14001:2026)

9.1.1	Are environmental performance indicators monitored and measured? Is data analyzed? <i>Evidence/Notes:</i> _____		C	M	Ma	N/A
9.1.2	Is compliance with legal and other requirements evaluated at planned intervals? <i>Evidence/Notes:</i> _____		C	M	Ma	N/A
9.2	Are internal audits conducted at planned intervals? Are audit findings addressed? <i>Evidence/Notes:</i> _____		C	M	Ma	N/A
9.3	Is a management review conducted annually? Are outputs documented and actioned? <i>Evidence/Notes:</i> _____		C	M	Ma	N/A

CLAUSE 10: Improvement (ISO 14001:2026)

10.1	Is there a process for continual improvement of EMS suitability, adequacy, and effectiveness? <i>Evidence/Notes:</i> _____		C	M	Ma	N/A
10.2	Are nonconformities identified, corrected, and root causes addressed? Are corrective actions tracked? <i>Evidence/Notes:</i> _____		C	M	Ma	N/A

Audit Summary

Total Conformances (C): ____ Minor NCs (M): ____ Major NCs (Ma): ____ N/A: ____

Overall Audit Conclusion: ☐ Acceptable ☐ Conditionally Acceptable ☐ Not Acceptable

Key Strengths: _____

Key Improvement Areas: _____

Required Follow-up Actions: _____

Next Audit Date: _____ Lead Auditor Signature: _____