

# Wenatchee School District #246

## Audit Checklist

Auditor(s) Name(s): _____	Date of the Audit: _____
Department/Area Audited: _____	Policies/Procedures/Work Instructions Audited: _____
Audit Plan/Question No. _____ Look At: _____ _____ Look For: _____ _____ Audit Plan (Include Samples to be taken):    Personnel Contacted: _____ _____	Results of the Audit: Include samples taken, positive and any negative results:        Corrective Action Required? Yes[ ] No[ ] If Yes, Record C/A #(s): _____ _____
Audit Plan/Question No. _____ Look At: _____ _____ Look For: _____ _____ Audit Plan (Include Samples to be taken):    Personnel Contacted: _____ _____	Results of the Audit: Include samples taken, positive and any negative results:        Corrective Action Required? Yes[ ] No[ ] If Yes, Record C/A #(s): _____ _____
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