

WSD - INTERNAL AUDIT CORRECTION FORM

Distributed & Tracked by the Lead Auditor

To be completed by the Lead Auditor: CONTROL NUMBER: _____
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SECTION 1: To be completed by the Internal Auditor:

Describe the nonconformance identified during the internal audit process:

Do you have any solutions that would correct this problem? No Yes, please explain below.

Auditor Name:

Date:

SECTION 2: To be completed by the Lead Auditor or Management Representative:

Assigned to (Responsible person(s)):

Date Sent:

RESPONSE MUST BE RETURNED BY (DATE)-----> ____/____/____

SECTION 3: To be completed by the department manager.

What is causing (or caused) this problem to occur? Be specific.

SECTION 4: To be completed by the responsible person(s).

What can/will be done to correct this situation and prevent re-occurrence?

What is the date this action was (or will be) completed? ____/____/____

Completed by (Name/Title):

Date:

Approved by (Manager):
(Unless completed by Manager)

Date:

WSD - INTERNAL AUDIT CORRECTION FORM – Side Two

SECTION 5: To be completed by the Lead Auditor or Management Representative:

Date the Corrective Action was Received:	____/____/____
Is the proposed internal audit correction acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is no, what action has been, or is being, taken to resolve the situation? 	
Completed by (Name/Title):	Date:

SECTION 6: To be completed by a trained Internal Auditor.

Has the internal audit correction plan been implemented? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the internal audit correction plan effective? <input type="checkbox"/> Yes <input type="checkbox"/> No 	
Completed by (Name/Title):	Date:

SECTION 7: To be completed by the Lead Auditor or Management Representative:

Final Resolution: Internal Audit Correction closed and acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, record new internal audit correction report number here: _____ Are revisions to documentation necessary as a result of this corrective action? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain what changes are required and the documents to be revised: _____ _____ _____ _____	
Completed by:	Date:

SECTION 8: Miscellaneous tracking comments – Lead Auditor or Mgmt. Rep. use only:

Date:	Comments:	Initials:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____