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| --- | --- | --- | --- |
| **Site:**  |  | 4**Auditor(s):** |  |
| **Audit Number:** |  | **7 Audit Report #:**  |  | 8**Issued Date:**  |  |
| **Process Details** |
| 9 **Process Name:**  |  |
| 11**Inputs:** |  |
| 12**Activities:** |  |
| 13**Outputs:** |  |
| **14 Interactions / Interfaces:** |  |
| **Human Factors** |  |
| **Interested Parties** |  |
| **Review Risk assessment tools and methods with ratings** |  |
| **Process Results** |
| 15**Organization’s method for determining process results:**  |
|  |
| 16**Performance Measures** *(Identify the Process Key Performance Indicators)* |
| **KPI 1:** |  |
| **KPI 2:** |  |
| **KPI 3:** |  |
| **KPI 4:** |  |
| 17**Auditor observations and comments supporting process result determination: {if needed}** |
|  |
| **Reference** | **Target for Audited Period over the last 12 months***(Annotate KPI Target)* | **Value Measured for Audited Period over the last 12 months***(Annotate KPI Performance)* | **Comments***(Comments to support the process results determination, action taken to correct)* |
| **KPI 1:** |  |  |  |
| **KPI 2:** |  |  |  |
| **KPI 3:** |  |  |  |
| **KPI 4:** |  |  |  |

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|  **Process Notes** |
| 18**Summary of audit trails and sources of evidence** *(Objective Evidence Walk the part or service path)***:**Notes: Who did you Interviewed and job position, Environment of operations, Process monitoring , Gages, NC Product handling, who is the Process owner, Records and documents reviewed including Job Numbers, Part Numbers etc., does process match activities, etc., Audit the management system not the worker. When you see procedures or WI, validate activities that they match. |
|  |
|  |
| Notes: Interviewed and job position, Environment of operations, Process monitoring, Gages, NC Product handling, Process owner, Records and documents reviewed, does process match activities, |
|

|  |  |
| --- | --- |
| Calibration / Gages |  |
| Purchased Items, PO, SuppliersVendors, |  |
| Interviewed for HR/Training etc. |  |
| PM related items / Machine numbers etc. |  |
| Customer Job numbers / contracts |  |

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|  **Audit summary**  |
| ۝ Audit – Passed w/o findings ۝ Audit Passed with Positive findings۝ Audit issued NCR’s \_\_\_\_\_\_Follow up action required if NCR’s issued:Manager to address and complete the action report with 2 weeks up to and through the corrective action step any issues to be discussed at the Daily Flow management meeting.Comments: |
|  |
| **Auditor Name(s):** | **Responsible Supervisor** |
|  |  |