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| **Process(s) Audited:** (list of processes of project that were audited; e.g. environmental monitoring) | |
| **Audit Purpose:** to provide confidence that work on site is being conducted per the Project Management Plan, the Quality Manual, per ISO 9001:2015, and per any requirements of this element of work. | **Audit Scope:** (list quality system elements to be audited, etc.) |
| **Reference Documents:** (list quality documents and status, contract specifications, etc. against which the audit is to be conducted)  Project Management Plan,  Quality Manual,  ISO 9001:2015 | |
| **Audit Team:** (name / contact no.) | **Area Representatives:** (name / contact no.) |
| **Closure:**  The contents of this report are confidential to the Auditee, to the Project Team, and to the Owner.  The Nonconformances (NCs) and Opportunities for Improvements (OFIs) contained within this report are the result of limited and random sampling and therefore it cannot be assumed that other nonconformances do not exist.  The signature below indicates agreement and understanding of the identified Nonconformances and Opportunities for Improvement, the subject of this report. | |
| Auditee Representative Print Name / Signature Date | |
| Auditor Auditor (Print Name / Signature Date | |

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| **AUDIT SUMMARY** |
| **Comments or concerns of the Auditors:**  Example:  This was the second system audit by the Project Team of \_\_\_\_\_ Designer. The Auditor looked closely at Design Planning and Checking items, Quality Management System items, and Standards for design - that the work conforms with the Agreement.  The Auditor found 0 Nonconformances, 1 Opportunities for Improvement (OFI).  The Audit Team has no major concerns that arose from the audit with the OFI being minor. The Audit Team has a high regard for the \_\_\_ organization and the efforts to date regarding compliance with the requirements of the Auditee’s Quality Program as identified above. |
| **Recommendations:**  Example:   * The Auditee Representatives are to review the Nonconformances and Opportunities for Improvement recorded in this report; then agree and implement effective corrective actions. * It is recommended that the areas reviewed remain on the planned audit frequency. No changes to frequency are required. |
| **Conclusions and Follow-up Action:**  Example:  The <area audited> has been found to be functioning as required by the Designer’s quality program. Further, it is clear that the processes in place are supporting the needs of both the Auditee and its customers. |
| **Date of next planned audit:** |

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| **NONCONFORMANCE REPORT** NC: [Organization] NC 00x - 2018-xx-xx | | |
| **Title of Nonconformance:**  **Description of Nonconformance:**  **Requirement:** | | |
| **Actual:** | | |
| **Prepared by:**  Print Name:  (to be signed/dated by Lead Auditor) Date | Acknowledged by: Print Name:  (to be signed/dated by Auditee) Date | |
| **Commitment is requested of the Auditee to provide Disposition and Corrective Action within 7 days.** | Disposition and Corrective Action will be provided by: (date) | |
| **Resolution (Disposition) (remedial action) – CORRECTIVE ACTION (to prevent recurrence)** | | |
| **Resolution:**  **Root Cause:**  **Corrective Action to be taken:** Estimated Completion Date: [Requested target date within 7 days] | | |
| **Prepared by:**  Print Name:  (to be signed/dated by Auditee) | **Accepted by:**  Print Name:  (to be signed/dated by Lead Auditor) | |
| **VERIFICATION** | | |
| **Review of Resolution and Corrective Action:** (describe method of verification, etc.)  **Review completed by:** (to be signed/dated by Auditor)  **FURTHER ACTION IS REQUIRED? Describe.** | | |
| **NO FURTHER ACTION REQUIRED – “NC” CLOSED**    (to be signed/dated by Lead Auditor) | | (to be signed/dated by Auditee) |

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| OPPORTUNITY FOR IMPROVEMENT (OFI) OFI #: OFI [organization] -0xx - 2012-10-xx | |
| **Description of Opportunity for Improvement:** (to be completed by Auditor) | |
| **Prepared by:**  Print Name:  (to be signed/dated by Auditee) Date | Reviewed by: Print Name:  (to be signed/dated by Lead Auditor) Date |
| **Commitment is requested of the Auditee to provide Disposition and Corrective Action within 7 days.** | Disposition and Corrective Action will be provided by: |