



**AUDIT REPORT**  
QMS-05F5 Rev. 0

<b>Auditor(s):</b>		<b>Date of Audit:</b>
		<b>Number of CARs: _____</b> <b>(When applicable, attach copy of CARs):</b>
<b>Functions/ Departments Audited</b>		
<b>Areas not covered during the audit</b>		
<b>General Observations</b>		
<b>Major Problem Areas</b>		
<b>Findings per Area</b>		
<b>Requirement/Clause</b>	<b>Findings/ Nonconformity</b>	
<b>Function/Department:</b>		
<b>Function/Department:</b>		
<b>Audit Conclusion</b>		

Signature: \_\_\_\_\_

Team Leader