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| **INSTRUCTIONS FOR COMPLETING THE AUDIT LOG** |
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| 1. **ABOUT THE AUDIT** |
| **Audit Start Date:** The day the audit began with the opening meeting. Audits must have been within the last 3 years.  **Standard:** The standard the audit was conducted to.  **Your Role in Audit:** What your official role was in the audit.  **Type of Audit:** Select the type or scope of audit conducted.  **Number of Active Audit Team Members:** Including yourself, the total number of auditors that were active in the audit.  **Total Number of Your Audit Days:** Total number of audit days that you participated in.  **Number of Your On-site Audit Days:** Total number of days you were on-site participating in actual auditing activities  **Number of Your Off-site Audit Days:** Total number of days you were involved in audit activities other than actual on-   site auditing (planning, writing reports, etc.).  **Other Relevant Information if Applicable:** Any other information related to this audit that you believe to be important. |
| **2. ABOUT THE COMPANY THAT EMPLOYED YOU FOR THE AUDIT** |
| This section requests information related to the organization that you worked for during the audit, not the auditee. Please provide as much information as possible. The information gathered will be used to verify your audit log and your participation in the audit. |
| **3. ABOUT THE COMPANY YOU AUDITED** |
| This section requests information related to the organization that you audited. Please provide as much information as possible. The information gathered will be used to verify your audit log and your participation in the audit. |
| **4. ABOUT THE LEAD AUDITOR THAT CAN VERIFY YOUR PARTICIPATION** |
| This section requests information related to the individual that led the audit, if it was someone other than yourself. Please provide as much information as possible. Once again, the information gathered will be used to verify your audit log and your participation in the audit. |
| **AQMS AUDIT REQUIREMENTS FOR NEW AUDITOR APPLICATION** |
| 4 full QMS or AQMS audits conducted for a total of 20 on-site audit days within the past 3 years. Additionally, 2 of the 4 full audits must include design. 2nd or 3rd party QMS audits will be considered. Only 2nd party AQMS audits will be considered. Internal or other 1st party audits will not be considered. Prior to authentication, 3rd party AQMS audits are considered training audits and cannot be used for the application. |
| **QMS AUDIT REQUIREMENTS FOR NEW AUDITOR APPLICATION** |
| Provisional Auditor – N/A  Auditor - 4 full QMS. 20 audit days. 15 days onsite.  Lead Auditor - 3 full QMS as audit lead. 35 audit days. 10 days onsite as audit lead |
| **AQMS AUDIT REQUIREMENTS FOR RE-CERTIFICATION APPLICATION** |
| To maintain qualification, all auditors and aerospace experience auditors shall participate in at least four aerospace audits (AQMS) in the previous three years. Only 2nd or 3rd party audits will be considered. |
| **QMS AUDIT REQUIREMENTS FOR RE-CERTIFICATION APPLICATION** |
| To maintain qualification, all auditors and aerospace experience auditors shall participate in at least four QMS or AQMS audits in the previous three years. Only 2nd or 3rd party audits will be considered. |
| **IMPORTANT REMINDERS** |
| - Only audits conducted within the previous 3 years will be considered.  - Audits must be of at least 1 day in duration to be considered.  - Use the “Other Relevant Information” section to add information in support of your audit.  - Remember that the information contained in this document will be used to verify your participation in the audit. |

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| **AUDIT LOG #1** | |
| **1. ABOUT THE AUDIT** | |
| 1. Audit Start Date | Click here to enter a date. |
| 2. Standard | Choose the Standard that you audited to. |
| 3. Your Role in Audit | Choose your role. |
| 4. Type of Audit | Choose the audit type. |
| 5. Audit Details | CHOOSE AN ITEM. |
| 6. Number of Active Audit Team Members | Choose number of Audit Team Members. |
| 7. Total Number of Your Audit Days | Choose number of days. |
| 8. Number of Your On-site Audit Days | Choose number of days. |
| 9. Number of Your Off-site Audit Days | Choose number of days. |
| 10. Other Relevant Information if Applicable |  |
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| **2. ABOUT THE COMPANY THAT EMPLOYED YOU FOR THE AUDIT** | |
| 1. Your Position or Title |  |
| 2. Company Name |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
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| **3. ABOUT THE COMPANY YOU AUDITED** | |
| 1. Company Name |  |
| 2. Number of Company Employees |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
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| **4. ABOUT THE LEAD AUDITOR THAT CAN VERIFY YOUR PARTICIPATION** | |
| 1. Name |  |
| 2. Phone Number |  |
| 3. Email Address |  |
| 4. Grade and Scope |  |
| 5. Auditor Certification Number |  |
| 6. Other relevant information |  |
| **AUDIT LOG #2** | |
| **1. ABOUT THE AUDIT** | |
| 1. Audit Start Date | Click here to enter a date. |
| 2. Standard | Choose the Standard that you audited to. |
| 3. Your Role in Audit | Choose your role. |
| 4. Type of Audit | Choose the audit type. |
| 5. Audit Details | CHOOSE AN ITEM. |
| 6. Number of Active Audit Team Members | Choose number of Audit Team Members. |
| 7. Total Number of Your Audit Days | Choose number of days. |
| 8. Number of Your On-site Audit Days | Choose number of days. |
| 9. Number of Your Off-site Audit Days | Choose number of days. |
| 10. Other Relevant Information if Applicable |  |
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| **2. ABOUT THE COMPANY THAT EMPLOYED YOU FOR THE AUDIT** | |
| 1. Your Position or Title |  |
| 2. Company Name |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
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| **3. ABOUT THE COMPANY YOU AUDITED** | |
| 1. Company Name |  |
| 2. Number of Company Employees |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
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| **4. ABOUT THE LEAD AUDITOR THAT CAN VERIFY YOUR PARTICIPATION** | |
| 1. Name |  |
| 2. Phone Number |  |
| 3. Email Address |  |
| 4. Grade and Scope |  |
| 5. Auditor Certification Number |  |
| 6. Other relevant information |  |
| **AUDIT LOG #3** | |
| **1. ABOUT THE AUDIT** | |
| 1. Audit Start Date | Click here to enter a date. |
| 2. Standard | Choose the Standard that you audited to. |
| 3. Your Role in Audit | Choose your role. |
| 4. Type of Audit | Choose the audit type. |
| 5. Audit Details | CHOOSE AN ITEM. |
| 6. Number of Active Audit Team Members | Choose number of Audit Team Members. |
| 7. Total Number of Your Audit Days | Choose number of days. |
| 8. Number of Your On-site Audit Days | Choose number of days. |
| 9. Number of Your Off-site Audit Days | Choose number of days. |
| 10. Other Relevant Information if Applicable |  |
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| **2. ABOUT THE COMPANY THAT EMPLOYED YOU FOR THE AUDIT** | |
| 1. Your Position or Title |  |
| 2. Company Name |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
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| **3. ABOUT THE COMPANY YOU AUDITED** | |
| 1. Company Name |  |
| 2. Number of Company Employees |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
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| **4. ABOUT THE LEAD AUDITOR THAT CAN VERIFY YOUR PARTICIPATION** | |
| 1. Name |  |
| 2. Phone Number |  |
| 3. Email Address |  |
| 4. Grade and Scope |  |
| 5. Auditor Certification Number |  |
| 6. Other relevant information |  |
| **AUDIT LOG #4** | |
| **1. ABOUT THE AUDIT** | |
| 1. Audit Start Date | Click here to enter a date. |
| 2. Standard | Choose the Standard that you audited to. |
| 3. Your Role in Audit | Choose your role. |
| 4. Type of Audit | Choose the audit type. |
| 5. Audit Details | CHOOSE AN ITEM. |
| 6. Number of Active Audit Team Members | Choose number of Audit Team Members. |
| 7. Total Number of Your Audit Days | Choose number of days. |
| 8. Number of Your On-site Audit Days | Choose number of days. |
| 9. Number of Your Off-site Audit Days | Choose number of days. |
| 10. Other Relevant Information if Applicable |  |
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| **2. ABOUT THE COMPANY THAT EMPLOYED YOU FOR THE AUDIT** | |
| 1. Your Position or Title |  |
| 2. Company Name |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
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| **3. ABOUT THE COMPANY YOU AUDITED** | |
| 1. Company Name |  |
| 2. Number of Company Employees |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
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| **4. ABOUT THE LEAD AUDITOR THAT CAN VERIFY YOUR PARTICIPATION** | |
| 1. Name |  |
| 2. Phone Number |  |
| 3. Email Address |  |
| 4. Grade and Scope |  |
| 5. Auditor Certification Number |  |
| 6. Other relevant information |  |
| **AUDIT LOG #5** | |
| **1. ABOUT THE AUDIT** | |
| 1. Audit Start Date | Click here to enter a date. |
| 2. Standard | Choose the Standard that you audited to. |
| 3. Your Role in Audit | Choose your role. |
| 4. Type of Audit | CHOOSE AN ITEM. |
| 5. Audit Details | CHOOSE AN ITEM. |
| 6. Number of Active Audit Team Members | Choose number of Audit Team Members. |
| 7. Total Number of Your Audit Days | Choose number of days. |
| 8. Number of Your On-site Audit Days | Choose number of days. |
| 9. Number of Your Off-site Audit Days | Choose number of days. |
| 10. Other Relevant Information if Applicable |  |
|  | |
| **2. ABOUT THE COMPANY THAT EMPLOYED YOU FOR THE AUDIT** | |
| 1. Your Position or Title |  |
| 2. Company Name |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
|  | |
| **3. ABOUT THE COMPANY YOU AUDITED** | |
| 1. Company Name |  |
| 2. Number of Company Employees |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
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| **4. ABOUT THE LEAD AUDITOR THAT CAN VERIFY YOUR PARTICIPATION** | |
| 1. Name |  |
| 2. Phone Number |  |
| 3. Email Address |  |
| 4. Grade and Scope |  |
| 5. Auditor Certification Number |  |
| 6. Other relevant information |  |
| **AUDIT LOG #6** | |
| **1. ABOUT THE AUDIT** | |
| 1. Audit Start Date | Click here to enter a date. |
| 2. Standard | Choose the Standard that you audited to. |
| 3. Your Role in Audit | Choose your role. |
| 4. Type of Audit | Choose the audit type. |
| 5. Audit Details | CHOOSE AN ITEM. |
| 6. Number of Active Audit Team Members | Choose number of Audit Team Members. |
| 7. Total Number of Your Audit Days | Choose number of days. |
| 8. Number of Your On-site Audit Days | Choose number of days. |
| 9. Number of Your Off-site Audit Days | Choose number of days. |
| 10. Other Relevant Information if Applicable |  |
|  | |
| **2. ABOUT THE COMPANY THAT EMPLOYED YOU FOR THE AUDIT** | |
| 1. Your Position or Title |  |
| 2. Company Name |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
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| **3. ABOUT THE COMPANY YOU AUDITED** | |
| 1. Company Name |  |
| 2. Number of Company Employees |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
|  | |
| **4. ABOUT THE LEAD AUDITOR THAT CAN VERIFY YOUR PARTICIPATION** | |
| 1. Name |  |
| 2. Phone Number |  |
| 3. Email Address |  |
| 4. Grade and Scope |  |
| 5. Auditor Certification Number |  |
| 6. Other relevant information |  |
| **AUDIT LOG #7** | |
| **1. ABOUT THE AUDIT** | |
| 1. Audit Start Date | Click here to enter a date. |
| 2. Standard | Choose the Standard that you audited to. |
| 3. Your Role in Audit | Choose your role. |
| 4. Type of Audit | Choose the audit type. |
| 5. Audit Details | CHOOSE AN ITEM. |
| 6. Number of Active Audit Team Members | Choose number of Audit Team Members. |
| 7. Total Number of Your Audit Days | Choose number of days. |
| 8. Number of Your On-site Audit Days | Choose number of days. |
| 9. Number of Your Off-site Audit Days | Choose number of days. |
| 10. Other Relevant Information if Applicable |  |
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| **2. ABOUT THE COMPANY THAT EMPLOYED YOU FOR THE AUDIT** | |
| 1. Your Position or Title |  |
| 2. Company Name |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
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| **3. ABOUT THE COMPANY YOU AUDITED** | |
| 1. Company Name |  |
| 2. Number of Company Employees |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
|  | |
| **4. ABOUT THE LEAD AUDITOR THAT CAN VERIFY YOUR PARTICIPATION** | |
| 1. Name |  |
| 2. Phone Number |  |
| 3. Email Address |  |
| 4. Grade and Scope |  |
| 5. Auditor Certification Number |  |
| 6. Other relevant information |  |
| **AUDIT LOG #8** | |
| **1. ABOUT THE AUDIT** | |
| 1. Audit Start Date | Click here to enter a date. |
| 2. Standard | Choose the Standard that you audited to. |
| 3. Your Role in Audit | Choose your role. |
| 4. Type of Audit | Choose the audit type. |
| 5. Audit Details | CHOOSE AN ITEM. |
| 6. Number of Active Audit Team Members | Choose number of Audit Team Members. |
| 7. Total Number of Your Audit Days | Choose number of days. |
| 8. Number of Your On-site Audit Days | Choose number of days. |
| 9. Number of Your Off-site Audit Days | Choose number of days. |
| 10. Other Relevant Information if Applicable |  |
|  | |
| **2. ABOUT THE COMPANY THAT EMPLOYED YOU FOR THE AUDIT** | |
| 1. Your Position or Title |  |
| 2. Company Name |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
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| **3. ABOUT THE COMPANY YOU AUDITED** | |
| 1. Company Name |  |
| 2. Number of Company Employees |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
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| **4. ABOUT THE LEAD AUDITOR THAT CAN VERIFY YOUR PARTICIPATION** | |
| 1. Name |  |
| 2. Phone Number |  |
| 3. Email Address |  |
| 4. Grade and Scope |  |
| 5. Auditor Certification Number |  |
| 6. Other relevant information |  |
| **AUDIT LOG #9** | |
| **1. ABOUT THE AUDIT** | |
| 1. Audit Start Date | Click here to enter a date. |
| 2. Standard | Choose the Standard that you audited to. |
| 3. Your Role in Audit | Choose your role. |
| 4. Type of Audit | Choose the audit type. |
| 5. Audit Details | CHOOSE AN ITEM. |
| 6. Number of Active Audit Team Members | Choose number of Audit Team Members. |
| 7. Total Number of Your Audit Days | Choose number of days. |
| 8. Number of Your On-site Audit Days | Choose number of days. |
| 9. Number of Your Off-site Audit Days | Choose number of days. |
| 10. Other Relevant Information if Applicable |  |
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| **2. ABOUT THE COMPANY THAT EMPLOYED YOU FOR THE AUDIT** | |
| 1. Your Position or Title |  |
| 2. Company Name |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
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| **3. ABOUT THE COMPANY YOU AUDITED** | |
| 1. Company Name |  |
| 2. Number of Company Employees |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
|  | |
| **4. ABOUT THE LEAD AUDITOR THAT CAN VERIFY YOUR PARTICIPATION** | |
| 1. Name |  |
| 2. Phone Number |  |
| 3. Email Address |  |
| 4. Grade and Scope |  |
| 5. Auditor Certification Number |  |
| 6. Other relevant information |  |
| **AUDIT LOG #10** | |
| **1. ABOUT THE AUDIT** | |
| 1. Audit Start Date | Click here to enter a date. |
| 2. Standard | Choose the Standard that you audited to. |
| 3. Your Role in Audit | Choose your role. |
| 4. Type of Audit | Choose the audit type. |
| 5. Audit Details | CHOOSE AN ITEM. |
| 6. Number of Active Audit Team Members | Choose number of Audit Team Members. |
| 7. Total Number of Your Audit Days | Choose number of days. |
| 8. Number of Your On-site Audit Days | Choose number of days. |
| 9. Number of Your Off-site Audit Days | Choose number of days. |
| 10. Other Relevant Information if Applicable |  |
|  | |
| **2. ABOUT THE COMPANY THAT EMPLOYED YOU FOR THE AUDIT** | |
| 1. Your Position or Title |  |
| 2. Company Name |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
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| **3. ABOUT THE COMPANY YOU AUDITED** | |
| 1. Company Name |  |
| 2. Number of Company Employees |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
|  | |
| **4. ABOUT THE LEAD AUDITOR THAT CAN VERIFY YOUR PARTICIPATION** | |
| 1. Name |  |
| 2. Phone Number |  |
| 3. Email Address |  |
| 4. Grade and Scope |  |
| 5. Auditor Certification Number |  |
| 6. Other relevant information |  |
| **AUDIT LOG #11** | |
| **1. ABOUT THE AUDIT** | |
| 1. Audit Start Date | Click here to enter a date. |
| 2. Standard | Choose the Standard that you audited to. |
| 3. Your Role in Audit | Choose your role. |
| 4. Type of Audit | Choose the audit type. |
| 5. Audit Details | CHOOSE AN ITEM. |
| 6. Number of Active Audit Team Members | Choose number of Audit Team Members. |
| 7. Total Number of Your Audit Days | Choose number of days. |
| 8. Number of Your On-site Audit Days | Choose number of days. |
| 9. Number of Your Off-site Audit Days | Choose number of days. |
| 10. Other Relevant Information if Applicable |  |
|  | |
| **2. ABOUT THE COMPANY THAT EMPLOYED YOU FOR THE AUDIT** | |
| 1. Your Position or Title |  |
| 2. Company Name |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
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| **3. ABOUT THE COMPANY YOU AUDITED** | |
| 1. Company Name |  |
| 2. Number of Company Employees |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
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| **4. ABOUT THE LEAD AUDITOR THAT CAN VERIFY YOUR PARTICIPATION** | |
| 1. Name |  |
| 2. Phone Number |  |
| 3. Email Address |  |
| 4. Grade and Scope |  |
| 5. Auditor Certification Number |  |
| 6. Other relevant information |  |
| **AUDIT LOG #12** | |
| **1. ABOUT THE AUDIT** | |
| 1. Audit Start Date | Click here to enter a date. |
| 2. Standard | Choose the Standard that you audited to. |
| 3. Your Role in Audit | Choose your role. |
| 4. Type of Audit | Choose the audit type. |
| 5. Audit Details | CHOOSE AN ITEM. |
| 6. Number of Active Audit Team Members | Choose number of Audit Team Members. |
| 7. Total Number of Your Audit Days | Choose number of days. |
| 8. Number of Your On-site Audit Days | Choose number of days. |
| 9. Number of Your Off-site Audit Days | Choose number of days. |
| 10. Other Relevant Information if Applicable |  |
|  | |
| **2. ABOUT THE COMPANY THAT EMPLOYED YOU FOR THE AUDIT** | |
| 1. Your Position or Title |  |
| 2. Company Name |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
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| **3. ABOUT THE COMPANY YOU AUDITED** | |
| 1. Company Name |  |
| 2. Number of Company Employees |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
|  | |
| **4. ABOUT THE LEAD AUDITOR THAT CAN VERIFY YOUR PARTICIPATION** | |
| 1. Name |  |
| 2. Phone Number |  |
| 3. Email Address |  |
| 4. Grade and Scope |  |
| 5. Auditor Certification Number |  |
| 6. Other relevant information |  |
| **AUDIT LOG #13** | |
| **1. ABOUT THE AUDIT** | |
| 1. Audit Start Date | Click here to enter a date. |
| 2. Standard | Choose the Standard that you audited to. |
| 3. Your Role in Audit | Choose your role. |
| 4. Type of Audit | Choose the audit type. |
| 5. Audit Details | CHOOSE AN ITEM. |
| 6. Number of Active Audit Team Members | Choose number of Audit Team Members. |
| 7. Total Number of Your Audit Days | Choose number of days. |
| 8. Number of Your On-site Audit Days | Choose number of days. |
| 9. Number of Your Off-site Audit Days | Choose number of days. |
| 10. Other Relevant Information if Applicable |  |
|  | |
| **2. ABOUT THE COMPANY THAT EMPLOYED YOU FOR THE AUDIT** | |
| 1. Your Position or Title |  |
| 2. Company Name |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
|  | |
| **3. ABOUT THE COMPANY YOU AUDITED** | |
| 1. Company Name |  |
| 2. Number of Company Employees |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
|  | |
| **4. ABOUT THE LEAD AUDITOR THAT CAN VERIFY YOUR PARTICIPATION** | |
| 1. Name |  |
| 2. Phone Number |  |
| 3. Email Address |  |
| 4. Grade and Scope |  |
| 5. Auditor Certification Number |  |
| 6. Other relevant information |  |
| **AUDIT LOG #14** | |
| **1. ABOUT THE AUDIT** | |
| 1. Audit Start Date | Click here to enter a date. |
| 2. Standard | Choose the Standard that you audited to. |
| 3. Your Role in Audit | Choose your role. |
| 4. Type of Audit | Choose the audit type. |
| 5. Audit Details | CHOOSE AN ITEM. |
| 6. Number of Active Audit Team Members | Choose number of Audit Team Members. |
| 7. Total Number of Your Audit Days | Choose number of days. |
| 8. Number of Your On-site Audit Days | Choose number of days. |
| 9. Number of Your Off-site Audit Days | Choose number of days. |
| 10. Other Relevant Information if Applicable |  |
|  | |
| **2. ABOUT THE COMPANY THAT EMPLOYED YOU FOR THE AUDIT** | |
| 1. Your Position or Title |  |
| 2. Company Name |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
|  | |
| **3. ABOUT THE COMPANY YOU AUDITED** | |
| 1. Company Name |  |
| 2. Number of Company Employees |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
|  | |
| **4. ABOUT THE LEAD AUDITOR THAT CAN VERIFY YOUR PARTICIPATION** | |
| 1. Name |  |
| 2. Phone Number |  |
| 3. Email Address |  |
| 4. Grade and Scope |  |
| 5. Auditor Certification Number |  |
| 6. Other relevant information |  |
| **AUDIT LOG #15** | |
| **1. ABOUT THE AUDIT** | |
| 1. Audit Start Date | Click here to enter a date. |
| 2. Standard | Choose the Standard that you audited to. |
| 3. Your Role in Audit | Choose your role. |
| 4. Type of Audit | Choose the audit type. |
| 5. Audit Details | CHOOSE AN ITEM. |
| 6. Number of Active Audit Team Members | Choose number of Audit Team Members. |
| 7. Total Number of Your Audit Days | Choose number of days. |
| 8. Number of Your On-site Audit Days | Choose number of days. |
| 9. Number of Your Off-site Audit Days | Choose number of days. |
| 10. Other Relevant Information if Applicable |  |
|  | |
| **2. ABOUT THE COMPANY THAT EMPLOYED YOU FOR THE AUDIT** | |
| 1. Your Position or Title |  |
| 2. Company Name |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
|  | |
| **3. ABOUT THE COMPANY YOU AUDITED** | |
| 1. Company Name |  |
| 2. Number of Company Employees |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
|  | |
| **4. ABOUT THE LEAD AUDITOR THAT CAN VERIFY YOUR PARTICIPATION** | |
| 1. Name |  |
| 2. Phone Number |  |
| 3. Email Address |  |
| 4. Grade and Scope |  |
| 5. Auditor Certification Number |  |
| 6. Other relevant information |  |
| **AUDIT LOG #16** | |
| **1. ABOUT THE AUDIT** | |
| 1. Audit Start Date | Click here to enter a date. |
| 2. Standard | Choose the Standard that you audited to. |
| 3. Your Role in Audit | Choose your role. |
| 4. Type of Audit | Choose the audit type. |
| 5. Audit Details | CHOOSE AN ITEM. |
| 6. Number of Active Audit Team Members | Choose number of Audit Team Members. |
| 7. Total Number of Your Audit Days | Choose number of days. |
| 8. Number of Your On-site Audit Days | Choose number of days. |
| 9. Number of Your Off-site Audit Days | Choose number of days. |
| 10. Other Relevant Information if Applicable |  |
|  | |
| **2. ABOUT THE COMPANY THAT EMPLOYED YOU FOR THE AUDIT** | |
| 1. Your Position or Title |  |
| 2. Company Name |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
|  | |
| **3. ABOUT THE COMPANY YOU AUDITED** | |
| 1. Company Name |  |
| 2. Number of Company Employees |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
|  | |
| **4. ABOUT THE LEAD AUDITOR THAT CAN VERIFY YOUR PARTICIPATION** | |
| 1. Name |  |
| 2. Phone Number |  |
| 3. Email Address |  |
| 4. Grade and Scope |  |
| 5. Auditor Certification Number |  |
| 6. Other relevant information |  |
| **AUDIT LOG #17** | |
| **1. ABOUT THE AUDIT** | |
| 1. Audit Start Date | Click here to enter a date. |
| 2. Standard | Choose the Standard that you audited to. |
| 3. Your Role in Audit | Choose your role. |
| 4. Type of Audit | Choose the audit type. |
| 5. Audit Details | CHOOSE AN ITEM. |
| 6. Number of Active Audit Team Members | Choose number of Audit Team Members. |
| 7. Total Number of Your Audit Days | Choose number of days. |
| 8. Number of Your On-site Audit Days | Choose number of days. |
| 9. Number of Your Off-site Audit Days | Choose number of days. |
| 10. Other Relevant Information if Applicable |  |
|  | |
| **2. ABOUT THE COMPANY THAT EMPLOYED YOU FOR THE AUDIT** | |
| 1. Your Position or Title |  |
| 2. Company Name |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
|  | |
| **3. ABOUT THE COMPANY YOU AUDITED** | |
| 1. Company Name |  |
| 2. Number of Company Employees |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
|  | |
| **4. ABOUT THE LEAD AUDITOR THAT CAN VERIFY YOUR PARTICIPATION** | |
| 1. Name |  |
| 2. Phone Number |  |
| 3. Email Address |  |
| 4. Grade and Scope |  |
| 5. Auditor Certification Number |  |
| 6. Other relevant information |  |
| **AUDIT LOG #18** | |
| **1. ABOUT THE AUDIT** | |
| 1. Audit Start Date | Click here to enter a date. |
| 2. Standard | Choose the Standard that you audited to. |
| 3. Your Role in Audit | Choose your role. |
| 4. Type of Audit | Choose the audit type. |
| 5. Audit Details | CHOOSE AN ITEM. |
| 6. Number of Active Audit Team Members | Choose number of Audit Team Members. |
| 7. Total Number of Your Audit Days | Choose number of days. |
| 8. Number of Your On-site Audit Days | Choose number of days. |
| 9. Number of Your Off-site Audit Days | Choose number of days. |
| 10. Other Relevant Information if Applicable |  |
|  | |
| **2. ABOUT THE COMPANY THAT EMPLOYED YOU FOR THE AUDIT** | |
| 1. Your Position or Title |  |
| 2. Company Name |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
|  | |
| **3. ABOUT THE COMPANY YOU AUDITED** | |
| 1. Company Name |  |
| 2. Number of Company Employees |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
|  | |
| **4. ABOUT THE LEAD AUDITOR THAT CAN VERIFY YOUR PARTICIPATION** | |
| 1. Name |  |
| 2. Phone Number |  |
| 3. Email Address |  |
| 4. Grade and Scope |  |
| 5. Auditor Certification Number |  |
| 6. Other relevant information |  |
| **AUDIT LOG #19** | |
| **1. ABOUT THE AUDIT** | |
| 1. Audit Start Date | Click here to enter a date. |
| 2. Standard | Choose the Standard that you audited to. |
| 3. Your Role in Audit | Choose your role. |
| 4. Type of Audit | Choose the audit type. |
| 5. Audit Details | CHOOSE AN ITEM. |
| 6. Number of Active Audit Team Members | Choose number of Audit Team Members. |
| 7. Total Number of Your Audit Days | Choose number of days. |
| 8. Number of Your On-site Audit Days | Choose number of days. |
| 9. Number of Your Off-site Audit Days | Choose number of days. |
| 10. Other Relevant Information if Applicable |  |
|  | |
| **2. ABOUT THE COMPANY THAT EMPLOYED YOU FOR THE AUDIT** | |
| 1. Your Position or Title |  |
| 2. Company Name |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
|  | |
| **3. ABOUT THE COMPANY YOU AUDITED** | |
| 1. Company Name |  |
| 2. Number of Company Employees |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
|  | |
| **4. ABOUT THE LEAD AUDITOR THAT CAN VERIFY YOUR PARTICIPATION** | |
| 1. Name |  |
| 2. Phone Number |  |
| 3. Email Address |  |
| 4. Grade and Scope |  |
| 5. Auditor Certification Number |  |
| 6. Other relevant information |  |
| **AUDIT LOG #20** | |
| **1. ABOUT THE AUDIT** | |
| 1. Audit Start Date | Click here to enter a date. |
| 2. Standard | Choose the Standard that you audited to. |
| 3. Your Role in Audit | Choose your role. |
| 4. Type of Audit | Choose the audit type. |
| 5. Audit Details | CHOOSE AN ITEM. |
| 6. Number of Active Audit Team Members | Choose number of Audit Team Members. |
| 7. Total Number of Your Audit Days | Choose number of days. |
| 8. Number of Your On-site Audit Days | Choose number of days. |
| 9. Number of Your Off-site Audit Days | Choose number of days. |
| 10. Other Relevant Information if Applicable |  |
|  | |
| **2. ABOUT THE COMPANY THAT EMPLOYED YOU FOR THE AUDIT** | |
| 1. Your Position or Title |  |
| 2. Company Name |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
|  | |
| **3. ABOUT THE COMPANY YOU AUDITED** | |
| 1. Company Name |  |
| 2. Number of Company Employees |  |
| 3. Company Street Address |  |
| 4. Company City, State, and Zip |  |
| 5. Name for Company Contact |  |
| 6. Phone Number of Company Contact |  |
| 7. Email Address of Company Contact |  |
| 8. Other Relevant Information if Applicable |  |
|  | |
| **4. ABOUT THE LEAD AUDITOR THAT CAN VERIFY YOUR PARTICIPATION** | |
| 1. Name |  |
| 2. Phone Number |  |
| 3. Email Address |  |
| 4. Grade and Scope |  |
| 5. Auditor Certification Number |  |
| 6. Other relevant information |  |

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