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| **INSTRUCTIONS FOR COMPLETING THE AUDIT LOG** | | |
| 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. | | |
| **AUDIT REQUIREMENTS FOR NEW AUDITOR APPLICATION** | | |
| Audit requirements must include, at a minimum:   1. 20 - 35 onsite audit days (conducting audit activities) 2. 4 full QMS (ISO9001) or AQMS (AS9100) system audits. A "full" audit covers all requirements of the respective standard and is aligned with the certification scope of the audited organization. 3. 2 audits that included design (may be included in the 4 QMS or AQMS system audits) Important Reminders About Audit Acceptablity:   All audits must have been conducted within the previous 3 years from the date of application. You must have been a  member of the audit team. Only 2nd or 3rd party QMS or AQMS audits will be considered.   * 1st party audits are typically internal audits. Audits conducted on the behalf of a company (e.g. gap audit, certification readiness audit) when the audit report is only going back to the company audited are considered 1st party audits. In addition training audits and audits where you were an observer will not be considered for authentication purposes. Audits deemed as 1st party audits are not acceptable for authentication purposes. * 2nd party audits are typically supplier audits conducted by supplier's customer. Large organizations having a centralized audit function and conducting audits of affiliate organizations may qualify as 2nd party audits. * 3rd party audits are typically conducted for certification purposes and are typically conducted by Certification Bodies or Registrars. 3rd party audits may also be for legal, regulatory and similar purposes.  |  | | --- | | udit requirements must include, at a minimum:a.20 - 35 onsite audit days (conducting audit activities)b.4 full QMS (ISO9001) or AQMS (AS9100) system audits. A "full" audit covers all requirements of therespective standard and is aligned with the certification scope of the audited organization.c.2 audits that included design (may be included in the 4 QMS or AQMS system audits)Important Reminders About Audit Acceptablity: All audits must have been conducted within the previous 3 years from the date of application. You must have been a member of the audit team. Only 2nd or 3rd party QMS or AQMS audits will be considered. - 1st party audits are typically internal audits. Audits conducted on the behalf of a company (e.g. gap audit, certification readiness audit) when the audit report is only going back to the company audited are considered 1st party audits. In addition training audits and audits where you were an observer will not be considered for authentication purposes. Audits deemed as 1st party audits are not acceptable for authentication purposes. - 2nd party audits are typically supplier audits conducted by supplier's customer. Large organizations having a centralized audit function and conducting audits of affiliate organizations may qualify as 2nd party audits. - 3rd party audits are typically conducted for certification purposes and are typically conducted by Certification Bodies or Registrars. 3rd party audits may also be for legal, regulatory and similar purposes. | | | |
| **AUDIT REQUIREMENTS FOR RE-AUTHENTICATION APPLICATION** | | |
| To maintain AA or AEA qualification, all auditors must participate in at least 4 aerospace audits (AQMS) in the previous three years. Only 2nd or 3rd party audits will be considered. | | |
| **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 |  |
|  | |
| **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 #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 |  |
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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 |  |
|  | |
| **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 |  |
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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 |  |
|  | |
| **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 |  |
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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 #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 |  |
|  | |
| **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 |  |
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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 #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 |  |
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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 #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 |  |
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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 |  |
|  | |
| **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 #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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