

FACILITIES AND WORK ENVIRONMENT INSPECTION CHECKLIST

Audit No. _____ Audit Date _____

Audit Department _____ / Area _____

Auditee(s)

1. _____
2. _____
3. _____
4. _____

Auditor(s)

1. _____
2. _____
3. _____
4. _____

Checklist

Sr. No.	Process	Requirements	Observation	Comply Yes / No	Target date, If "No."

Evidence(s) – if, non –conformance identified

Sr. No.

Description

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Audit Result

Nos. of non-conformance(s) Identified _____

Open _____ NCs
Closed _____ NCs
(1) Nos. _____ Date _____ (2) Nos. _____ Date _____ (3) Nos. _____ Date _____

All Non-conformances are completed.

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Sign of Lead auditor _____ Sign _____