

QMR 010 Internal Audit Record

QUALITY MANAGEMENT SYSTEM AUDIT FORM			
DATE OF AUDIT		TIME OF AUDIT	
PROCEDURE DOCUMENT OR AREA AUDITED			
MANUAL	DOCUMENT NUMBER	TITLE	ISSUE NUMBER
NON-CONFORMANCES FOUND (To be completed by auditor)			
ACTION TO BE TAKEN (To be agreed between auditor and auditee with timescales)			
LOG CORRECTIVE ACTION REQUEST NUMBERS RAISED IN BOX BELOW:			
NAME (Auditor)		SIGNATURE (Auditor)	DATE
NAME (Auditee)		SIGNATURE (Auditee)	DATE
ACTIONS COMPLETE AND CORRECTIVE ACTIONS SIGNED OFF AUDIT FORM CLOSED			
NAME	SIGNATURE		DATE

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AUDITOR SYSTEM AUDIT REPORT		
Area Conformances to requirements		
Opportunities for improvement		
Strengths and weaknesses		
Confirmation if the food safety management system is adequate in the area audited		
Recommendations for future audit planning		
Items to follow up on the next audit		
NAME (Auditor)	SIGNATURE (Auditor)	DATE

Revision Number	Summary of Changes made from previous revision	Requested By:	Authorised By:
2	Update to meet the requirements of BRC Global Standard for Storage and Distribution	Quality Manager	Site Director