
Internal Audit Form Template

Company Details

- Company Name: _____
- Audit Date: _____
- Department/Unit: _____
- Auditor(s) Name: _____

Section 1: Process Evaluation

- Objective: To assess the efficiency and effectiveness of processes within the department/unit.

1.1 Process Description:

- Describe the process being audited:

- 1.2 Evaluation Criteria:

- List the criteria for evaluation (e.g., time, cost, output quality):

- 1.3 Findings:

- Detail observations and findings:

- 1.4 Recommendations:

- Suggest improvements or corrective actions:

Section 2: Quality Control

- Objective: To verify adherence to quality standards and identify areas for improvement.

2.1 Standards and Procedures:

- Specify the quality standards and procedures in place:

- 2.2 Compliance Check:

- Assess compliance with specified standards:

- 2.3 Non-conformities:

- Document any non-conformities identified:

- 2.4 Corrective Actions:

- Recommend corrective actions to address non-conformities:

Section 3: Safety Protocols

- Objective: To ensure that safety protocols are being followed and to identify potential hazards.

3.1 Safety Standards:

- List applicable safety standards and regulations:

- 3.2 Compliance Assessment:

- Evaluate compliance with safety standards:

- 3.3 Hazards Identified:

- Record any hazards or unsafe conditions observed:

- 3.4 Recommendations for Improvement:

- Suggest measures to improve safety:

Section 4: Compliance with Regulations

- Objective: To assess compliance with applicable laws, regulations, and industry standards.

4.1 Applicable Regulations:

- Detail the regulations applicable to the department/unit:

- 4.2 Compliance Status:

- Evaluate the compliance status:

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- 4.3 Violations/Issues Identified:

- Document any violations or compliance issues found:

- 4.4 Action Plan:

- Propose an action plan to address compliance issues:

Overall Assessment

- Strengths:

- Areas for Improvement:

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- Auditor's Comments:

Action Plan Follow-up

- Responsibility: Who is responsible for implementing the action plan:

- Timeline: Expected timeline for completion:

- Status Updates: Provide status updates on the implementation of the action plan:

Auditor's Signature:

- Name: _____ Date:

Department Head's Signature (if applicable):

- Name: _____ Date:
