**Audit Report Template PDF**

**Audit Reference No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Audit Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Audit Period: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **Company Information**

* **Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Company Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Industry Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Point of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **Audit Scope & Objectives**

* **Scope of Audit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Objective of Audit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **Key Audit Areas**

**☐ Financial Review  
☐ Regulatory Compliance  
☐ Operational Effectiveness  
☐ IT & Security Compliance  
☐ Supply Chain & Procurement**

### **Audit Findings & Ratings**

| **Category** | **Audit Findings** | **Compliance Rating (Compliant/Non-Compliant)** | **Risk Level** |
| --- | --- | --- | --- |
|  |  | **☐ Compliant  ☐ Non-Compliant** | **☐ Low  ☐ Medium  ☐ High** |
|  |  | **☐ Compliant ☐ Non-Compliant** | **☐ Low  ☐ Medium  ☐ High** |
|  |  | **☐ Compliant  ☐ Non-Compliant** | **☐ Low  ☐ Medium  ☐ High** |

### **Recommendations & Required Actions**

**☐ Corrective actions must be implemented within \_\_\_ days.  
☐ Follow-up audit scheduled for //\_\_\_\_.**

### **Signatures & Approval**

**Lead Auditor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_  
Department Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**