

INTERNAL AUDIT NOTIFICATION

AUDITEE: _____ DEPARTMENT: _____

PROPOSED DATE/TIME OF AUDIT: _____

LOCATION OF AUDIT: _____ TEAM LEADER: _____

ISSUED BY: _____ Date: _____

Please note the intention to audit your department/process/procedure. Your formal confirmation of the suitability of the date and time allocated for the audit defined below is requested. If the date and time are not convenient, please contact the TEAM LEADER to set up a mutually compatible time. Your response by _____ is requested. Thank you in advance.

AUDIT OBJECTIVE/SCOPE: To verify compliance with the requirements of:

The ISO elements to be audited are located in the CMCSS Continuous Improvement Manual and can be found by going to the CMCSS Web site and search for the Continuous Improvement Manual. Your procedures to be audited can also be located on the website, and then click on Polices and Procedures, then Master List.

ISO elements which may be audited during each audit are 4.1(e), 5.2, 7.2.1, 8.2.1, 4.2.3, 4.2.4, 5.3(d), 6.2.2(d), 5.5.3, 5.5.1, 6.2.2, 6.3, 6.4, 7.3 and 8.3. Attached/enclosed is an Audit Preparation List for your convenience and review before your audit.

The Team Leader will be contacting you for special areas of concern you may have and to discuss the audit schedule.

The above listed date and time is: Acceptable Not Acceptable

Alternate Date and Time Agreed To: _____

Confirmation By: _____ Date: _____

Auditor Signature: _____ Date: _____