

CMCSS INTERNAL AUDIT CORRECTION REPORT

To be completed by the Lead Auditor
CORRECTION CONTROL
NUMBER _____
IA No. _____

SECTION 1: To be completed by the Internal Auditor

Describe the nonconformance identified during the internal audit process and ISO requirement.

Auditor Name: _____

Date: _____

SECTION 2: To be completed by the Lead Auditor

Assigned to Responsible person(s): _____ Date Sent: _____

RESPONSE MUST BE RETURNED BY (DATE) -----/-----/-----

SECTION 3: To be completed by department manager.

What is the root cause (or caused) this problem to occur? Be specific.

SECTION 4: To be completed by the responsible person(s).

What can/will be done to correct this situation and prevent re-occurrence?

Note: Is a short term correction required before the long term action is implemented? If so, please indicate what that will be.

What is the date the long term corrective action was (or will be) completed? -----/-----/-----

Completed by (Name/Title) _____ **Date:** _____

Approved by (Manager): _____ **Date:** _____

(Unless completed by Manager)

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SECTION 5: To be completed by the Lead Auditor/Management Representative

SECTION 5: Date the Corrective Action was Received _____ / _____ / _____	
Is the proposed internal audit correction acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is no, what has been, or is being, done to resolve the situation?	
Completed by (Name/Title):	Date:

SECTION 6: To be completed by a trained Internal Auditor.

Has the internal audit correction plan been implemented? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the internal audit correction plan effective? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Completed by (Name/Title):	Date:

SECTION 7: To be completed by the Lead Auditor/Management Representative

Final Resolution: Internal Audit Correction closed and acceptable <input type="checkbox"/> Yes <input type="checkbox"/> No If No, record new internal audit correction report number here: _____ Are revisions to documentation necessary as a result of this corrective action <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain what changes are required and the documents to be revised _____ _____ _____	
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SECTION 8: Miscellaneous tracking comments – Lead Auditor/Mgmt. Rep. Use only:

Date	Comments	Initials