Internal Quality Audit Questionnaire

Be sure to indicate name of person(s) interviewed, and documents looked at.

Auditor:		Date:		
Person(s) Interviewed:	Plant Location:	QM/QWI/Area:		
#	**QUESTION**	**NOTES COMMENTS**	**SUF**	**DEF**

NOTE: Initiate Internal Quality Audit Questionnaire Form #18 for each noted deficiency

Auditor Signature: _____ Date: _____

DISTRIBUTION LIST: Auditor, Department Manager, President/ISO MR, CEO/Quality Manager