

# Internal Quality Audit Observation Form

## OBSERVATION

*(To be completed by Auditor)*

Procedure Audited: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Auditee: \_\_\_\_\_

Auditor: \_\_\_\_\_

DEFICIENCY FOUND: \_\_\_\_\_

\_\_\_\_\_

### *Forward to the ISO MR*

Assigned to: \_\_\_\_\_ Date: \_\_\_\_\_

## ROOT CAUSE ANALYSIS

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## CORRECTIVE ACTION

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## CORRECTIVE ACTION IMPLEMENTATION

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Forward to ISO MR*

Facilities Affected (if any)

## EFFECTIVENESS

1st Verification  Effective  
 Ineffective

2nd Verification  Effective  
 Ineffective

ISO MR/ISO Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

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