| PLEASE READ THE GUIDANCE CAREFULLY AND COMPLETE IN DETAILS | **CERTIFICATION SCHEME OF QUALITY MANAGEMENT SYSTEM AUDITOR** <br> **Audit Log** |
|---|---|

Name: _____     QMS Certificate No: _____

Level:  ☐ Assistant Auditor (As)   ☐ Auditor (A)     Certification status:   ☐ Initial application   ☐ Re-certification

| No. | Date (dd/mm/yy) [1] | Audited organization[2] | Total Time[3] | | Role [4] A / LA | Type of Audit [5] C / P | Name of lead auditor, if applicable [6] | Name of witness evaluator, if applicable [7] | Organization that employed the auditor [8] |
|---|---|---|---|---|---|---|---|---|---|
| | | | Site | Off-site | | | | | |
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**HONG KONG INSTITUTION FOR CERTIFIED AUDITORS**

香港專業審核師學會

The Secretary, Room 108, 1/F Sun Ling Plaza, 30 On Kui Street, Fanling, New Territories

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| No. | Date (dd/mm/yy) [1] | Audited organization[2] | Total Time[3] | | Role [4] A / LA | Type of Audit [5] C / P | Name of lead auditor, if applicable [6] | Name of witness evaluator, if applicable [7] | Organization that employed the auditor [8] |
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| | | | Site | Off-site | | | | | |
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| No. of Audits: | Total complete audit days: | Endorsement of Organization that nominates the auditor: |
|---|---|---|
| No. of Complete Audits: | Total site audit days in complete audit: | |
| Total audit days as lead auditor: If applicable | | |

## AUDIT LOG GUIDANCE

1. Date - First day of the site visit, beginning with the opening meeting. It should be recorded in Day/Month/Year format.
2. Audited Organization - complete contact information including the fax number and email address of the auditee should be provided on request.
3. Total time of the audit, in calendar days. A day is considered at least six hours of activity. **All audit time shall be recorded in days.**
   On-site Time - Time spent on the actual audit, from the opening to the closing meeting.
   Off-site Time - Time spent on preparation, documentation, report writing, etc. This activity may take place at the site of the audit or off location, but is still considered off-site time.
4. Role in the audit:   A – Auditor (Member of Audit Team);   LA – Audit Team Leader (Lead of a team of at least two auditors)
5. Type of audit: Complete Management System (C) - An audit to determine the conformity of a complete management system (e.g., pre-assessment, registration/certification of management system, recertification of management system, second party).
   Partial Management System (P) - An audit that evaluates a portion of the MS (e.g., surveillance).
6. Name for the audit team leader, if different from the applicant. Contact information of lead auditor should be provided on request.
7. If witness evaluation was conducted for that audit, name of evaluator should be given. Contact details and witness reports should be provided upon request.
8. If the audits are performed on behalf of the same employer, this need only be entered once per page.

主办机构
Organised by

**Hong Kong Institution of Certified Auditors**
香 港 专 业 审 核 师 学 会

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