**Audit Log Guidance**

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| **Column 1** | **Date:** First day of the site visit, beginning with the opening meeting. It should be recorded in month/day/year format. |
| **Column 2** | **Total time of the audit, in calendar days.** A day is considered at least six hours of activity.* 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. **All audit time shall be recorded in days.**
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| **Column 3** | **Audited organization:** The auditee contact must be independent and cannot have been a member of the audit team. To facilitate the timely processing of the application, **complete** contact information must be provided. |
| **Column 4** | **Your role in the audit:****A:** Auditor—Member of the audit team**P:** Principal Auditor—Sole auditor**L:** Audit Team Leader—Leader of a team of at least two auditors |
| **Column 5** | **Number of individuals on the audit team** (including yourself). Only active participants should be included. |
| **Column 6** | **Standard(s) audited against** (e.g., ISO 9001:2015, ISO 14001:2015, acceptable normative document, compliance/regulatory documents). |
| **Column 7** | **Type of audit:*** Complete management system (CMS)—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 (PMS)—An audit that evaluates a portion of the management system (e.g., surveillance).
* Regulatory/compliance audit (R)—An audit that evaluates an organization’s compliance with regulations, laws, or requirements (e.g., local, state, or federal government laws or regulations, etc.).
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| **Column 8** | **Contact details** for the organization that employed/contracted with the auditor for the audit. If the audits are performed on behalf of the same employer, this need only be entered once per page. |
| **Column 9** | **Name and contact information** for the audit team leader, if different from the applicant. |

**Audit Experience Guidance**

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| **Grade** | **Initial Requirements** |
| **Provisional Auditor** | None. |
| **Auditor** | Three complete audits that cover all elements of the audit cycle, amounting to a minimum of six days in total. |
| **Lead Auditor** | You must have successfully completed a minimum of three full management system audits as leader of an audit team, amounting to nine days in total. |
| **Master Auditor** | No specific audit experience requirement beyond the 10 years of lead auditor experience.  |

**Please Note the Following:**

* You only need to submit the minimum number of audits required for certification.
* Only audits with complete information will be considered.
* Falsification of information shall prevent certification.
* Audit experience for each grade must be within the 5 years prior to application.
* Internal audit experience will be recognized if the auditor was not responsible for the outcomes of the audit.
* There is no ongoing audit experience requirement required for recertification.
* Please only submit the audit log. There is no need to submit the first two pages of guidance information to us.
* You do not have to use this audit log. You may use your own as long as it contains the same information requested on this form.

**Customer Contact Info**

Name: Telephone: Email:

The audit log can be expanded by placing the cursor to the right of the row and pressing the enter button.

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| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| **Date****(dd/mm/yy)****First date of site visit** | **Total audit time in days** | **Audited Organization:****• Name****• Address****• Contact****• Telephone** **• Email** | **Your role in****the audit** | **Number****on team** | **Audit Details** | **Type of Audit**  | **Organization that employed****the auditor:****• Name****• Address****• Contact****• Telephone** **• Email** | **• Audit team leader name (if different than applicant)****• Telephone****• Email** |
| **On-site time**  | **Off-site****time** | **Standard****(e.g., ISO 9001:2015;****ISO 14001:2015)** |
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**Declaration:** I declare that all information submitted is accurate and is representative of the audits I have carried out. Note: Certus may verify any information provided, and discovery of any falsified information will likely result in suspension or withdrawal of your certification.

Signature:

Print Name: Date: