[1] *CB Name*	**STAGE 1 AUDIT REPORT**				[2] *CB Logo*
[3] Audit date(s):		[4] Audit Duration (auditor days)	Onsite:	[5] Report No.:	
			Offsite:	[5] Report Date:	

Organization	
[6] **Name:**	[7] **Contact Details**
Address:	Representative:
	Title :
	Telephone:
Subsidiary of:	Email :
Website:	OASIS Administrator:

[8] Preferred Language for Stage 2 Audit:		[9] Interpreter Needed? (Yes/No):	
[10] Proposed Certification Scope:			
[11] Permitted Exclusions: (clauses):			
[12] **Audit Team Leader:**			

Audit Criterion					
[13] AQMS Standard:	9100 ☐	9110 ☐	9120 ☐	[14] Revision(s):	
[15] Quality Manual:				[16] Revision:	

[17]**Online Aerospace Supplier Information System (OASIS) Data**

OIN	**Site**	**Central Function (yes/no)**	**Number of (ASD) Employees**	**Audit Duration** (Auditor days)	**Audited (yes/no)**

Business	[18] Organization Revenue		[19] Personnel Numbers		[20] Organization Shift Patterns
	Revenue (optional)	% of Total Revenue	F/P/T*	% of Total Workforce	Number of Employees E/D/L/N**
Aviation, Space & Defense					
Other					

*F=Full time, P=Part Time, T= Temporary **E= Early Shift, D=Day Shift, L=Late Shift, N=Night Shift

[21] **List of Current(C)/Potential(P) Aviation, Space, and Defense Key Customers**

Customer	Address	Contact	% of Business

[22] **High Level Requirements Confirmation:** (S=Satisfactory, U= Unsatisfactory)

Requirement	Reference:	S	U	Comments:
Evidence of the description, interaction and sequence of processes (4.1), included in the quality manual (onsite or remote) (4.2.2 c).				
Evidence of the identification of outsourced processes (4.1).				
Evidence and applicability of a quality manual (4.2.2).				
Evidence of a **documented procedure** covering control of documents (4.2.3).				
Evidence of a **documented proce**dure covering control of records (4.2.4).				
Evidence of management review planning and results from the previous review(s) (5.6).				
Evidence of a **documented procedure** covering internal audit (8.2.2).				
Evidence of internal audit planning and results of the processes/procedures of the QMS (8.2.2).				
Evidence of a **documented procedure** covering control of nonconforming product (8.3).				
Evidence of a **documented procedure** covering corrective action (8.5.2).				
Evidence of a **documented procedure** covering preventive action (8.5.3).				
Evidence that all the requirements of 9100-series standards are addressed by the organization's processes.				

[23] **Comments** *(summary of above, if unsatisfactory)*

[24] **Key Customer Performance:**

Customer	Trend of Product Conformity Performance		Trend of On time Delivery Performance	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory

[25] **Comments** *(collective summary of above trends, plus any other customer performance information gathered):*

[26] **Customer Quality Management System Approval Status:**

Customer	**Approval Status**

[27] **Additional Aviation, Space, and Defense Customer Quality Management System Requirements:**

Customer:	**Description of Additional Requirements:**	**Document Reference:**

[28] **Comments:**

[29] **Key Information:** (*specific information obtained from the organization, including summary comments)*

Processes/activities/subjects	Comments
Process Sequence and Interaction (e.g., process maps, flowcharts)	
High Risk Processes/Products	
Risk Management	
Special Processes (e.g., metal joining, coating, thermal processing, bonding, chemical treatment)	
Regulatory Requirements/Authority Approval/Recognitions	
Configuration Management	
Project Management	
Continual Improvement Activities	
Special Requirements/Critical Items (including Key Characteristics)	
First Article Inspection (e.g., 9102)	
Foreign Object Debris/Damage (FOD) Programs	
Special Work Environment [e.g., Electrostatic Discharge Sensitive (ESDS), clean room, temperature/humidity controls]	
Customer Presence in Organization (e.g., onsite representatives, regular meetings, reason)	
Restricted Areas/Proprietary Information/Confidentiality	
Export Limitations/Controls	
Customer Delegated Inspection	
Nonconforming Product Management [e.g., delegated Materials Review Board (MRB)]	

Evaluation of certification structure applicability	
Evaluation of QMS when a combined certification audit is requested	
Customer satisfaction and complaints status	
Customer authorized direct ship/direct delivery.	

[30] **Areas of Concern:**

Audit Team Leader Recommendations:	
[31] The organization is ready to proceed with the Stage 2 audit:	Yes/No
[32] If no, enter reason(s):	
[33] Proposed Stage 2 auditor-days required:	___Days
[34] Proposed date(s) of the Stage 2 audit:	
[35] Composition/competency of the audit team for the Stage 2 audit.	
[36] Certification structure verified: Single ☐ Multiple ☐ Several ☐ Campus ☐ Complex ☐	
[37] Level of QMS integration: Fully integrated ☐ Partially integrated ☐ Not integrated ☐ Not applicable ☐	
Comments:	

Organization Confirmation	
[38] Upon mutual agreement with customers/potential customers, the organization will make available all results of this audit including the report, findings, checklists, etc	
[39] **Organization Representative Name:**	
Date:	

[40] **Audit Team Leader Approval**	
Name:	
Date:	
[41] **Report Distribution:**	

Form 1: Stage 1 Audit Report Instructions

Item #	Description
1	Include the name of the CB conducting the audit.
2	Include the logo of the CB conducting the audit (optional).
3	Identify the audit date(s). If more than one day, include the audit start and finish dates.
4	Identify the total number of onsite auditor days; include offsite auditor days for 9120 as applicable (see 4.3.2.1 NOTE). For certification structures other than single, the total audit duration is the sum of all individual durations for each of the sites visited.
5	Identify the audit report number and the date that the audit report was created.
6	Include general information of the organization being audited (i.e., company name, address, website) and if part of a larger organization, enter information regarding the parent company in the 'Subsidiary of' box.
7	Include contact details of the organization being audited [i.e., telephone number, e-mail address, name, title of the organization representative (point of contact), OASIS administrator name].
8	Enter information regarding the preferred language for the Stage 2 audit.
9	Indicate Yes/No, if an interpreter is needed.
10	Identify the proposed certification scope e.g. the design, development, manufacture, testing and service of hydraulic actuators.
11	Enter information on the clauses from the applicable standards (i.e. 9100/9110/9120) that are permitted to be excluded from the quality management system; must be appropriate and limited to clause 7.
12	Identify the name of the audit team leader.
13	Identify the standardused for determining the audit criteria by selecting the appropriate box (i.e., 9100, 9110 or 9120).
14	Include the revision level of the relevant 9100, 9110, and/or 9120 standard (e.g., AS9100C, EN9100:2009).
15	Identify the organization's quality manual.
16	Include the revision number and/or date of the organization's quality manual.
17	Populate the table with the relevant information to support the OASIS upload.
18	Include information regarding the organization's revenue (optional in the report) relating to aviation, space, defense, and other business; and the percentage of total revenue (mandatory).
19	Include information on the number of full time, part time, and temporary employees associated to aviation, space, defense, and other business; including the percentage of the total workforce.
20	Include information on the number of employees and associated shift patterns relating to aviation, space, defense, and other business.
21	List and specify all key (e.g., top five) current (C) and potential (P) aviation, space, defense, and/or other customers requiring 9100-series standard compliance, including an indication of how much business each customer represents in percentage terms of their aviation, space and defense business. Omit details, if confidentiality agreements forbid.
22	Include information relating to a high-level requirements review and evaluation of processes and procedures; record if the processes are satisfactory (S) or unsatisfactory (U), and identify related references and provide comments, as appropriate.
23	Include general comments relating to the high-level requirements review and evaluation, including a summary for items determined to be 'unsatisfactory'.

Form 1: Stage 1 Audit Report Instructions (continued)	
24	Review performance data for each key customer; primary focus is on the product conformity and On-time Delivery (OTD) performance trends. Sources of information can include: customer satisfaction data, complaint summaries, customer reports, scorecards, key performance indicators (e.g., escapes, rejections, complaints, defectives). Summarize results and indicate whether performance is satisfactory or unsatisfactory.
25	Include general comments/collective summary, in addition to any other applicable customer performance information gathered.
26	List information regarding any customer special approval status that is declared (e.g., limited, probation, suspension, withdrawn").
27	Include information regarding any additional aviation, space, and defense customer quality management system requirements, including a description and document reference.
28	Include general comments relating to additional aviation, space, and defense customer quality management system requirements, as applicable.
29	Obtain the necessary information and documentation required to review readiness for each of the key processes/activities/subjects listed; evaluate processes and record results/comments. Note: If additional key processes are identified, document the processes and associatedresults/comments.
30	State any areas of concern that could be classified as a nonconformity, if not resolved before the Stage 2 audit.
31	Recommend if the organization is ready to proceed with the Stage 2 audit by indicating 'Yes' or 'No'.
32	If recommendation is not to proceed with the Stage 2 audit, document the reason(s).
33	Confirm the number of auditor days for the proposed Stage 2 audit.
34	Enter proposed date(s) of the Stage 2 audit.
35	Specify the composition/competency of the audit team for the Stage 2 audit, including identification of any technical experts or translators that may be needed.
36	Verify certification structure (i.e single, multiple, several, campus, complex) by selecting the appropriate box(es). Note: For certification structures identified as "Complex", verify CSOC approval (Ref 9104/1 8.1.3).
37	Identify the level of QMS integration by selecting the appropriate box if combined AQMS certification is part of the audit scope (e.g. 9100 and 9110). • Integrated: level greater than 80% • Partially integrated: level greater than or equal of 50% but less or equal to 80% • Not integrated: level less than 50% NOTE: See 9104/1 clause 8.2.3.
38	Get organization's representative agreement that the audit report will be made available for customer/potential customer review, as required.
39	Identify the name of the organization's representative (Organization) and date.
40	Identify the name of the audit team leader and date.
41	Identify the names of those individuals who should receive a copy of the audit report, as agreed upon with the organization's representative.

AS/EN/SJAC 9101 Rev E
Form 2 : QMS Process Matrix Report

[1] *CB Name*	**QMS PROCESS MATRIX**	[2] *CB Logo*

[3] **Organization:**	[5] **Audit Report Number:**	
[4] **Site/OIN:**	[6] **Issue Date:**	

[7] **Type of Certification Structure:**

Single ☐ **Multiple** ☐ **Campus** ☐ **Several** ☐ **Complex** ☐

[8] **AQMS Standard(s): 9100** ☐ **9110** ☐ **9120** ☐

		ORGANIZATION QMS PROCESSES										
		1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	
[9] **Process Name**												
[10] **Related Process Effectiveness Assessment Report (PEAR Identification)**												
[11] **Process Effectiveness) Level**	**1**											
	2											
	3											
	4											

Clauses (* = not applicable for 9120)		[12] **Conformity**										[13] **NCR Number**
		1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	
4.1	General requirements											
4.2.1	Documentation requirements – General											
4.2.2	Quality manual											
4.2.3	Control of documents											
4.2.4	Control of records											
5.1	Management commitment											
5.2	Customer focus											
5.3	Quality policy											
5.4.1	Quality objectives											
5.4.2	Quality Management System planning											
5.4.3	Safety objectives ***(9110 only)***											

5.5.1	Responsibility and authority (***including 5.5.1.1 and 5.5.1.2 for9110 only)***											
5.5.2	Management representative											
5.5.3	Internal communication											
5.6.1	General											
5.6.2	Review input											
5.6.3	Review output											
5.7	Safety policy ***(9110 only)***											
6.1	Provision of resources											
6.2.1 6.2.2	Human resources – General Competence, training and awareness											
6.3	Infrastructure											
6.4	Work environment											
7.1	Planning of product realization											
7.1.1	Project management*											
7.1.2	Risk management*											
7.1.3	Configuration management ***(7.1.1 for 9120)***											
7.1.4	Control of work transfers ***(7.1.2 for 9120)***											
7.2.1	Determination of requirements related to the product											
7.2.2	Review of requirements related to the product											
7.2.3	Customer communication											
7.3.1	Design and development planning											
7.3.2	Design and development inputs											
7.3.3	Design and development outputs											
7.3.4	Design and development review											
7.3.5	Design and development verification											
7.3.6	Design and development validation **(*including 7.3.6.1 and 7.3.6.2)***											
7.3.7	Control of design and development changes											
7.4.1	Purchasing process											
7.4.2	Purchasing information											
7.4.3	Verification of purchased product											
7.5.1	Control of production and service provision (***including 7.5.1.1 thru 7.5.1.4)***											

7.5.2	Validation of processes for production and service provision											
7.5.3	Identification and traceability											
7.5.4	Customer property											
7.5.5	Preservation of product											
7.6	Control of monitoring and measuring equipment											
8.1	General											
8.2.1	Customer satisfaction											
8.2.2	Internal audit											
8.2.3	Monitoring and measurement of processes											
8.2.4	Monitoring and measurement of product											
8.2.5	Evidence of conformity ***(9120 only)***											
8.3	Control of nonconforming product											
8.4	Analysis of data											
8.5.1	Improvement Continual improvement											
8.5.2	Corrective action											
8.5.3												

[14] **Auditor Name(s):**	

Form 2: QMS Process Matrix Report Instructions	
Item #	**Description**
1	Include the name of the CB conducting the audit.
2	Include the logo of the CB conducting the audit (optional).
3	Identify the name of organization audited.
4	Identify the name of the site and OASIS Identification Number (OIN) of the organization audited.
5	Identify associated audit report number.
6	Indicate the date that this form was completed.
7	Select the applicable certification structure.
8	Select the applicable standard(s) (i.e., 9100, 9110, 9120).
9	List the organization's defined processes. Examples of processes involved: • Design • Manufacturing • Purchasing Note: If there are more processes than columns, additional forms can be used.
10	Identify the Process Effectiveness Assessment Report (PEAR) Identification as completed for the processes indicated in box 9.
11	Identify the Process Effectiveness Level for the processes indicated in box 9.
12	For each process, indicate the applicable 9100/9110/9120 clause(s) as follows: o Record '**C'** to denote a clause found **Conforming**. o Record '**N**' to denote a clause found **Nonconforming**. o Record '**N/E**' to indicate **Not Evaluated**. o Record '**N/A'** to indicate **Not Applicable**. o Record '**EX**' to indicate an acceptable **Exclusion**.
13	Identify the NCR Identification as reference and "**Ma**" for major or "**Mi**" for minor [e.g., NCR #01 (Ma)].
14	Record the name of the auditor(s) who completed the matrix.

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Form 3 : Process Effectiveness Assessment Report

[1] *CB Name*	**PROCESS EFFECTIVENESS ASSESSMENT REPORT**	[2] *CB Logo*

[3] **Organization:**	[4] **Site(s):**	[5] **OIN(s):**
[6] **PEAR Number AQMS:**	[7] **Audit Report Number:**	[8] **Issue Date:**

Section 1 Process Details

[9] **Process Name:**

[10] **AQMS Standard(s): 9100 ☐ 9110 ☐ 9120 ☐**	**Applicable 9100/9110/9120 clause(s):**

[11] **Inputs:**

[12] **Activities:**

[13] **Outputs:**

[14] **Interactions:**

Section 2 - Process Results

[15] **Organization's method for determining process results:**

[16] **Performance Measures:**

KPI 1:	
KPI 2:	
KPI 3:	

[17] **Auditor observations and comments supporting process result determination:**

Reference	**Target for audited period**	**Value measured for audited period**	**Comments**
KPI 1:			
KPI 2:			
KPI 3:			

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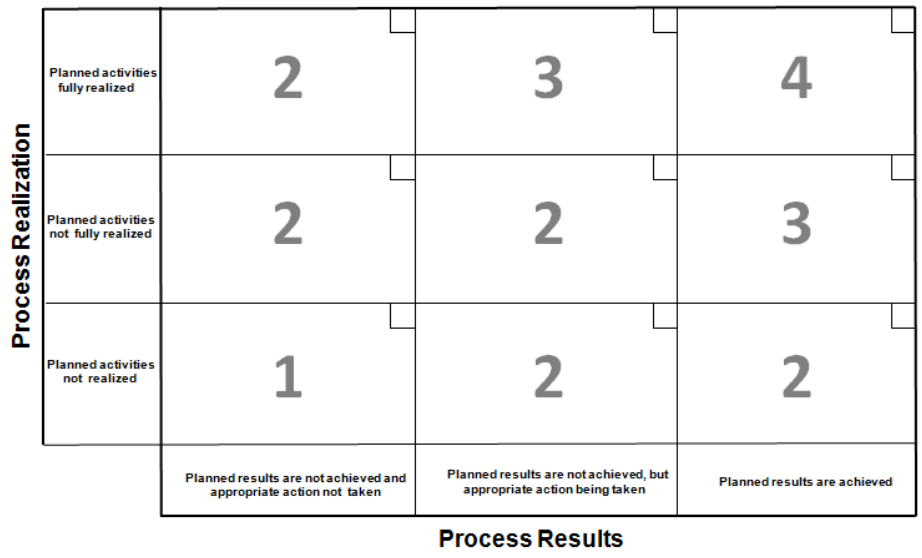
Form 3 : Process Effectiveness Assessment Report

Section 3 - Process Realization

[18] **Summary of audit trails and sources of evidence:**

Section 4 – Process Effectiveness

[19]



[20] **Auditor Name(s):**	[21] **Organization Representative Name:**

Form 3 : Process Effectiveness Assessment Report Instructions

Ref #	Description
1	Include the name of the CB conducting the audit.
2	Include the logo of the CB conducting the audit (optional).
3	Identify name of organization audited.
4	Identify the name of the site(s).
5	Identify OASIS Identification Number(s) of the organization audited.
6	Identify unique PEAR number.
7	Identify audit report number.
8	Indicate the date that the PEAR was issued to the audited organization.
9	Identify the name of process assessed as defined by the organization.
10	Select the applicable 9100/9110/9120 standard(s) and identify primary clause(s) for this process.
11	Describe the process inputs.
12	Describe the process activities.
13	Describe the process outputs.
14	Describe the process interactions.
15	Describe the method used by the organization to determine process results.
16	Identify the associated Key Performance Indicators (KPIs). Number of KPI's are determined by the organization and the rows may be adjusted accordingly.
17	Annotate relevant performance targets, measured values, and comments to support the process results determination.
18	Summarize the relevant audit trails and audit evidence (statements of fact or information that are relevent to the audit and verifiable) in relation to the process audited, including statements of conformity and nonconformity.
19	Select numerical value to what extent the audited process was determined effective.
20	Record the name of the auditor(s) who assessed the process and completed the PEAR.
21	Record the name of the Organization representative (e.g., the process owner or Management Representative) for acknowledgement.

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Form 4 : Nonconformity Report (NCR)

[1] *CB Name*	**NONCONFORMITY REPORT (NCR)**	[2] *CB Logo*

[3] **Organization:**	[5] **Audit Report Number:**	
	[6] **NCR Number:**	
[4] **Site(s)/OIN(s):**	[7] **Issue Date:**	

Section 1 - Nonconformity Details

[8] **AQMS Standard(s): 9100 ☐ 9110 ☐ 9120 ☐**	**Applicable 9100/9110/9120 clause:**	
[9] **Process/Area/Department:**		[10] **Classification (ma/mi):**
[11] **Statement of Nonconformity:**		
[12] **Objective Evidence:**		
[13] **Immediate Containment Required? Yes ☐ No ☐**		**Due Date:**

[14] **Auditor**		[15] **Organization Representative Acknowledgement**	
Name:	**Signature:**	**Name:**	**Signature:**

[16] **Section 2- Organization's Planned Actions** (Attach continuation of response(s) on separate sheet, as needed)	**Response Due Date:**
[17] **Containment Action(s):**	
[18] **Correction(s):**	[19] **Planned Completion Date:**
[20] **Root Cause:**	
[21] **Corrective Action(s):**	[22] **Planned Completion Date:**
[23] **Organization Representative:**	**Date:**
[24] **Auditor Acceptance:**	**Date:**

Section 3 - Auditor Verification & NCR Closure

[25] **Details:**			
[26] **Auditor Name(s):**		[27] **Audit Team Leader:**	
Signature:	**Date:**	**Signature:**	**Date:**

Form 4: Nonconformity Report (NCR) Instructions	
Item #	**Description**
1	Include the name of the CB conducting the audit.
2	Include the logo of the CB conducting the audit (optional).
3	Identify name of organization audited.
4	Identify the name of the site and OASIS Identification Number (OIN) of the organization audited.
5	Identify associated audit report number.
6	Identify unique NCR number.
7	Indicate date the NCR was issued to the organization.
8	Select the applicable 9100/9110/9120 standard(s) and identify clause to which the nonconformity was written.
9	Identify the process, area, and/or department audited.
10	Determine the nonconformity classification (i.e., major, minor) according to the 9101 clause 3.3 and 3.4 definitions.
11	Provide a detailed description of the nonconforming situation. Ensure there is common understanding of the nonconformity by the auditor and Organization.
12	List the applicable audit evidence, observed conditions, etc. (e.g.the identification of nonconforming documents, the identification of measuring and test equipment, the identification of the shop order that was not processed in conformance with the applicable procedures).
13	Auditor indicates whether immediate containment action is required (yes/no) and assigns an applicable due date for gaining a response from the organization (see 9101 clause 4.2.4)
14	Record the name and signature of the auditor who identified and recorded the nonconformity. NOTE: Electronic signature may be used; in this case the following text can be added: 'signature on file' or 'electronic signature available', or similar statement.
15	Record the name and signature of the Organization Representative (e.g., the Quality Manager, process owner) acknowledging receipt of the NCR. NOTE: Electronic signature may be used; in this case the following text can be added: 'signature on file' or 'electronic signature available', or similar statement.
16	This section is used to record details of containment, root cause, and corrective action (expanding the form as needed). Where detail is provided via an attachment, it is not permissible to simply say "see attached". It is permissible to describe the containment, root cause, and corrective action in summary format provided that the full detail is annotated to the NCR via an attachment, that is also subsequently uploaded to the OASIS with the associated NCR. Auditor assigns an applicable due date for gaining a response from the organization in relation to correction, root cause, corrective action and planned completion dates (i.e. completion of boxes 18 through 22)

Form 4: Nonconformity Report (NCR) Instructions (Continued)	
17	When the nature of the nonconformity needs immediate containment action, the Organization is to describe the immediate actions ('fix now') taken to contain the nonconforming situation/conditions and to control any identified nonconforming products. This box can be left blank if "no" is selected in box 13.
18	The Organization is to describe the action taken to correct the identified nonconformity.
19	Identify the planned completion date for the correction (see box 18).
20	Provide a detailed description of the root cause(s) of the nonconformity; that is describe how/why the nonconformity occurred. In most cases, documenting 'isolated case' or 'lack of instruction' are not appropriate 'root causes' as there are system causes in other domains (e.g., insufficient supporting or management processes).
21	Organization to describe the action(s) to be taken to prevent the recurrence of the nonconformity
22	Organization to identify the planned completion date for the implementation of the corrective action(s).
23	Record the name of the Organization Representative who takes responsibility for Section 2.
24	Identify the name of the auditor who accepted the organization's response after review of Section 2.
25	Provide a summary of the verification activities performed by the auditor; to confirm corrective action implementation and effectiveness of actions taken to prevent recurrence.
26	Record auditor name(s), signature(s), and date who acknowledged closure of the NCR. NOTE: Electronic signature(s) may be used; in this case, the following text can be added: 'signature on file' or 'electronic signature available', or similar statement.
27	Record Audit Team Leader name, signature and date who approved closure of the NCR. NOTE: Electronic signature(s) may be used; in this case the following text can be added: 'signature on file' or 'electronic signature available', or similar.

AS/EN/SJAC 9101 Rev E
Form 5 : Audit Report

[1] *CB Name*	**AUDIT REPORT**			[2] *CB Logo*
[3] Audit Type :	Stage 2 ☐	Surveillance ☐	Recertification ☐	Special ☐
[4] Audit date(s):	[5] Audit Duration (Auditor days): Onsite: Offsite:		[6] Report No.:	
			[6] Report Date:	

Organization	
[7] Name:	[8] **Contact Details**
Address:	Representative:
	Title :
	Telephone:
Subsidiary of:	Email :
Website:	OASIS Administrator :

[9] Certification structure	Single: ☐	Multiple Cat 1: ☐ Cat 2: ☐	Several: ☐	Campus : ☐	Complex : ☐
[10] ASRP: Yes ☐ No ☐		[11] CAAT: Yes ☐ No ☐			
[12] Certificate Number:			[13] Expiration Date:		

Audit Team :	
[14] Audit Team Leader:	
[15] Audit Team Members:	
[16] Observers/Translators/Technical Experts:	

Audit Criterion					
[17] AQMS Standard :	9100 ☐	9110 ☐	9120 ☐	[18] Revision:	
[19] Quality Manual:				[20] Revision:	

Audit Details	
[21] Audit Objectives:	
[22] Audit Scope:	
[23] Permitted Exclusions:	

Nonconformity			
[24] Total Number of Nonconformities (issued during the audit):			
[25] Major Nonconformities:		[26] Minor Nonconformities:	

ProcessEffectiveness Assessment Report							
[27] Total Number of PEARs (issued during the audit):							
[28] Level 1 :		Level 2 :		Level 3 :		Level 4 :	

Report Issue	
[29] Report Distribution:	

AUDIT CONCLUSIONS

[30] **Audit Summary:**

[31] **Key Issues/Concerns Requiring Top Management Attention:**

[32] **Strengths and Good Practices:**

[33] **Opportunities for Improvement:**

[34] **Previous Surveillance Audit Nonconformity Status:**		
NCRs Issued (during last audit):	**NCRs Closed:**	**NCRs Open**

Form 5 : Audit Report

[35] **OASIS Data :**

OIN	**Site**	**Supplemental Report No.**	**Central Function** (yes/no)	**Number of (ASD) Employees**	**Audit Duration (Auditor Days)**	**Audited** (yes/no)

[36] **Changes to Organization/Facilities/Quality Management System/Scope (since last visit):**

Ref. No.:	**Brief Description:**	**(As applicable)**	
		Organization Document Ref.	**9100/9110/9120 Clause Ref.**

[37] **Agreed Follow-up Arrangements:**

[38] **Audit Team Leader Recommends:**
☐ Initial certification ☐ Recertification ☐ Initial certification/recertification subject to closure of all nonconformities
☐ Continued certification ☐ Continued certification subject to closure of all nonconformities.
☐ Suspension of certification ☐ Withdrawal of certification

Organization Confirmation	
Upon mutual agreement with customers/potential customers, the organization will make available all results of this audit, including the report, findings, corrective actions, checklists, etc.:	
[39] **Organization Representative Name:**	
Signature:	
Date:	

[40] **Audit Team Leader Approval**	
Name:	
Signature:	
Date:	

Form 5 : Audit Report Instructions	
Item #	**Description**
1	Include the name of the CB conducting the audit.
2	Include the logo of the CB conducting the audit (optional).
3	Identify the type of audit by selecting the appropriate box (i.e., Stage 2, Surveillance, Recertification, Special).
4	Identify the audit date(s). If more than one day, include the audit start and finish date.
5	Identify the number of auditor days; include offsite (e.g., preparation, planning, report writing, distribution) and onsite auditor days.
6	Identify the audit report number and the date that the audit report was created.
7	Include general information on the organization being audited (i.e., company name, address, website address) and if part of a larger organization, enter information regarding the parent company in the 'Subsidiary of' box.
8	Include contact details of the organization being audited [i.e., telephone number, e-mail address, name and title of the organization representative (point of contact), OASIS administrator name].
9	Select certification structure (i.e., single, multiple cat 1, multiple cat 2, several, campus, complex).
10	Select Advanced Surveillance Recertification Procedure (ASRP) "Yes" or "No".
11	Select Computer Assisted Auditing Techniques (CAAT) "Yes" or "No".
12	Enter the reference number of the certificate, if applicable at the time the report is issued.
13	Enter the expiry date of the certificate, as applicable.
14	Identify the name of the audit team leader.
15	Identify the name(s) of the audit team members.
16	Include the name(s) of any observers [those who accompany the audit team, but do not act as part of it (e.g., witnesses, trainees)], technical experts and appointed translators who acted as an interface to support differing languages between the auditor(s) and organization representative(s).
17	Select the AQMS standard used for determining the audit criteria
18	Identify the revision level of the relevant 9100, 9110, and/or 9120 standard.
19	Identify the organization's Quality Manual.
20	Include the revision number and/or date of the organization's Quality Manual.
21	Include a statement regarding the audit objectives, as applicable (e.g., determination of the conformity of the clients quality management system with audit criteria; evaluation of the capability of the quality management system to ensure compliance with statutory, regulatory, and contract requirements; evaluation of the effectiveness of the quality management system in meeting specified objectives; identification of areas for potential improvement of the quality management system).
22	Identify the audit scope; including the extent and boundaries of the audit (e.g., physical locations, organization units, activities/processes to be audited).
23	Enter information on the clauses of the applicable standards (i.e., 9100, 9110, 9120) that are excluded from the quality management system; must be appropriate and limited to clauses within clause 7.
24	.State the total number of Nonconformity Reports (NCR) issued during the audit; this should equal the sum of the major and minor NCRs.
25	State the number of major NCRs issued during the audit.

Form 5 : Audit Report Instructions (continued)	
26	State the number of minor NCRs completed during the audit.
27	State the total number of PEARs completed during the audit.
28	State the number of PEARs completed for each level of effectiveness.
29	Identify the names of those individuals who should receive a copy of the audit report, as agreed with the audited organization representative.
30	Provide a summary of the audit results including, for example, comments related to: o the effectiveness of the quality management system to enhance customer satisfaction. o the ability of the organization to constantly provide product that meets customer and applicable regulatory requirements. o the ability of the organizations quality management system to continually improve its effectiveness.
31	Summarize the key issues/concerns from the audit that require top management attention. Use brief and appropriate text to highlight the key issues/concerns (e.g., major nonconformities, ineffective processes).
32	Summarize areas of strength and good practices. This is not merely identifying those areas of conformity with criteria, but an opportunity for the audit team leader to identify those processes that are particularly well controlled and effective, and/or can represent good practices. Visibility of these items could potentially benefit the organization, if shared and deployed, as appropriate, elsewhere within the organization.
33	Summarize opportunities for improvement and/or observations (e.g., if not addressed could lead to a nonconformity). Provide a brief description/summary to clarify recommendation.
34	State the total number of NCRs issued at the previous audit, if applicable, together with a breakdown of the numbers of NCRs closed and/or remaining open (in case of surveillance).
35	Populate the table with the relevant information to support the OASIS upload.
36	Include information on significant changes since the last visit (e.g., key changes to the organization and/or facilities, changes to the quality management system, changes to the scope of certification). In the case of changes to the organization's quality management system, indicate the applicable clause(s) of the 9100/9110/9120 standard and identify the organization's associated documentation.
37	Summarize the arrangements agreed upon between the audit team leader and organization's representative relating to planned audit follow-up, as applicable (e.g., containment, corrective action and NCR closure, plus any other activities associated to audit close out).
38	Select the appropriate box relating to the recommendation for certification status.
38	Populate the table with the relevant information to support the OASIS upload.
39	Identify the name of the Organization's representative, including the signature and date. NOTE: Electronic signature may be used; in this case the following text can be added: 'signature on file' or 'electronic signature available', or similar.
40	Identify the name of the audit team leader, including the signature and date to record final approval of the report. NOTE: Electronic signature may be used; in this case the following text can be added: 'signature on file' or 'electronic signature available', or similar.

[1] *CB Name*	**SUPPLEMENTAL AUDIT REPORT**	[2] *CB Logo*

[3] Audit Type :	Stage 2 ☐	Surveillance ☐	Recertification ☐	Special ☐

[4] Audit date(s):	[5] Audit Duration (Auditor Days) Onsite: Offsite:	[6] Report No.:	
		[6] Report Date:	

Organization					
[7] Name:		[8] **Contact Details**			
Address:		Representative:			
		Title :			
		Telephone:			
OASIS Administrator:		Email :			
[9] Certification structure	Multiple cat 1:☐ cat 2:☐	Several: ☐	Campus : ☐	Complex :☐	
[10] ASRP: Yes ☐ No ☐		[11] CAAT: Yes ☐ No ☐			

Audit team :	
[12] Audit Team Leader:	
[13] Audit Team Members:	
[14] Observers/Translators/Technical Experts:	

Audit Criterion					
[15] AQMS Standard :	9100 ☐	9110 ☐	9120 ☐	[16] Revision:	
Audit Details					
[17] Audit Scope:					

Nonconformity			
[18] Total Number of Nonconformities (issued during the audit):			
[19] Major Nonconformities:		[20] Minor Nonconformities:	

PEAR							
[21] Total Number of PEARs (issued during the audit):							
[22] Level 1 :		Level 2 :		Level 3 :		Level 4 :	

AUDIT CONCLUSIONS

[23] **Audit Summary:**

[24] **Key Issues/Concerns Requiring Top Management Attention:**

[25] **Strengths and Good Practices:**

[26] **Opportunities for Improvement:**

[27] **Changes to Organization/Facilities/Quality Management System/Scope (since last visit):**

Ref. No.:	Brief Description:	(As applicable)	
		Organization Document Ref.	9100/9110/9120 Clause Ref.

[28] **OASIS Data**

OIN	Site	Central Function (yes/no)	Number of Employees	Audit Duration (Man-days)	Audited (yes/no)

Organization Confirmation

Upon mutual agreement with customers/potential customers, the organization will make available all results of this audit, including the report, findings, corrective actions, checklists, etc.:

[29] **Organization Representative Name:**	
Signature:	**Date:**

[30] **Audit Team Leader/Auditor**

Name:	
Signature:	**Date:**

Form 6 : Supplemental Audit Report Instructions	
Ref #	**Description**
1	Include the name of the CB conducting the audit.
2	Include the logo of the CB conducting the audit (optional).
3	Identify the type of audit selecting the appropriate box (i.e., Stage 2, Surveillance, Recertification, Special).
4	Identify the audit date(s). If more than one day, include the audit start and finish date.
5	Identify the number of auditor days; include offsite (e.g., preparation, planning, report writing, distribution) and onsite auditor days.
6	Identify the audit report number and the date that the audit report was created.
7	Include general information on the organization being audited (i.e., company name, address, OASIS Administrator).
8	Include contact details of the organization being audited [i.e., telephone number, e-mail address, name and title of the organization representative (point of contact)].
9	Select certification structure (i.e multiple cat 1/2, several, campus, complex).
10	Select Advanced Surveillance Recertification Procedure (ASRP) “Yes” or “No”.
11	Select Computer Assisted Auditing Techniques (CAAT) “Yes” or “No”.
12	Identify the name of the audit team leader.
13	Identify the name(s) of the audit team members.
14	Include the name(s) of any observers [those who accompany the audit team, but do not act as part of it (e.g., witnesses, trainees)], technical experts and appointed translators who acted as an interface to support differing languages between the auditor(s) and organization representative(s).
15	Select the standard used for determining the audit criteria.
16	Identify the revision level of the relevant 9100, 9110, and/or 9120 standard.
17	Identify the audit scope; to include the extent and boundaries of the audit (e.g., physical locations, organization units, activities/processes to be audited).
18	State the total number of nonconformities (NCR) issued during the audit; this should equal the sum of the major and minor NCRs.
19	State the number of major NCRs completed during the audit.
20	State the number of minor NCRs completed during the audit.
21	State the total number of PEARs completed during the audit.
22	State the number of PEARs issued for each level of effectiveness.
23	Provide a summary of the audit results, including for example comments related to: o the effectiveness of the quality management system to enhance customer satisfaction. o the ability of the organization to constantly provide product that meets customer and applicable regulatory requirements. o the ability of the organizations quality management system to continually improve its effectiveness.

Form 6 : Supplemental Audit Report Instructions (continued)	
24	Summarize the key issues/concerns from the audit that require top management attention. Use brief and appropriate text to highlight the key issues/concerns (e.g., major nonconformities, ineffective processes).
25	Summarize areas of strength and good practices. This is not merely identifying those areas of conformity with criteria, but an opportunity for the audit team leader to identify those processes that are particularly well controlled and effective, and/or can represent good practices. Visibility of these items could potentially benefit the organization, if shared and deployed, as appropriate, elsewhere within the organization.
26	Summarize opportunities for improvement and/or observations (e.g., if not addressed could lead to a nonconformity). Provide a brief description/summary to clarify recommendation.
27	Include information on significant changes since the last visit (e.g., key changes to the organization and/or facilities, changes to the quality management system, changes to the scope of certification). In the case of changes to the organization's quality management system, indicate the applicable clause(s) of the 9100/9110/9120 standard and identify the organization's associated documentation.
28	Populate the table with the relevant information to support the OASIS upload.
29	Identify the name of the Organization's representative, including the signature and date. NOTE: Electronic signature may be used; in this case the following text can be added: 'signature on file' or 'electronic signature available', or similar statement.
30	Record the name, signature and date of the audit team leader or auditor. NOTE: Electronic signature may be used; in this case the following text can be added: 'signature on file' or 'electronic signature available', or similar.statement