



# SUPPLIER AUDIT SUMMARY REPORT

FORMAT NO. :	AUDIT REPORT NO. :
REV. NO. :	AUDIT REPORT DATE :
REV. DATE :	FILE NO. /DOC CODE :

Audit Days	Audit Start Date	Audit End Date	Auditor(s) Team	Auditee(s) Team
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<u>Scope of Audit</u>	<u>Audit Location</u>	<u>Reasons</u> <input type="checkbox"/> New Product <input type="checkbox"/> Costing <input type="checkbox"/> Annual Review <input type="checkbox"/> Quality <input type="checkbox"/> Documentation / System <input type="checkbox"/> Others.....
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Rating Type							
0	Unacceptable	1	Opportunity for Improvement	2	Acceptable / Good	3	Excellent

AUDIT INFORMATION			
Description	Verified	Comments	Status

<u>Auditor Note</u>	Final Status	Auditor Sign.  Lead auditor Sign.
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