

## Process Audit Checklist (CIS-F116)

|   |     |   |   |
|---|-----|---|---|
| 1. Establish and maintain the EOMS – define key processes, what's required for those processes, etc. (ISO Standard 4.4) |     |   |   |
| Y   | RFI | C | Interviewee can walk through the procedure from beginning to end, and includes how the process may interact with other departments. |
| Y   | RFI | C | Interviewee can explain how he/she/department plans for potential issues with the process and how things may go wrong.              |
| Y   | RFI | C | Interviewee can explain the resources required for the procedure  |
| Y   | RFI | C | Interviewee can describe and produce examples of the outcomes expected for the procedure.   |
| Y   | RFI | C | Interviewee can explain how he/she/department monitors the effectiveness of the procedure.  |
| Y   | RFI | C | Interviewee can provide documentation related to the process (relevant forms that are required, etc.)                               |
| Notes:  |     |   |   |

\*Attach any documentation (forms, methods for tracking effectiveness, etc.) to the back of this checklist

Conduct workspace observation (check all that apply)

- |                          |  |
|--------------------------|--|
| Yes                      | No   |
| <input type="checkbox"/> | <input type="checkbox"/> Building appears adequate to perform work   |
| <input type="checkbox"/> | <input type="checkbox"/> All equipment appears to be in good working order   |
| <input type="checkbox"/> | <input type="checkbox"/> Workspace appears adequate to perform work  |
| <input type="checkbox"/> | <input type="checkbox"/> Work environment appears safe   |
| <input type="checkbox"/> | <input type="checkbox"/> Work environment appears organized and clean  |
| <input type="checkbox"/> | <input type="checkbox"/> Environmental factors appear to be conducive to quality work (noise, lighting, temperature, etc.) |



## Process Audit Checklist (CIS-F116)

For Lead Auditor, Continuous Improvement Director, and Department Chief, during Closing Meeting.

### Closing Meeting Notes:

Please use the space below to describe results, any action items that will result from the internal audit.

PROCESS AUDIT NUMBER \_\_\_\_\_

Lead Auditor Signature \_\_\_\_\_

Department Head Signature \_\_\_\_\_

Department Chief Signature \_\_\_\_\_

Director of Continuous Improvement Signature \_\_\_\_\_

Follow-up date: