

Blank GMP Audit Checklist Template for Quality Control

Audit Date:

Auditor(s):

Department/Area:

Location:

Reference SOP:

Audit No.:

Audit Checklist

| # | Checklist Item | Compliant (Yes/No) | Observation/Comments | Corrective Action |
|---|----------------|--------------------|----------------------|-------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

General Observations

Auditor Signature
Date:

Department Head Signature
Date:

QA Manager Signature
Date: