

Blank GMP Audit Checklist Template for Quality Control

Audit Date:

Department/Area:

Reference SOP:

Auditor(s):

Location:

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: