

Laboratory Process Audit Checklist

Audit Details

Date		Auditor(s)	
Department		Process Audited	

Checklist

No.	Audit Item	Yes	No	N/A	Comments
1					
2					
3					
4					
5					

Findings & Recommendations

Auditor's Signature

Name		Signature		Date	
------	--	-----------	--	------	--