**Audit Checklist**

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| **Department / Unit:** |  | **Process Title:** |  |
| **Auditee / Process Owner:** |  | **Auditor:** |  |
| **Date of Audit:** |  |  |  |

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| --- | --- | --- | --- |
| **Audit Questions** | **Yes** | **No** | **Comments** |
| **QMS Component:**  |
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| 1. How do you keep updated on changes to UL policies and how these might impact on your work?
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| 1. What mandatory training have you completed in the past 12 months?
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| 1. Have any risks been identified with this process?
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| 1. What internal controls have been put in place to mitigate against these risks?
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| 1. Have any updates been made to the process as a result of customer feedback?
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| 1. Is the process effective?
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| 1. Can you make any suggestions on how the process could be improved?
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