

DOUGHERTY COUNTY SCHOOL SYSTEM CORRECTIVE AND PREVENTIVE ACTION - CHECKLIST

Audit Date: _____

Auditor Team Members: _____

Instructions: Per the internal audit schedule, notify the department manager and arrange for the date and time of the internal audit. Report the scheduled date and time to the Lead Auditor for tracking. Record the date and time of the audit here: _____

Record the person you talked with to arrange the internal audit: _____

Personnel contacted upon start of the audit: _____

1. Is there a documented procedure for corrective action? No Yes, Record the details below.

Doc# _____ Rev. Date: _____ Rev. Letter: _____

Verified against master list [] Acceptable? Yes No

2. Does the procedure for corrective action address the following elements?

- a) That we review nonconformities including customer complaints: Yes No
- b) That we determine causes of the nonconformities: Yes No
- c) That we evaluate the need for action to ensure that nonconformities do not recur: Yes No
- d) That we determine and implement the action needed: Yes No
- e) That the results of the actions taken are recorded: Yes No
- f) That the corrective action is reviewed to ensure that action taken is effective: Yes No

Comments: _____

_____ Acceptable? Yes No

3. Ask to see the corrective action log and select a minimum of five (5) corrective actions (preferably completed through the process), have the records pulled and determine the following?

Sample No.	C/A Number	Date Issued	Date Due	Date Returned	On Time?	Response Acceptable?	Follow-Up for Effectiveness	
							On-Time?	Acceptable?

Comments: _____

_____ Acceptable? Yes No

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4. For the samples taken in question #3, are the records filed according to the quality records table in the procedure?

Summarize response and objective evidence reviewed: _____

_____ Acceptable? Yes No

5. Are the corrective actions being issued on the correct form? Yes No

Form No. _____ Rev. Date: _____ Rev. Letter: _____
Summarize response and objective evidence reviewed: _____
_____ Acceptable? Yes No

6. Is there a documented procedure for preventive action? No Yes, Record the details below.

Doc# _____ Rev. Date: _____ Rev. Letter: _____
Verified against master list [] Acceptable? Yes No

7. Does the procedure for preventive action address the following elements?

- a) That we determine potential nonconformities and their causes: Yes No
- b) That we evaluate the need for action to prevent the occurrence of nonconformities: Yes No
- c) That we determine and implement the action needed: Yes No
- d) That the results of the actions taken are recorded: Yes No
- e) That the preventive action is reviewed to ensure that action taken is effective: Yes No

Comments: _____
_____ Acceptable? Yes No

8. Ask the person(s) being audited if we are meeting the requirements of this procedure and to describe how the process works. Summarize the process below and record objective evidence taken to ensure implementation of this process.

_____ Acceptable? Yes No

9. Additional questions (optional):

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10. Were there any nonconformances found in this internal audit? No Yes, go to #10

11. List the question numbers and nonconformances found below:

Q# _____ N/C Found: _____

Q# _____ N/C Found: _____

Q# _____ N/C Found: _____

Q# _____ N/C Found: _____

Q# _____ N/C Found: _____

12. What are the corrective action request control numbers? _____

13. Describe how you shared the results of the internal audit with the department management and who you talked to below.

14. Record the date the audit report was completed and issued to the Lead Auditor for distribution:

Auditor Name (printed) Auditor Name (signed) Date

Auditor Name (printed) Auditor Name (signed) Date

Auditor Name (printed) Auditor Name (signed) Date

Lead Auditor Reviewed & Approved: _____ Date: _____

Lead Auditor Name Printed: _____

Comments / Opportunities for improvement concerning this internal audit or "N/A": _____

