**Department**

## Audit Closure Statement

## Report closed

**Next Audit to be conducted:**

 ** In accordance with current schedule**

**Or**

 ** In accordance with revised schedule**

**Or**

 ** by ....................……..... (Date)**

**......................................................**

**QM signature and date**

**AUDITEE / AUDIT AREA:**

##### DATE:

**PLACE:**

SCOPE OF PROCEDURES/ STANDARDS AUDITED:

AUDITOR:

**AUDIT FINDINGS: (Reference to Corrective Actions raised)**

**COMMENTS/ OBSERVATIONS:**

###### AUDITOR’S SIGNATURE: ………………………………… DATE:

**PRINT NAME:**