



# IATF 16949 3<sup>rd</sup> Party New Auditor Audit Log

**Please note: ALL the information is required.**

**Auditor Name:** \_\_\_\_\_

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Audit Date (First Date of Site Visit): \_\_\_\_\_ Duration of Audit on Site (in days): \_\_\_\_\_

Role in Audit (Auditor, Lead Auditor): \_\_\_\_\_ Audit Standard: \_\_\_\_\_

Type of Audit:     Full System     Partial Audit

Certification Body for Whom You Did This Audit: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Audit Date (First Date of Site Visit): \_\_\_\_\_ Duration of Audit on Site (in days): \_\_\_\_\_

Role in Audit (Auditor, Lead Auditor): \_\_\_\_\_ Audit Standard: \_\_\_\_\_

Type of Audit:     Full System     Partial Audit

Certification Body for Whom You Did This Audit: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Audit Date (First Date of Site Visit): \_\_\_\_\_ Duration of Audit on Site (in days): \_\_\_\_\_

Role in Audit (Auditor, Lead Auditor): \_\_\_\_\_ Audit Standard: \_\_\_\_\_

Type of Audit:     Full System     Partial Audit

Certification Body for Whom You Did This Audit: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Audit Date (First Date of Site Visit): \_\_\_\_\_ Duration of Audit on Site (in days): \_\_\_\_\_

Role in Audit (Auditor, Lead Auditor): \_\_\_\_\_ Audit Standard: \_\_\_\_\_

Type of Audit:     Full System     Partial Audit

Certification Body for Whom You Did This Audit: \_\_\_\_\_

\_\_\_\_\_ **Please make copies as needed** \_\_\_\_\_