IC	AUDIT MANAGEMENT CHECKLIST		Audit Reference		
Name of Organisation:					
PREPARATORY MEETING					
Names of participants:					
Questionnaire completed?	☐ Yes ☐ No	Meeting Date:			
ADEQUACY AUDIT					
Date data received:		Date audit completed:			
Documentation received	☐ DP Policy	☐ Procedures			
	☐ Codes of practice	☐ Other			
Audit outcome:	☐ Satisfactory	☐ Unsatisfactory	′		
Compliance Audit scheduled?	☐ Yes ☐ No	Scheduled Compliance Audit date:			
COMPLIANCE AUDIT					
Actual Audit date:		Audit duration (days):			
Audit Team Leader					
Audit Team Members					
Documentation check before leaving for the audit:					
☐ Pre-Au	udit Questionnaire				
<u> </u>	n Audit Checklists Process Audit Checklists				
	ew/Focus Group Record Sheets				
Names of participants at the Opening Meeting:					
Number of Major Non- compliances raised:		Number of Minor Non- compliances raised:			
Number of Observations made:		Number of staff One-to- One interviews held:			
Number of staff Focus		Compliance Audit Report completed?	☐ Yes ☐ No		
Names of participants at the Closing Meeting:		ivebour completen:			

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IC	AUDIT MANAGEN	Audit Reference		
Name of Organisation:				
AUDIT FOLLOW-UP				
Audit Follow-up scheduled?	☐ Yes ☐ No	Scheduled Audit Follow-up date:		
Audit Team Leader				
Audit Team Members				
All Major Non- compliances cleared?	☐ Yes ☐ No	All Minor Non- compliances cleared?	☐ Yes	□ No
Audit closed?	☐ Yes ☐ No	Audit completion date:		
NOTES				
Completed by		Date		

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