

INSTRUCTIONS FOR COMPLETING THE AUDIT LOG

SECTION 1. ABOUT THE AUDIT

Audit Start Date: The day the audit began with the opening meeting. Audits must have been within the last 3 years.

Standard: The standard the audit was conducted to.

Your Role in Audit: What your official role was in the audit.

Type of Audit: Select the type of audit conducted.

Number of Active Audit Team Members: Including yourself, the total number of auditors that were active in the audit.

Total Number of Your Audit Days: Total number of audit days that you participated in.

Number of Your On-site Audit Days: Total number of days you were on-site participating in actual auditing activities

Number of Your Off-site Audit Days: Total number of days you were involved in audit activities other than actual on-site auditing (planning, writing reports, etc.).

Other Relevant Information if Applicable: Any other information related to this audit that you believe to be important.

SECTION 2. ABOUT THE COMPANY THAT EMPLOYED YOU FOR THE AUDIT

This section requests information related to the organization that you worked for during the audit. Please provide as much information as possible. The information gathered will be used to verify your audit log and your participation in the audit.

SECTION 3. ABOUT THE COMPANY YOU AUDITED

This section requests information related to the organization that you audited. Please provide as much information as possible. The information gathered will be used to verify your audit log and your participation in the audit.

SECTION 4. ABOUT THE LEAD AUDITOR THAT CAN VERIFY YOUR PARTICIPATION

This section requests information related to the individual that led the audit, if it was someone other than yourself. Please provide as much information as possible. Once again, the information gathered will be used to verify your audit log and your participation in the audit.

AUDIT REQUIREMENTS FOR NEW AUDITOR APPLICATION

Audit requirements must include, at a minimum:

- a. 20 - 35 onsite audit days (conducting audit activities)
- b. 4 full QMS (ISO9001) or AQMS (AS9100) system audits. A "full" audit covers all requirements of the respective standard and is aligned with the certification scope of the audited organization.
- c. 2 audits that included design (may be included in the 4 QMS or AQMS system audits)

Important Reminders About Audit Acceptability:

All audits must have been conducted within the previous 3 years from the date of application. You must have been a member of the audit team. Only 2nd or 3rd party QMS or AQMS audits will be considered. 1st party, internal, training audits, and audits where you were an observer will not be considered for authentication purposes.

AUDIT REQUIREMENTS FOR RE-AUTHENTICATION APPLICATION

To maintain qualification, all auditors and aerospace experience auditors must participate in at least four aerospace audits in the previous three years. Only 2nd or 3rd party audits will be considered.

AUDIT #1	
1. ABOUT THE AUDIT	
1. Audit Start Date	
2. Standard	
3. Your Role in Audit	
4. Type of Audit	
5. Audit Details	
6. Number of Active Audit Team Members	
7. Total Number of Your Audit Days	
8. Number of Your On-site Audit Days	
9. Number of Your Off-site Audit Days	
10. Other Relevant Information if Applicable	
2. ABOUT THE COMPANY THAT EMPLOYED YOU FOR THE AUDIT	
1. Your Position or Title	
2. Company Name	
3. Company Street Address	
4. Company City, State, and Zip	
5. Name for Company Contact	
6. Phone Number of Company Contact	
7. Email Address of Company Contact	
8. Other Relevant Information if Applicable	
3. ABOUT THE COMPANY YOU AUDITED	
1. Company Name	
2. Number of Company Employees	
3. Company Street Address	
4. Company City, State, and Zip	
5. Name for Company Contact	
6. Phone Number of Company Contact	
7. Email Address of Company Contact	
8. Other Relevant Information if Applicable	
4. ABOUT THE LEAD AUDITOR THAT CAN VERIFY YOUR PARTICIPATION	
1. Name	
2. Phone Number	
3. Email Address	
4. Grade and Scope	
5. Auditor Certification Number	
6. Other relevant information	

AUDIT #2	
1. ABOUT THE AUDIT	
1. Audit Start Date	
2. Standard	
3. Your Role in Audit	
4. Type of Audit	
5. Audit Details	
6. Number of Active Audit Team Members	
7. Total Number of Your Audit Days	
8. Number of Your On-site Audit Days	
9. Number of Your Off-site Audit Days	
10. Other Relevant Information if Applicable	
2. ABOUT THE COMPANY THAT EMPLOYED YOU FOR THE AUDIT	
1. Your Position or Title	
2. Company Name	
3. Company Street Address	
4. Company City, State, and Zip	
5. Name for Company Contact	
6. Phone Number of Company Contact	
7. Email Address of Company Contact	
8. Other Relevant Information if Applicable	
3. ABOUT THE COMPANY YOU AUDITED	
1. Company Name	
2. Number of Company Employees	
3. Company Street Address	
4. Company City, State, and Zip	
5. Name for Company Contact	
6. Phone Number of Company Contact	
7. Email Address of Company Contact	
8. Other Relevant Information if Applicable	
4. ABOUT THE LEAD AUDITOR THAT CAN VERIFY YOUR PARTICIPATION	
1. Name	
2. Phone Number	
3. Email Address	
4. Grade and Scope	
5. Auditor Certification Number	
6. Other relevant information	

AUDIT #3	
1. ABOUT THE AUDIT	
1. Audit Start Date	
2. Standard	
3. Your Role in Audit	
4. Type of Audit	
5. Audit Details	
6. Number of Active Audit Team Members	
7. Total Number of Your Audit Days	
8. Number of Your On-site Audit Days	
9. Number of Your Off-site Audit Days	
10. Other Relevant Information if Applicable	
2. ABOUT THE COMPANY THAT EMPLOYED YOU FOR THE AUDIT	
1. Your Position or Title	
2. Company Name	
3. Company Street Address	
4. Company City, State, and Zip	
5. Name for Company Contact	
6. Phone Number of Company Contact	
7. Email Address of Company Contact	
8. Other Relevant Information if Applicable	
3. ABOUT THE COMPANY YOU AUDITED	
1. Company Name	
2. Number of Company Employees	
3. Company Street Address	
4. Company City, State, and Zip	
5. Name for Company Contact	
6. Phone Number of Company Contact	
7. Email Address of Company Contact	
8. Other Relevant Information if Applicable	
4. ABOUT THE LEAD AUDITOR THAT CAN VERIFY YOUR PARTICIPATION	
1. Name	
2. Phone Number	
3. Email Address	
4. Grade and Scope	
5. Auditor Certification Number	
6. Other relevant information	

AUDIT #4	
1. ABOUT THE AUDIT	
1. Audit Start Date	
2. Standard	
3. Your Role in Audit	
4. Type of Audit	
5. Audit Details	
6. Number of Active Audit Team Members	
7. Total Number of Your Audit Days	
8. Number of Your On-site Audit Days	
9. Number of Your Off-site Audit Days	
10. Other Relevant Information if Applicable	
2. ABOUT THE COMPANY THAT EMPLOYED YOU FOR THE AUDIT	
1. Your Position or Title	
2. Company Name	
3. Company Street Address	
4. Company City, State, and Zip	
5. Name for Company Contact	
6. Phone Number of Company Contact	
7. Email Address of Company Contact	
8. Other Relevant Information if Applicable	
3. ABOUT THE COMPANY YOU AUDITED	
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2. Number of Company Employees	
3. Company Street Address	
4. Company City, State, and Zip	
5. Name for Company Contact	
6. Phone Number of Company Contact	
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8. Other Relevant Information if Applicable	
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5. Auditor Certification Number	
6. Other relevant information	

AUDIT #5	
1. ABOUT THE AUDIT	
1. Audit Start Date	
2. Standard	
3. Your Role in Audit	
4. Type of Audit	
5. Audit Details	
6. Number of Active Audit Team Members	
7. Total Number of Your Audit Days	
8. Number of Your On-site Audit Days	
9. Number of Your Off-site Audit Days	
10. Other Relevant Information if Applicable	
2. ABOUT THE COMPANY THAT EMPLOYED YOU FOR THE AUDIT	
1. Your Position or Title	
2. Company Name	
3. Company Street Address	
4. Company City, State, and Zip	
5. Name for Company Contact	
6. Phone Number of Company Contact	
7. Email Address of Company Contact	
8. Other Relevant Information if Applicable	
3. ABOUT THE COMPANY YOU AUDITED	
1. Company Name	
2. Number of Company Employees	
3. Company Street Address	
4. Company City, State, and Zip	
5. Name for Company Contact	
6. Phone Number of Company Contact	
7. Email Address of Company Contact	
8. Other Relevant Information if Applicable	
4. ABOUT THE LEAD AUDITOR THAT CAN VERIFY YOUR PARTICIPATION	
1. Name	
2. Phone Number	
3. Email Address	
4. Grade and Scope	
5. Auditor Certification Number	
6. Other relevant information	

AUDIT #6	
1. ABOUT THE AUDIT	
1. Audit Start Date	
2. Standard	
3. Your Role in Audit	
4. Type of Audit	
5. Audit Details	
6. Number of Active Audit Team Members	
7. Total Number of Your Audit Days	
8. Number of Your On-site Audit Days	
9. Number of Your Off-site Audit Days	
10. Other Relevant Information if Applicable	
2. ABOUT THE COMPANY THAT EMPLOYED YOU FOR THE AUDIT	
1. Your Position or Title	
2. Company Name	
3. Company Street Address	
4. Company City, State, and Zip	
5. Name for Company Contact	
6. Phone Number of Company Contact	
7. Email Address of Company Contact	
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2. Number of Company Employees	
3. Company Street Address	
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1. Name	
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4. Grade and Scope	
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6. Other relevant information	

AUDIT #7	
1. ABOUT THE AUDIT	
1. Audit Start Date	
2. Standard	
3. Your Role in Audit	
4. Type of Audit	
5. Audit Details	
6. Number of Active Audit Team Members	
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9. Number of Your Off-site Audit Days	
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1. Your Position or Title	
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2. Number of Company Employees	
3. Company Street Address	
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7. Email Address of Company Contact	
8. Other Relevant Information if Applicable	
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3. Email Address	
4. Grade and Scope	
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6. Other relevant information	

AUDIT #8	
1. ABOUT THE AUDIT	
1. Audit Start Date	
2. Standard	
3. Your Role in Audit	
4. Type of Audit	
5. Audit Details	
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9. Number of Your Off-site Audit Days	
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AUDIT #9	
1. ABOUT THE AUDIT	
1. Audit Start Date	
2. Standard	
3. Your Role in Audit	
4. Type of Audit	
5. Audit Details	
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8. Other Relevant Information if Applicable	
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4. Grade and Scope	
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6. Other relevant information	

AUDIT #10	
1. ABOUT THE AUDIT	
1. Audit Start Date	
2. Standard	
3. Your Role in Audit	
4. Type of Audit	
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AUDIT #11	
1. ABOUT THE AUDIT	
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2. Standard	
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1. Name	
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3. Email Address	
4. Grade and Scope	
5. Auditor Certification Number	
6. Other relevant information	

AUDIT #12	
1. ABOUT THE AUDIT	
1. Audit Start Date	
2. Standard	
3. Your Role in Audit	
4. Type of Audit	
5. Audit Details	
6. Number of Active Audit Team Members	
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4. ABOUT THE LEAD AUDITOR THAT CAN VERIFY YOUR PARTICIPATION	
1. Name	
2. Phone Number	
3. Email Address	
4. Grade and Scope	
5. Auditor Certification Number	
6. Other relevant information	

AUDIT #13	
1. ABOUT THE AUDIT	
1. Audit Start Date	
2. Standard	
3. Your Role in Audit	
4. Type of Audit	
5. Audit Details	
6. Number of Active Audit Team Members	
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4. ABOUT THE LEAD AUDITOR THAT CAN VERIFY YOUR PARTICIPATION	
1. Name	
2. Phone Number	
3. Email Address	
4. Grade and Scope	
5. Auditor Certification Number	
6. Other relevant information	

AUDIT #14	
1. ABOUT THE AUDIT	
1. Audit Start Date	
2. Standard	
3. Your Role in Audit	
4. Type of Audit	
5. Audit Details	
6. Number of Active Audit Team Members	
7. Total Number of Your Audit Days	
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9. Number of Your Off-site Audit Days	
10. Other Relevant Information if Applicable	
2. ABOUT THE COMPANY THAT EMPLOYED YOU FOR THE AUDIT	
1. Your Position or Title	
2. Company Name	
3. Company Street Address	
4. Company City, State, and Zip	
5. Name for Company Contact	
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3. ABOUT THE COMPANY YOU AUDITED	
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2. Number of Company Employees	
3. Company Street Address	
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7. Email Address of Company Contact	
8. Other Relevant Information if Applicable	
4. ABOUT THE LEAD AUDITOR THAT CAN VERIFY YOUR PARTICIPATION	
1. Name	
2. Phone Number	
3. Email Address	
4. Grade and Scope	
5. Auditor Certification Number	
6. Other relevant information	

AUDIT #15	
1. ABOUT THE AUDIT	
1. Audit Start Date	
2. Standard	
3. Your Role in Audit	
4. Type of Audit	
5. Audit Details	
6. Number of Active Audit Team Members	
7. Total Number of Your Audit Days	
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9. Number of Your Off-site Audit Days	
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4. Grade and Scope	
5. Auditor Certification Number	
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