

Working Papers

Facility Name:

Facility Location:

Team Member:

Other Team Members:

Scope of Review:

Areas covered in this set of working papers:

Period under review:

Date(s) of review:

Book _____ of _____

Working papers reviewed by: _____ Date: _____

Topic: Facility Contact List

Date: _____

(month/day/year)

Initials: _____

1.	Plant Contact	Phone Number	Location
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Topic: Legend

Cross out and initial symbols not used and add other symbols used

Date: _____

(month/day/year)

Initials: _____

	Symbol	Definition
1.	○	Item needing further auditor attention
2.	⊘ p.9	Item where subsequent attention has been given and noted on page 9
3.	□	Potential report exception / observation
4.	▣	Exception / observation after reporting to team leader
5.	⊠ Item 7	Exception confirmed by auditor on exit meeting discussion sheet (item 7)
6.	⊞ p.17	Potential concern later determined by auditor not to be exception (explanation p.17)
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Topic: Opening Meeting

Date: _____

(month/day/year)

Initials: _____

	Action Notes	Working Paper Notes
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Summary:

Topic and Protocol Step: _____

Date: _____
(month/day/year)

Initials: _____

	Action Notes	Working Paper Notes
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Summary:

Topic and Protocol Step: _____

Date: _____

(month/day/year)

Initials: _____

	Action Notes	Working Paper Notes
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Summary:

Topic and Protocol Step: _____

Date: _____
(month/day/year)

Initials: _____

	Action Notes	Working Paper Notes
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Summary:

Topic and Protocol Step: _____

Date: _____

(month/day/year)

Initials: _____

	Action Notes	Working Paper Notes
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Summary:

Topic and Protocol Step: _____

Date: _____

(month/day/year)

Initials: _____

	Action Notes	Working Paper Notes
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Summary:

Topic and Protocol Step: _____

Date: _____

(month/day/year)

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Topic and Protocol Step: _____

Date: _____
(month/day/year)

Initials: _____

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Topic and Protocol Step: _____

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(month/day/year)

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(month/day/year)

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Topic and Protocol Step: _____

Date: _____
(month/day/year)

Initials: _____

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(month/day/year)

Initials: _____

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Summary:

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(month/day/year)

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Summary:

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(month/day/year)

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Date: _____
(month/day/year)

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Summary:

Topic and Protocol Step: _____

Date: _____
(month/day/year)

Initials: _____

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Summary:

Topic and Protocol Step: _____

Date: _____

(month/day/year)

Initials: _____

	Action Notes	Working Paper Notes
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Summary:

Topic and Protocol Step: _____

Date: _____
(month/day/year)

Initials: _____

	Action Notes	Working Paper Notes
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Summary:

Topic and Protocol Step: _____

Date: _____
(month/day/year)

Initials: _____

	Action Notes	Working Paper Notes
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Summary:

Topic and Protocol Step: _____

Date: _____

(month/day/year)

Initials: _____

	Action Notes	Working Paper Notes
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Summary:

Team Member's Schedule – Week 1 (Week of ___/___/___)							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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7:30							

Topic: Assessing Risks and Management Systems

Date: _____
 (month/day/year)
 Initials: _____

1.	Protocol Topic	Risk	Management Systems
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Key	Risk	Management systems
	H = High	S = Strong
	M = Moderate	M = Moderate
	L = Low	W = Week

Topic: *Developing Testing Plans*

Date: _____
(month/day/year)
Initials: _____

	Protocol Topic	Key Question	Desired Method of Gathering Evidence (inquiry, Observation, Testing)
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Topic: *Preliminary Wording of Exceptions and Observations*

Date:

(month/day/year)

Initials:

	Reference / Comments	Preliminary Exceptions / Observations	Desired Method of Gathering Evidence (inquiry, Observation, Testing)
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Topic: Exhibit List

Date:

(month/day/year)

Initials:

Exhibit No. (initials)	Applicable Protocol(s)	Description
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