



IATF 16949 3rd 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

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Type of Audit: ☐ Full System ☐ Partial Audit

Certification Body for Whom You Did This Audit: _____

Please make copies as needed