



## QMS Audit Checklist (Annual/Quarterly)

*(For comprehensive QMS reviews – CITB Compliance)*

### Audit Scope

- **Frequency:**  Quarterly  Annual
- **Auditor:** Omowaleola Ayanbadejo
- **Date:** \_\_\_\_\_

## Audit Areas & Compliance Status

Audit Category	Checklist Item	Compliant?	Evidence/Notes	Action Required
<b>1. Document Control</b>	<input type="checkbox"/> All policies/procedures up-to-date and accessible	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
	<input type="checkbox"/> Staff trained on latest QMS revisions	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
<b>2. Staff Competency</b>	<input type="checkbox"/> Trainers/IQA certifications valid	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
	<input type="checkbox"/> Annual staff competency assessments completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
<b>3. Delegate Records</b>	<input type="checkbox"/> Records retained securely for 3 years	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
	<input type="checkbox"/> Data Protection Act compliance verified	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
<b>4. Internal Audits</b>	<input type="checkbox"/> Quarterly audits conducted as per	<input type="checkbox"/> Yes <input type="checkbox"/>	_____	_____

<b>Audit Category</b>	<b>Checklist Item</b>	<b>Compliant?</b>	<b>Evidence/Notes</b>	<b>Action Required</b>
	schedule	No		
	<input type="checkbox"/> 100% corrective actions closed from last audit	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
<b>5. Management Reviews</b>	<input type="checkbox"/> Quarterly meetings held with documented minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
	<input type="checkbox"/> CITB updates integrated into QMS	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
<b>6. Training Delivery</b>	<input type="checkbox"/> 100% sessions compliant with CITB requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
	<input type="checkbox"/> Emergency procedures tested annually	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
<b>7. Corrective Actions</b>	<input type="checkbox"/> Root cause analysis done for non-compliances	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
	<input type="checkbox"/> Preventive actions implemented	<input type="checkbox"/> Yes <input type="checkbox"/>	_____	_____

Audit Category	Checklist Item	Compliant?	Evidence/Notes	Action Required
	proactively	No		
<b>8. CITB Compliance</b>	<input type="checkbox"/> Malpractice logs updated and reported	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
	<input type="checkbox"/> Conflict of Interest log maintained	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

## Auditor Summary

- **Strengths:** \_\_\_\_\_
- **Critical Non-Compliances:** \_\_\_\_\_
- **Recommendations:** \_\_\_\_\_

## Sign-Off

- **Auditor:** \_\_\_\_\_ (Omowaleola Ayanbadejo)
- **QMS Committee Approval:** \_\_\_\_\_ (Oludotun Ashaye)
- **Next Audit Date:** \_\_\_\_\_