



## **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  |                |                 |
| 8. CITB Compliance | <input type="checkbox"/> Malpractice logs updated and reported | <input type="checkbox"/> Yes <input type="checkbox"/><br>No | _____          | _____           |
|                    | <input type="checkbox"/> Conflict of Interest log maintained   | <input type="checkbox"/> Yes <input type="checkbox"/><br>No | _____          | _____           |

### Auditor Summary

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

### Sign-Off

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