

Guidance for Completing the Audit Details Form

An Audit Details Form must be filled out for each audit listed on the “Auditor Logs” page of your online application.

Required Information	Notes/Explanation of Required Information
Audit dates:	Start date is the date of the Opening Meeting and End date is the date the Closing Meeting was conducted
Audit duration:	This is time you spent auditing; NOT the combined time spent by the audit team. Audit duration in days. Seven hours of auditing activities is considered one day. Onsite audit time – time spent onsite from Opening Meeting to the Closing Meeting. Offsite time – time spent on planning, audit preparation, report writing. These activities may take place at the site of the audit but the time spent will still be considered offsite.
Standard/Spec:	Please specify if API Spec Q1, Spec Q2 or both were used as criteria for the audit.
Technical scope(s):	These are the scopes listed in the Certification Guide. List all that apply. You only need to list the 2-digit code.
Audit type:	The audit type could be one or a combination of the audit types, e.g., full system re-audit, partial internal audit, etc., whatever best describes the audit that you have performed. Check all that apply.
Your role in the audit:	Please indicate if you were a member of the audit team, the team leader or the lone auditor. Solo auditor is where you were the only one who performed all stages of the audit, from preparation to the final audit report and follow-up (corrective action verification), if required.
Number of auditors in the team	Only active participants should be included. Observers or any evaluators, guides should not be included in this number.
Audit Team Leader	You only need to fill out this part if you were an audit team member. If filled out, this portion must include the signature of the Audit Team Leader.
Audited Organization	Complete address, i.e., Street, City, State/Province, Region and Country and Postal code (if available), MUST be provided. This portion must include the signature of the audited organization’s contact or representative during the audit.
Organization that employed you for the audit	This is the company or organization that employed you for the audit. It could be your client if the audit, your employer (which could be a CB) or your own company, if it is an internal audit or 2nd party audit. Please provide all information required.

AUDIT DETAILS FORM

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AUDIT INFORMATION		
Audit Dates:	Start:	End:
Audit Duration (No. of days):	Offsite:	Onsite:
Standard/Spec: <i>(Check/list all that apply.)</i>	API Spec Q1:	API Spec Q2:
	Other(s):	Specify:
Technical Scope(s): <i>(List all that apply. Refer to the list in the Certification Guide.)</i>		
Audit Type: <i>(Check/list all that apply.)</i>	Internal (1 st party):	2 nd party:
	3 rd party:	Full System:
	Partial:	CA Verification:
	Other(s):	Specify:
AUDIT TEAM INFORMATION		
Your role in the audit: <i>(Check one.)</i>	Auditor (as team member):	Team Lead:
	Solo Auditor:	Other: Specify:
Number of auditors in the team (including yourself):		
Name of Audit Team Lead (if not you): <i>Write N/A if you ARE the team lead.</i>		
Address:		City:
State/Province:	Country:	ZIP:
Work phone:	Cellphone:	Email address:
Signature of team lead: <i>Only needed if you worked on a team.</i>		Date signed:
INFORMATION ABOUT THE AUDITED ORGANIZATION		
Organization name:		
Address:		City:
State/Province:	Country:	ZIP:
Contact name:		
Phone number(s):		Email address:
Signature of contact:		Date signed:
INFORMATION ABOUT THE COMPANY THAT EMPLOYED YOU FOR THE AUDIT <i>(if applicable)</i>		
Organization name:		
Address:		
City:	State:	ZIP:
Contact name:		
Phone number(s):		Email: