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Audit Log Guidance

Column 1	Date - First day of the site visit, beginning with the opening meeting. It should be recorded in Day/Month/Year format.
Column 2	Total time of the audit, in calendar days. A day is considered at least six hours of activity. On-site Time - Time spent on the actual audit, from the opening to the closing meeting. Off-site Time - Time spent on preparation, documentation, report writing, etc. This activity may take place at the site of the audit or off location, but is still considered off-site time. **All audit time shall be recorded in days.**
Column 3	Audited Organization - The auditee contact must be independent, and cannot have been a member of the audit team. In order to facilitate the timely processing of the application, **complete** contact information must be provided.
Column 4	Your role in the audit - **A** – Auditor (Member of Audit Team) **P** – Principal Auditor (Solo) **L** – Audit Team Leader (Lead of a team of at least two auditors)
Column 5	Number of individuals on the audit team, including yourself. (Only active participants should be included.)
Column 6	Standard(s) audited against (e.g., ISO 9001:2015, ISO 14001:2015, acceptable normative document, compliance/regulatory documents).
Column 6A	EXEMPLAR GLOBAL Scope/Sector– Needs to be completed if you are applying for certification to a scope(s) or a sector. Refer to the applicable certification criteria for additional guidance.
Column 7	Type of audit - **Complete Management System (CMS)** - An audit to determine the conformity of a complete management system (e.g., pre-assessment, registration/certification of management system, recertification of management system, second party**). Partial Management System (PMS)** - An audit that evaluates a portion of the MS (e.g., surveillance). **Regulatory/Compliance audit (R)** - An audit that evaluates an organization's compliance with regulations, laws, or requirements (e.g., Local, State, or Federal Govt. laws or regulations, EPA etc.).
Column 8	Contact details for the organization that employed the auditor for the audit. This is completed when the audits are performed for an organization other than the applicant's employer and/or for varying organizations (e.g., a consultant subcontracting for different organizations). If the audits are performed on behalf of the same employer, this need only be entered once per page.
Column 9	Name and contact information for the audit team leader, if different from the applicant.

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Audit Experience Guidance

Grade	Initial Requirements	Recertification Requirements
Associate Auditor	N/A unless applying for scopes	N/A
Auditor	4 complete audits (CMS) and 20 audit days	6 audits and 15 audit days including 2 complete audits
Principal Auditor	4 complete audits (CMS) and 20 audit days including 2 audits and 10 days of them as Principal Auditor (solo)	6 audits and 15 audit days including 2 audits as Principal Auditor and 2 complete audits
Lead Auditor	7 complete audits (CMS) and 35 audit days including 3 audits and 15 days as Lead Auditor	6 audits and 15 audit days including 2 audits as Lead Auditor and 2 complete audits
Business Improvement Auditor	7 complete audits (CMS) and 35 audit days including 3 audits and 15 days as Lead Auditor	6 audits and 15 audit days including 2 audits as Lead Auditor and 2 complete audits

ONLY AUDITS WITH COMPLETE INFORMATION WILL BE CONSIDERED.

Falsification of information shall prevent certification.

Audit experience for each grade must be within the 4 years prior to application.

Internal Audit experience will be recognized by Exemplar Global in the instance where the auditor was not responsible for the outcomes of the audit.

The audit log can be expanding by placing the cursor to the right of the row and pressing the enter button.

Customer Name: Customer number:

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1	2		3	4	5	6		7	8	9
Date (dd/mm/yy) First date of site visit	Total time for audit in days		Audited Organization • Organization name • Complete address • Auditee contact name • Telephone number • Email address	Your role in the audit A-Audit or P-Principal L-Lead	Number on team including leader and active auditors only	Audit Details		Type of Audit (select one) Complete Management System (CMS) or Partial MS (PMS) or Regulatory/ Compliance (R)	Contact details for the organization that employed the auditor • Organization name • Complete address • Contact name • Telephone number • Email address	• Audit team leader name (if different than applicant) • Telephone number • Email address
	On-site Time	Off-site Time				Standard (e.g., ISO 9001:2015; ISO 14001:2015)	EXEMPLA R GLOBAL Scope or Sector (refer to Criteria)			

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