***/02/2018NB: This form should be completed in conjunction with the GMP Audit Report form (FM\_MQL05) for the Core Elements of the cGMP.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Manufacturer** |  | | **Licence No.** |  |
| **Street Address of Facility Audited** |  | | | |
| **Date/s of Audit** |  | **Auditor’s Name** |  | |

**Specific audit findings**

| **Key requirements** | **Compliance rating**  *(Compliant / Non-compliant)* | **Evidence sighted and observations**  ***(Please provide details of observations, documents reviewed, discussions with relevant staff, and any other comments that are relevant to the assessed rating).*** | |
| --- | --- | --- | --- |
| Specifications for herbal staring materials include a detailed description of the plant material as well as details of any special tests required for identification purposes, or for foreign materials and other contaminants **(cGMP A4-002).** |  |  |
| Treatments used for fungal/microbial infestations are fully documented **(cGMP A4-003).** |  |  |
| Other Herbal Product issues |  |  |

***Auditor’s Signature:*** *.............................…………...* ***Date:*** *............…..*

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