**AUDITOR REQUIREMENT**

Any audit question that is identified as “no” (i.e. anywhere an audit deficiency is identified) must be included as an action item (finding) on either the ‘Findings and Corrective Actions’ document (where the deficiency is legislation based) or on an internal action plan retained on site.

**EMPLOYER REQUIREMENT**

For each auditor finding noted during the audit and recorded in the ‘Findings and Corrective Actions’ document, the following must be documented:

1. planned corrective actions,
2. planned corrective action implementation date,
3. person accountable for corrective action,
4. corrective action completion date.

Document completion of corrective action(s) in the ‘Findings and Corrective Actions’ document and note reason any corrective action was not initiated/implemented as planned.

***NOTE:*** *The ‘Findings and Corrective Actions’ document must be reviewed by the auditor prior to the commencement of the next audit; any corrective actions previously not implemented must be brought forward to the next audit.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Audited Company Name:** | Choose an item. | **Audit Completion Date:** | Click here to enter a date. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Finding Section** | **AUDIT FINDING** (Include deficiencies *as defined by* Rail Legislation only)  Highlight in RED any audit finding carried over from last year. | **CORRECTIVE ACTION PLANNED** | **Planned Implementation Date** | **Person Accountable for Corrective Action** | **Completion Date** | **COMMENTS RELATED TO AUDIT FINDINGS**   * **Reason Corrective Action NOT Completed by Planned Date.** * **Additional Information regarding planned Corrective Action.** * **Details regarding findings carried over from previous audit.** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Auditor Name:** |  | **Audit reviewed with:** |  |
| **Auditor Signature:** |  |  | Company Representative Name(s) |