

KINGS AVIONICS, INC.
AUDIT FINDINGS/CORRECTIVE ACTION

VENDOR AUDIT

COMPANY _____(1)_____

CONTACT _____(2)_____

ADDRESS _____(3)_____

PHONE _____(4)_____

(5) DISCREPANCY

(CIRCLE ONE)

- | | |
|----------|--------------|
| 1. _____ | NEW / REPEAT |
| 2. _____ | NEW / REPEAT |
| 3. _____ | NEW / REPEAT |
| 4. _____ | NEW / REPEAT |
| 5. _____ | _____ |

AUDITOR _____(6)_____ DATE _____(7)_____

INTERNAL AUDIT

DEPT./AREA _____(8)_____

(9) DISCREPANCY

(CIRCLE ONE)

- | | |
|----------|--------------|
| 1. _____ | NEW / REPEAT |
| 2. _____ | NEW / REPEAT |
| 3. _____ | NEW / REPEAT |
| 4. _____ | NEW / REPEAT |
| 5. _____ | NEW / REPEAT |

AUDITOR _____(10)_____ DATE _____

(11) CORRECTIVE ACTION

- | |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |
| 4. _____ |
| 5. _____ |

(12) ROOT CAUSE/CORRECTIVE ACTION (EXPLAIN)

SIGNATURE _____(13)_____ DATE _____(14)_____

AUDITOR _____(15)_____ DATE _____(16)_____

KINGS AVIONICS, INC.
AUDIT FINDINGS/CORRECTIVE ACTION

INSTRUCTIONS FOR FORM USE; AUDIT FINDINGS / CORRECTIVE ACTION

Vendor Audit;

1. Enter the name of the Company undergoing the Audit
2. Enter the name of a primary point of contact for the Company undergoing the Audit
3. Enter the physical address of the facility, of the Company undergoing the Audit
4. Enter the telephone number of the Company, or point of contact for the Company undergoing the audit
5. Discrepancy; enter a brief description of the discrepancy reported, or discovered during the audit; circle either 'New' or 'Repeat', as appropriate
6. Auditor; provide the name of the person performing the audit
7. Date; enter the date the audit was completed

Internal Audit;

8. Enter the Department or Area undergoing the Audit
9. Discrepancy; enter a brief description of the discrepancy reported, or discovered during the audit; circle either 'New' or 'Repeat', as appropriate
10. Auditor; provide the name of the person performing the audit
11. Date; enter the date the audit was completed
12. Root Cause; enter a clear definition of the root cause and corrective action, in sufficient detail so as to aid in resolution of the discrepancy, and avoid repeats
13. Place the signature of the person taking corrective action on this line
14. Date; enter the date the person corrected the discrepancy
15. Place the name of the auditor on this line
16. Date; enter the date the corrective action was verified by the auditor

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.