

# Alta Avionics, LLC

## INTERNAL AUDIT

Date of Audit: \_\_\_\_\_

Facility: \_\_\_\_\_ CRS#: \_\_\_\_\_

Department/Area: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Auditor: \_\_\_\_\_ Audit Interval: \_\_\_\_\_

Audit Recommendations:

---

---

---

---

---

---

---

---

---

---

1. FACILITIES AND EQUIPMENT:

	YES	NO	N/A
A. Is ventilation, lighting, temperature, and humidity? control adequate?	___	___	___
B. Is the floor plan laid out in an efficient manner?	___	___	___
C. Are good housekeeping practices being maintained?	___	___	___
D. When problems arise, are they taken care of promptly?	___	___	___