

Auditor Self Assessment

Following are several statements relevant to auditors. Review each statement and record the score you believe most accurately reflects performance based on the following frequencies with which you do it:

1 – Never, 2 – Rarely, 3 – Occasionally, 4 - Usually, 5 – Always

| ACTION STATEMENT | SCORE |
|---|-------|
| 1. I review procedures, instructions, and forms in detail when I plan and conduct an audit | |
| 2. I use an effective mix of interviewing, observing, and reviewing records to gather sufficient data to allow good evaluation of quality system performance | |
| 3. I use words/language and behavior that helps individuals I am interviewing be comfortable with the process and understand my questions | |
| 4. When I observe an individual doing their work as part of an audit I make sure they know why I am there, and I am careful to not interfere with their work | |
| 5. When I review quality records I look in detail at what the records contain and what that indicates about how well the process complies with the requirements | |
| 6. I look at whether a specific work task is being done with the correct materials, equipment, information, and qualified people | |
| 7. I trace information through several steps of the system in order to see how well handoffs from person-to-person and department-to-department are done | |
| 8. The number of samples (e.g., of people, of records, of portions of the procedures audited) I check provides a good evaluation of the system. | |
| 9. I stay within the time constraints communicated in the audit plan, but spend sufficient time in order to ensure an effective audit | |
| 10. Any nonconformities I report are backed up by clear and sufficient objective evidence | |
| 11. My audit documentation allows future auditors to understand what I audited and what I found | |

AVERAGE SCORE (Total and divide by 11) _____

Improvement Action Plan

| Action Statement # | What I Plan to Do to Improve | How & When I'll Do It |
|--------------------|------------------------------|-----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Other Opportunities/Needs:

| | |
|---------------------|-------------|
| Auditor Name: _____ | Date: _____ |
|---------------------|-------------|