Internal Audit Checklist

Record process and physical-area audit results, findings, and corrective actions.

Audit Date		**Auditor**	
Area / Facility Audited		**Audit Scope**	

Process Audit

Audit item	Conform	Finding / Comment
FOD program charter current and signed	**[ ]**	
Program owner assigned and documented	[ ]	
Walk schedule published and current	[ ]	
Walk completion rate meets target (≥ 95%)	[ ]	
Findings logs reviewed for completeness (sample 10)	[ ]	
Classification accuracy verified (sample 20 findings)	[ ]	
Corrective actions tracked to closure	[ ]	
Training records current for all active personnel	[ ]	
Recurrent training completed on schedule	[ ]	
Shift handoff records maintained	[ ]	

Physical Area Audit

Audit item	Conform	Finding / Comment
Area classification signage present and legible	**[ ]**	
FOD containers present, labeled, not overfilled	[ ]	
Shadow boards complete, all tools present	[ ]	

Audit item	Conform	Finding / Comment
Tool serialization verified (sample 5 tools)	[ ]	
Floor tape / markings intact	[ ]	
Lighting adequate for FOD detection	[ ]	
Sticky mats / entry controls functional	[ ]	
FOD communication board current (≤ 2 weeks old)	[ ]	
No unsecured personal items in Critical areas	[ ]	
Housekeeping standard acceptable	[ ]	

Audit Summary

Total items checked		**Conforming**	
Non-conforming		**Conformance rate (%)**	

Findings and Corrective Actions

#	Finding	Severity	Corrective Action	Owner	Due Date

Auditor signature		**Program Owner signature**	