

**YOUR COMPANY NAME**  
FACILITY ADDRESS

Doc. No.: ORG/QA/10/F01

**GMP AUDIT**

Department : Admin Office

Audit Date :

Auditor :

Auditee :

Score Achieved  
(%) ▶ 91.7

No. of NCs 2

Sr. No.	Area / Section	Response	Remarks
<b>A</b>	<b>General Housekeeping and 5S</b>		
1	Is the office area clean, organized, and free from unnecessary items?	Yes	
2	Are floors clean and free from dust, stains, or waste?	Yes	
3	Are walls and ceilings free from cobwebs, dirt, or damage?	Yes	
4		Yes	
5		Yes	
6		Yes	
<b>B</b>	<b>Infrastructure Condition</b>		
1	Are doors and windows clean, intact, and properly maintained?	Yes	
2	Are glass panes and window sills clean and undamaged?	Yes	
3		Yes	
4		No	2 tubelights found out of order
5		Yes	
<b>C</b>	<b>Toilets &amp; Hands Cleaning Facilities</b>		
1	Are toilets clean, functional, and free from foul odor?	Yes	
2		Yes	
3		Yes	
<b>D</b>	<b>Pantry &amp; Eating Area</b>		
1	Is eating restricted only to designated pantry areas?	Yes	
2		Yes	
3		Yes	
<b>E</b>	<b>Pest Control</b>		
1		Yes	
2		Yes	
<b>F</b>	<b>Waste Management</b>		
1		No	3 newly purchased dustbins do not have lid
2		Yes	
3		Yes	

**GMP AUDIT**

Sr. No.	Area / Section	Response	Remarks
<b>G</b>	<b>Personnel Practices</b>		
1		Yes	
2		Yes	

**NC Description / Additional Remarks, if any**

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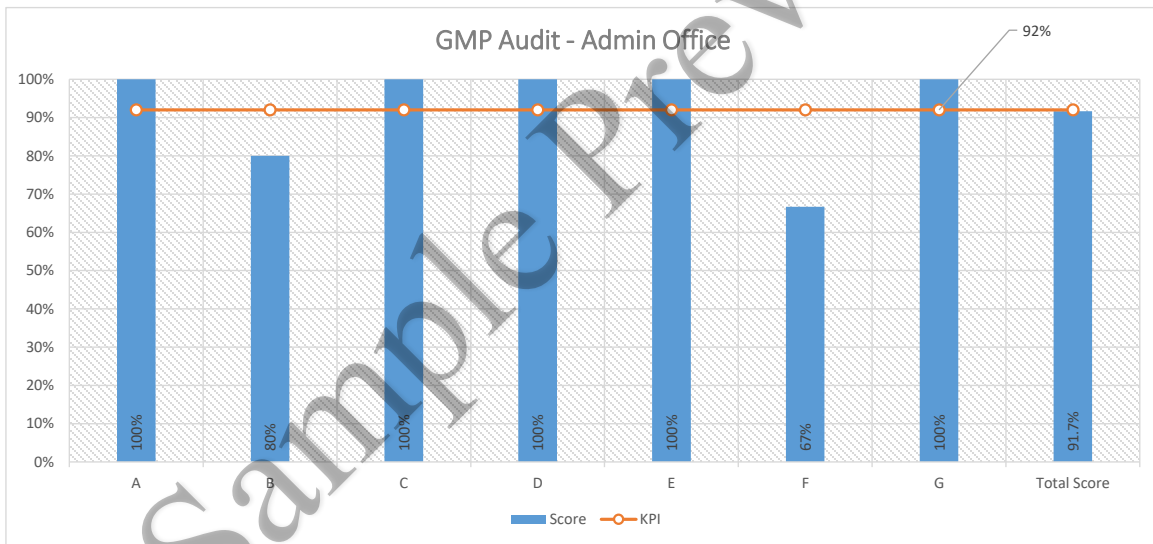
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Auditor's Signature

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Auditee's Signature

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