

**DUKE****DOCUMENT NUMBER:** COMM-QA-039 JA5**DOCUMENT TITLE:**

Supplier Qualification Audit Report JA5

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# COMM-QA-039 JA5 SUPPLIER QUALIFICATION AUDIT REPORT

<b>CONFIDENTIAL</b>		
<b>GENERAL INFORMATION:</b>		
<b>Date of Audit:</b>		
<b>Product/Service Supplied (and part number if applicable):</b>		
<b>Supplier/Vendor Name:</b>		
<b>Supplier/Vendor Address:</b>		
<b>Supplier/Vendor Phone Number:</b>		
<b>Supplier/Vendor Contact Name:</b>	<b>E-mail:</b>	<b>Phone Number:</b>

<b>AUDITOR INFORMATION:</b>	
Name/Title	Contact Information

<b>PERSONNEL PRESENT AT AUDIT:</b>	
Name	Title

## **COMM-QA-039 JA5 SUPPLIER QUALIFICATION AUDIT REPORT**

<b>Scope</b>

<b>Background</b>

### **Description of Audit and Objective Evidence**

## COMM-QA-039 JA5 SUPPLIER QUALIFICATION AUDIT REPORT

Observations and Remediation Actions <input type="checkbox"/> N/A		
Observation	Supplier Proposed Remediation Action	Remediation Action Plan Accepted by MC3?
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

Evaluation	
1. Have the identified observations been acceptably remediated? If no observations enter "N/A"	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
2. Are the in place quality systems sufficient to provide a quality product/service?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Is the supplier approved for use or continued use?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Do any observations or the associated remediation plan require further follow up before the next audit and/or MC3 documentation update?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Recommended risk grade: <span style="float: right;"><input type="checkbox"/> Z <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E</span>	
Does recommended risk grade differ from the most recent qualification? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:	
Re-qualification and/or audit based on performance, history, organizational change(s), & documentation suggesting supplier/product quality issues. Recommended Method(s): <input type="checkbox"/> Updated Supplier Questionnaire: <input type="checkbox"/> Annual <input type="checkbox"/> Biennial <input type="checkbox"/> Audit: <input type="checkbox"/> Desk <input type="checkbox"/> On-site <input type="checkbox"/> Biennial <input type="checkbox"/> Quadrennial <input type="checkbox"/> Review of Supplier Qualifications	

Signature	
<b>Lead Auditor:</b>	<b>Date:</b>
<b>QSU Director:</b>	<b>Date:</b>

**Signature Manifest**

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**Effective Date:** 18 Aug 2023

**Revision:** 03

All dates and times are in Eastern Time.

**COMM-QA-039 JA5 Supplier Qualification Audit Report****Author**

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Name/Signature	Title	Date	Meaning/Reason
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**Quality**

Name/Signature	Title	Date	Meaning/Reason
Austin Rudisill (ADR35)		31 Jul 2023, 02:05:50 PM	Approved

**Document Release**

Name/Signature	Title	Date	Meaning/Reason
Amy McKoy (ACM93)		08 Aug 2023, 06:01:26 PM	Approved