Southern African Auditor and Training Certification Authority AUDIT LOG

Training Certification Authority

Meiring Naude Road • Persequor Technopark • 41 De Havilland Crescent • The Woods, Building E, Office E101 - Pretoria Tel: +27 (0)12 349 2763 • Fax +27 (0) 86 516 2966 • Email: admin@saatca.co.za • Website: www.saatca.co.za

Applicant Surname & Initials Certification Number 8.Contact details of 1.Date (s) 2.Total time of the 3.Contact details of 4.Role in Audit 5.Total No. 6.Audit 7.Audit Type 9.Complete 10.Details of directing/guiding Include start and Auditor (A) audit? Lead Auditor/team leader (not audit (In days - one the company/ in Team Standard Third party the company end date(s) of Lead Auditor (LA) (e.g ISO day being 6 hours organization audited Number of that employed you applicable for maintenance of Second party each audit . (if team on on site minimum, but active 9001:20xx) (auditee) First party registration). at least 2) may be on more than participating This needs to Sole Auditor (SA) one calendar day). auditors, align to your (if you were the including ŠAATĆA ** Please note that where the applicant is only auditor) yourself. Hours Hours auditor applying for initial application/upgrade, Internal Auditor (IA) scheme. and where he/she has conducted the audit spent spent as the team leader, the directing/guiding on site off-site Lead Auditor must sign below. **Organisation Name** Company Name Name Yes Full Address Full Address **Certification Number** No Signature Contact Person - Name Contact Person - Name Tel No.: Fax No.: Email: Signature Signature Size of organization Position (e.g. No of Employees) Tel No.: Tel No.: Fax No.: Sector Email:

DECLARATION BY APPLICANT: 1 confirm that all the information entered on this form is correct to the best of my knowledge and belief. I understand and accept that if I provide incorrect information or withhold relevant, requested information, I will be excluded/removed from the SAATCA register and that I will be precluded from re-applying for 3 years.

	DD/MM/YYYY	
Applicant Signature:	Date:	Sheet: of

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GUIDANCE FOR COMPLETION OF THE AUDIT LOG

Complete each section with reference to the guidance corresponding to the section number.

Note: Please complete only for the minimum number of audits required. If you conduct additional audits, it is not necessary to log all your audits. If any of this information is not available you may be requested to provide additional evidence. Please copy the following table for each audit logged.

1	Date	Day, month and year (DD/MM/YYYY) of the site visit, beginning with the opening meeting.	
2	Total time of the audit	One day being 6 hours on site minimum, but may be on more than one calendar day. DURATION: total time of the audit in days	
	spent on/off site	On-Site Time: Time spent on actual auditing activities, from the opening to the closing meeting inclusive.	
		These activities may take place at the site of the audit or at a different location, but is still considered off-site time.	
		Off-Site Time: Time spent on Planning/preparation, document review and report writing.	
		These activities may take place at the site of the audit or at a different location, but is still considered off-site time.	
\Box			
3	Auditee contact details	This section must be completed in full and signed off by the auditee.	
4	Role in audit	Please indicate Auditor (A), Lead Auditor (LA), Sole Auditor (SA) or Internal Auditor (IA) as appropriate. Only enter Lead Auditor if you led a team consisting of	
		yourself and at least one other auditor. Please enter Sole Auditor if you carried out an audit where you were the only auditor and performed all phases of the audit.	
5	Total number in team	Number of active participating auditors, including applicant, on the audit team.	
6	Audit standard(s)	E.g. ISO 9001:20xx) This needs to align to your SAATCA auditor scheme and to the year of publication of the standard audited.	
7	Audit type	Third Party (TPA), Second Party (SPA), First Party/Internal (FPA),). For audit events classified as (TPA) further explanation of purpose should be included,	
		i.e. pre-assessment, certification, surveillance (Surv.) re-assessment, stage 2, etc.	
8	Employer details	Name and contact details of the organization employing the auditor and signed off by the auditee.	
9	Scope of audit	Complete audit according to the guidance of ISO 19011.	
	Details of the guiding	The contact details and status of the guiding lead auditor under whose direction and guidance you completed the recorded audit(s) signed off by the guiding lead	
	lead auditor/team leader	auditor. The guiding lead auditor must be competent and currently certified as a lead auditor by SAATCA in the specific scheme or equivalent. The guiding lead	
		auditor is required to verify the competence of the applicant in terms of having the Personal Behaviours described in the SF45 Performance Report and SAATCA	
		criteria This section must be completed in full for applicants for initial certification or for upgrades. Certified auditors renewing certification at the same grade do	
		not need to complete this section, as they no longer need to work under the guidance of a lead auditor.	