



Appendix 2 – Audit Report

**Emerald Ash Borer Approved Facility Compliance Program (EABAFCP)**

<b>Facility Name</b>		<b>Address</b>	
<b>Facility #</b>	<b>Date (yyyy/mm/dd)</b>	<b>Quality Manager</b>	<b>CFIA Representative(s)</b>
<b>Telephone No.</b>		<b>Fax No.</b>	<b>Audit Report No.</b>

**Audit Objectives, Scope and Criteria**

The objective of this audit was to ensure the conformance of the facility with their written Quality Plan as well as product compliance with the requirements of the current version of D-03-08, Phytosanitary Requirements to prevent the introduction and spread within Canada of the Emerald Ash Borer, *Agrilus planipennis* (Fairmaire).

The scope of this audit included (list the scope, for example: the offices, milling and storage areas of the facility, interviews with staff, review of records, etc.):

The Criteria used for this audit consisted of (list all document reviewed, for example CFIA references D-03-08, QSM-08, QSM-07, PI-07, Facility X Quality Manual, Facility records, etc.):

**Audit Details**

(For example, the audit consisted of an introductory meeting beginning at 00:00, record review, observations, interviews and the closing meeting finishing at 00:00, interview questions and results, etc.)



**Areas Audited**

(Identify the records reviewed, for example: tracking log, training records, shipping documents, invoices, previous CAR's, internal audits, etc. Identified the interviewees, for example: Quality Manager, Head Sawyer, stacker and loader driver, etc.)

Audit Findings	Type	Description/Note	Date action required by
<b>CAR # _____</b> (see page __ of the attached report for details)	<input type="checkbox"/> Min <input type="checkbox"/> Maj <input type="checkbox"/> Crit		
<b>CAR # _____</b> (see page __ of the attached report for details)	<input type="checkbox"/> Min <input type="checkbox"/> Maj <input type="checkbox"/> Crit		
<b>CAR # _____</b> (see page __ of the attached report for details)	<input type="checkbox"/> Min <input type="checkbox"/> Maj <input type="checkbox"/> Crit		

**Facility Status**

Approved  Standard  Modified  Suspended

**Audit Report Distribution**

Copies have been distributed to:

Facility X \_\_\_\_\_

File \_\_\_\_\_

CFIA, District Office  
CFIA, Area Network Specialist