gapiii containment cERTIFICATION

AUDITor LOG

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of auditor** |  | **Date of submission of completed Auditor Log** |  |
| **Unit collecting the completed Auditor Log** (e.g. within the NAC) |  | **Collection date** |  |
| **Person at unit who processed the completed Auditor Log**  |  | **Processing date** |  |
| **Person who reviewed the completed Auditor Log**  |  | **Review date** |  |
| **Person who approved the completed Auditor Log** |  | **Approval date** |  |
| **Participation in *GAPIII Training for Auditors*** |
| **Training location** |  | **Trainer** |  |
| **Date of qualification** |  |
| **Qualification status**  | [ ]  | Active |
| [ ]  | Inactive |
| [ ]  | Pending  |

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| **DATE OF AUDIT****(yy/mm/dd)** | **TYPE OF AUDIT****(Gap asst, initial, periodic, follow-up)** | **NAME OF ORGANIZATION AUDITED** | **DURATION OF AUDIT****(Round up to nearest ½ day)** | **ROLE IN AUDIT** | **TOTAL NUMBER OF TEAM MEMBERS** | **NAME OF MENTOR** | **NAME OF TEAM LEADER** |
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