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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