GAPIII-CCS

GAP 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 *CCS Training for Auditors*

Training location		**Trainer**	
Date of qualification (DD/MM/YY)			

GAPIII—CCS

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