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| **Instructions: Use this document to record information on external audit/inspection at the time of initial contact (email, telephone).** |
| **Notification Date:**  |  | **Visit Start Date:** |  |
| **Estimated Time of Arrival:** |  | **Expected Duration:** |  |
| **Lead Auditor/Inspector Name:** |  | **Email:** |  |
|  |  | **Telephone:** |  |
| **Additional Auditor/Inspector Names:** |  |
| **Request any specifics on the visit:** |  |
| **Who/what/clinical trials are being inspected? (Wait for specific answers, do not make suggestions).** |
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| **Why is the inspection being done? (Wait for specific answers, do not make suggestions).** |
| **Routine** [ ]  | **Triggered** [ ]  | **Follow-up** [ ]  | **Other** [ ]  |
| **Does the audit/inspection require availability of specific personnel? If yes, please list. Use a separate sheet if needed.** |
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| **Does the audit/inspection require availability of specific documents? If yes, please list. Use a separate sheet if needed.** |
| **Document(s) requested:**  | **Requested prior to inspection** |
|  |[ ]
|  |[ ]
|  |[ ]
|  |[ ]
|  |[ ]
| **Documents requests any documents to be sent prior to the inspection obtain the following information:** |
| **Name of recipient:** |  |
| **Email Address:** |  |
| **Timeline:** |  |