

OPS – 014 KAVA QUALITY MANAGEMENT PROCEDURES (EXPORT)

KAVA FACILITY AUDIT REPORT

Company Name & Address:			
Authority No.		Date of Audit	
REQUIREMENTS		RECOMMENDATION	
Building type			
Clean Floors			
Does it have pallets?			
Clean sorting area			
Clean storage area			
Walling			
Is the building well aerated?			
Animal/rodent and insect wire mesh intact?			
Maintained good light source?			
Toilet clean and usable?			
Running water			
Shower still usable?			
Re-drying facilities			
Is the facility kept clean (including surrounding areas)			

Audit report and recommendations (Use additional paper if needed)

Audit Officer: _____

Signature: _____