INDOFARMA	**VENDOR AND CONTRACT MANUFACTURER AUDIT SUMMARY REPORT** **No. ……..**	No. : F-PM-08-07 Rev. : 01 Effective Date : July 25th 2017

Date(s) of Audit	:	
Vendor/Contract Manufacturer Company Name	:	
Address	:	
Telephone Number	:	
Fax Number	:	
Email Address	:	
Number of Pharmaceutical Manufacturing Licence	:	
Certificate Number GMP/GDP/ISO/.....	:	
Type Vendor / Contract Manufacturer	:	
Dosage Form (Contract Manufacturer)	:	
Material supplied/Product Manufactured	:	
Areas to be audited	:	
Audit Objectives	:	

Vendor	**Contract Manufacturer**
☐ New Vendor	☐ New Contract
☐ Evaluation are not good	☐ Addition of dosage form/production facility
☐ Routine Audit	☐ Evaluation are not good
☐ Complaints against quality	☐ Routine Audit
	☐ Complaints against quality

Key Personnel	:	QA : QC : Production :	
Lead Auditor	:		Department
Auditor	:	1. 2. 3.	Department Department Department
Auditee	:	1. 2. 3. 4. 5.	Department Department Department Department Department

General Company Information

2. Previous Audit Results

☐ Initial Audit ☐ Follow Up Audit

Previous audit results, see list of CAPA No. ……... :

INDOFARMA	VENDOR AND CONTRACT MANUFACTURER AUDIT SUMMARY REPORT No. ……..	No. : F-PM-08-07 Rev. : 01 Effective Date : July 25th 2017

3. Status CAPA

No	NonConformities	CAPA	Status	Timeline	Corrective Action and Preventive Action Evidence

4 NonConformities and Opportunities for Improvement

No.	NonConformities	Category

5. Suggestion

1.
2.
3.
4.
5.

6. Audit Summary and Conclusion

a. Number of NonConformities
   Critical :
   Major :
   minor :
   Total :

b. Therefore, based on audit results : ☐ Vendor ☐ Contract Manufacturer
   ☐ Recommended :
      ☐ CAPA is necessary, see List of CAPA No. ……..
      ☐ CAPA is unnecessary
   ☐ Not Recommended

7. Authorization

Auditor	Name	Position	Signature
Lead Auditor			
Auditor 1.			
2.			
3.			
4.			
5.			

Bekasi,.....
Approve by

Quality Assurance Manager