|  |  |
| --- | --- |
| HTA master file document: | Section 9 – audit report |
|  | Type f - training audit |
| Laboratory: |  |
| Person designate: |  |

|  |  |
| --- | --- |
| Lead auditor: |  |
| Audit date: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name | Start date | Attended MRC Training(Y + date/N) | Attended induction/mandatory training(Y + date/N) | Non-conformance details |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

|  |
| --- |
| Corrective action |
| Target date: |  | Owner: |  |
| Details: |  |

|  |
| --- |
| Follow up |
| Details: |  |
| Audit Closed Date: |  | Audit Closed by: |  |

Type f - training audit

Choose 5 members of staff working under the licence and record:

Name: Employee name

Start date: date employment commenced

Attended MRC Training: Is there evidence of attendance? Training certificate?

Attended induction/mandatory training: Is there evidence of attendance at University mandatory training or local staff induction?

Corrective action: Decide on any corrective action to be implemented in light of any non-conformance found (e.g. staff to attend training). Assign a date and person responsible for this action.

Follow-up: Enter details of follow up on audit (e.g. corrective actions completed). When all corrective actions have been completed the audit is closed.

Note: Corrective action and follow up must not be done by the same person.

Audits, corrective actions and follow-up will be checked on a random basis by the Research Governance Ethics and Integrity (REGI) Office.