

NATIONAL HIGHWAY AUTHORITY (NHA)

QUALITY ASSURANCE CELL

INTERNAL QMS AUDIT REPORT

DOC#NHA/ISO/F-07 REV#00

Name of Div/Sec/Cell being audited					
Name of HoD/Sec Head			No. of employee in the auditee department		
Name of Audit Team Lead (ATL)			Name of Auditors		
Auditee Name			Audit Date(s)		
Audit Criteria	ISO 9001:2015				
No. of Major NC			No. of Minor NC	No. of Observations	

Summary of audit		
HoD/section head Auditee Department Signature	Auditee Signature	Zonal Coordinator Signature
ATL Leader Signature	Auditor -1 Signature	Auditor-2 Signature