



QMS Solutions

Auditor Questionnaire

Query	Response
Name:	
Address:	
Tel No.	
E-mail:	
Website (if applicable):	
Please briefly outline audit approach providing detail on the various key stages, e.g. planning, fieldwork, reporting:	
Please outline relevant experience:	
Please outline relevant qualifications:	
Does your business have professional indemnity insurance?	
Does your business have a quality management system?	
Is your QMS certified to ISO 9001?	

(Where applicable) What training is given to employees?	
Does your service comply with regulatory standards and legal requirements? Please list standards and legislation that applies.	
Please provide names, addresses and telephone numbers for at Least 2 referees:	Name: Address: Telephone No.:
	Name: Address: Telephone No.:

**Please submit a current CV with this completed questionnaire*

Signed: _____

Print Name: _____

Date: _____

QMS SOLUTIONS OFFICE USE ONLY

Remarks: _____

Signed: _____

Date: _____