



Protocol KD01203628

Internal Biosafety Audit Report

1. Internal Biosafety Audit Report

Audit No.: _____

Audit Date: _____

Laboratory / Area: _____

Auditor(s): _____

Responsible Person: _____

2. Audit Scope

☐ Routine internal audit

☐ Follow-up audit

☐ Additional audit

Reason (if applicable):



3. Audit Reference

Audit performed according to:

☐ Internal Biosafety Audit Procedure

☐ Internal Biosafety Audit Checklist

Checklist Version: _____

4. Audit Summary

Overall assessment:

☐ No findings

☐ Minor findings

☐ Major findings

☐ Immediate action required

Summary:

5. Findings

No.	Finding	Classification	Corrective Action	Responsible Person	Due Date
		Minor/Major			
		Minor/Major			
		Minor/Major			



		Minor/Major			
		Minor/Major			
		Minor/Major			

6. Positive Observations

7. Corrective Actions Follow-up

Finding No.	Action Completed	Completion Date	Verified by
	☐ Yes ☐ No		
	☐ Yes ☐ No		
	☐ Yes ☐ No		
	☐ Yes ☐ No		
	☐ Yes ☐ No		



8. Overall Conclusion

- ☐ Laboratory complies with biosafety requirements.
- ☐ Laboratory complies with minor observations requiring follow-up.
- ☐ Corrective actions are required before the next routine audit.

Comments:

9. Signatures

Auditor

Name: _____

Signature: _____

Date: _____

Laboratory Representative

Name: _____

Signature: _____

Date: _____

Biosafety Officer (Review)



UNIVERSITÄTS-
KINDERSPITAL
ZÜRICH

*Forschungszentrum
für das Kind FZK*

Name: _____

Signature: _____

Date: _____