

Quality Assurance Audit Checklist

Facility or System _____

Date(s) of Review _____

Yes/No

- _____ 1. Adequate team member support, qualifications, and continuity were provided.
- _____ 2. Adequate drawing resources, including accurate P & IDs, plot plan, and cause and effects (SAFE) chart, etc.
- _____ 3. Hazardous fluid characteristics have been identified, GOR or chemical substances in particular.
- _____ 4. Assumptions identified.
- _____ 5. All nodes/areas have been identified and examined.
- _____ 6. Equipment is properly identified and documented.
- _____ 7. Facility operation/instrumentation control philosophy stated and documented, especially for emergency shutdowns.
- _____ 8. A consensus was reached for any recommendations made.
- _____ 9. Verification items have been resolved.
- _____ 10. All team members feel an adequate review was accomplished.

For any exceptions provide explanations:

Verified _____ Date _____

Team Leader

Verified _____ Date _____

Project Manager