**Auditor’s Summation Report for SPI-RRT Audit**

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| Facility Name: |  | No. of Tester(s): |  | **Section** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **Total** |
| Site Type: |  | Audit Start Time (hh:mm) : |  | **Score Received** |  |  |  |  |  |  |  |  | **a =** |
| **Expected Score** | **10** | **5** | **10** | **13** | **9** | **9** | **8** | **11** | **b =** |
| Site code (if applicable): |  | Audit End Time (hh:mm): |  | **% Score = (a/b) x 100 = (\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_) x 100 = \_\_\_\_\_\_\_\_\_\_%**  **Performance Level:**  **0 1 2 3 4**    **(<40%) (40-59%) (60-79%) (89-90%) (>90%)** | | | | | | | | | |
| Staff Audited Name: | Duration of Audit: |

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| **Section No.** | **Deficiency/Issue observed** | **Auditor’s**  **Comments** | **Correction Actions** | | **Recommendations** | |
| **Immediate** | **Follow up** | **Actions** | **Timeline / Person responsible** |
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| Staff Audited Signature: |  | Auditor Name and Signature: |
| Person in Charge Name and Signature: |  | Date (dd/mm/yyyy): |