

Auditor Independence Statement

To assist in recognizing potential or perceived areas of conflict of interest, please complete the following questionnaire and return it to the Quality Assurance Coordinator.

Area where relative works: (Definition of relatives: Parents, children, husbands, wives, brothers, sisters, brothers- and sisters- in law, mothers- and fathers- in law, uncles, aunts, cousins, nieces, great nieces, nephews, great nephews, grandmothers, grandchildren, great grandchildren, grandfathers, great grandmothers, great grandfathers, sons- and daughters-in law and half- or step-relatives in the same relationships or significant others) **(Indicate none if applicable)**

All Auditors must fill out the Auditor Independence Statement per assignment.

Audit Number

Audit Name

Name

DATE:

Relationship title:

Area(s) where you feel your objectivity could be impaired or inferred impaired:

Area:

(Department name, or indicate none if applicable)

Reason:

Signature

Date