1. **Purpose**

This form is to be completed if there are any unforeseeable circumstances, which do not allow the audit to be conducted on-site. The form defines necessary requirements for conducting the audit remotely in a secure manner.

This form needs to be completed and signed by the Client and Lead Auditor and submitted to MSECB for approval at least 1 week before the start of the audit.

1. **Audit Information**

|  |  |  |
| --- | --- | --- |
| **Audit Information** | Organization Name: |  |
| Address: |  |
| Other location(s) if applicable: |  |
| Auditee representative: |  |
| Lead Auditor: |  |
| Standard(s) audited: |  |
| Audit type: | [ ]  Initial Audit | [ ]  Surveillance 1 |
| [ ]  Surveillance 2 | [ ]  Recertification |
| [ ]  Other: |
| Date(s) of audit: |  |

1. **Client Justification for Remote Audit Request**

*[Please provide a short justification of your request and attach supporting evidence stating the reasons why an on-site audit is not possible, based on the company’s decision]*

1. **Remote Audit Checklist *(to be filled out by the client)***

|  |  |  |
| --- | --- | --- |
| **To be filled by the client** | Do you confirm that you have the necessary infrastructure to support online conferencing, including audio and video (webcam, conference bridge, screen sharing, and virtual meeting platform), to conduct remote audit activities and ensure privacy and security? | Yes [ ]  No [ ]  |
| Do you agree that communication during the audit will not be recorded by the client nor by the MSECB audit team? | Yes [ ]  No [ ]  |
| Do you agree not to send any audit records to the MSECB audit team - via email or other means? | Yes [ ]  No [ ]  |
| Do you agree to test the platform for hosting the remote audit with the auditor prior to the audit? | Yes [ ]  No [ ]  |
| Do you confirm that the activities, areas, information, and personnel will be available to be involved in the remote audit, as defined in the audit plan? | Yes [ ]  No [ ]  |
| The privacy and security during the audit are the responsibility of the client. | Yes [ ]  No [ ]  |
| The client agrees to conduct the assessment in accordance with information security and data protection measures. | Yes [ ]  No [ ]  |
| Name of the client’s representative: |  |
| Title: |  |
| Signature:  |  |
| Date: |  |

1. **Acceptance of remote audit conditions by the auditor *(to be filled out by the auditor)***

|  |  |  |
| --- | --- | --- |
| **To be filled by the auditor** | I confirm I have the competency and ability to understand and utilize the information and communication technologies employed to achieve the desired results of the audit.  | Yes [ ]  No [ ]  |
| I have reviewed and accepted the MSECB Policy on Remote Audits. | Yes [ ]  No [ ]  |
| Name of the auditor: |  |
| Signature:  |  |
| Date: |  |

1. **MSECB Decision**

|  |  |  |
| --- | --- | --- |
| **Decision** | Decision: |  |
| Approver: |  |
| Date: |  |