

ISO 50001 Lead Auditor Audit Log

Applicant Name: _____

send completed log to francine@aeecenter.org

of days as lead auditor: _____

of days for ISO 50001: _____

Check one: Initial Certification Renewal Certification

Audit Date (dd/mm/yy) First date of site visit	Audited Organization (Please provide: Organization name, Complete address, Contact name, Phone # and Email Address	# Audit Days (planning, onsite, & reporting directly related to audit)	# on Audit Team (leader and active auditors only)	Your Role on Audit L=Leader A=Auditor T=Team Member PV=Performance Verifier L/PV=Both Roles	Audit Team Leader Name (If not you, please provide Phone # and Email address)	ISO Management System Standard(s) Audited (eg. ISO 50001:2011, Iso 140001:2015; ISO 9001:2015)	Type Audit CA=Certification Audit S=Surveillance of Certified Facility IA=Internal Audit	Organization that employed you for the audit (Please provide: Organization name, Complete address, Contact name, Phone # and Email Address

You may be contacted by AEE as a random sample to confirm and verify information provided.

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