# Queensland quality standards for principal employer organisation - Audits

Version 8

 December 2018

**Name of principal employer organisation:** **Audit activity and date:**

**Lead auditor:**       **Principal employer organisation contact name:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of the standard where system improvement is required** | **Describe the improvement and how it will be addressed** | **Proposed timeframe for rectification** | **Evidence of how the improvement will be demonstrated** | **Name of officer responsible for improvement** | **Initial on completion** | **Chief executive officer sign-off** | **Actual completion date** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**For use by the Department of Employment, Small Business and Training**

Systems Improvement Plan       Approved       Not approved

Signature of approving officer:       Date:      /     /

Print name:       Contact number: