**Audit Plan**

**Auditee (Department/Organization):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Audit Date:** DD.MM.YYYY-DD.MM.YYYY

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| --- |
| **Purpose:**  *Mention about the aim/purpose of the Audit.* |
| **Audit Scope:**  *List of facilities, departments, areas, functions, processes, documents* |
| **Audit Criteria:** |

**Audit Agenda**

|  |  |  |
| --- | --- | --- |
| Date/Time period | Facilities, departments, areas, functions, processes, documents | Designated Auditor |
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|  |  |  |

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| **Audit Team:** | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name/Title | Date | Signature |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name, Title | Date | Signature |