

Company Name

Format No-

Schedule for the company-wide Internal Audit No-----

Date-----

Fm:MR

To: -----

Please note that your department/ function will be audited as per the following schedule and you are requested to extent cooperation to the auditors.

Date of Audit ----- **Audit Criteria:** Based on FSMS manual/Quality system procedures/work Instructions.

Date	Time	Audit Scope	Auditor (s)	Auditee(s)	BRC Clause

Prepared by:

Date

Signature of MR

