

AUDIT SCHEDULE

Date----- Fm:MR To: -----

Kindly 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 & ISO 22000:2018.

Date	Time	Audit Scope	Auditor (s)	Auditee(s)	ISO22000 Clause

Prepared by:

Dated signature of MR

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ANNUAL AUDIT SCHEDULE

Annual Audit Schedule for the year _____

Department	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

Note: All auditees are requested to note that they the above is a tentative calendar for internal audit. The exact schedule will be communicated to the auditees before the audit. All auditees are requested to cooperate in conduct of the audits scheduled.

Dated signature of MR

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NON CONFORMANCE REPORT

Audit Report No		Date	
Clause of Audit			
Name of the Auditor			
Location/Dept. Audit			
Non-conformance Report			
Auditee's Signature & Date		Auditor's Signature &	
Date			
Root Cause Analysis			
		Auditee's Signature & Date	
Corrective Action Taken			
		Audi tee's Signature & Date	
Corrective Action Verified			
		Signature & Date of Auditor	
Follow up			
		Dated Signature of	
Auditor			

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