**INTERNAL AUDIT - SCHEDULE**

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| **Vessel Name/Department:** |  |
| **Port/Location:** |  |
| **Auditor Name:** |  |

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| Month: | Year: | | Date: | | Date: | | Date: | | Date: | |
| Functions/Department | Present | Time Allocation | From | To | From | To | From | To | From | To |
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| Auditor: |  |  |  |
|  | *Name* |  | *Signature* |

Remarks: Above schedule is subjected to changes with consideration and priority to ship’s operations and functions.