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	Approved by	Checked by	Issued by
Supplier Audit Plan Year			
Remark: O = On Plan, X = Not On Plan	Date:	Date:	Date:

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No.	Supplier	lier Address Person in Maker Plan												Month						
	. опррист		Charge	Hanti	1	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Remark		
					Onsite / Online Audit															
					Self Audit															
					Actual															
					Onsite / Online Audit															
					Self Audit															
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