



Detailed Audit Plan

Audit No.	:	
Audit Date	:	Ø
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Audit Type	<input type="checkbox"/> Regular Audit		<input type="checkbox"/> Special Audit	
Auditee:			Audit Team Lead Auditor: Auditors:	
Audit Scope and Criteria:			Audit Reference Documents:	
Opening Meeting Date: Time:			Closing Meeting Date: Time:	

[illegible]

Date Prepared:	Prepared by:	Approved by:
	Lead Auditor	General Manager