

Bureau of Corrections

Form Reference Code				
STO-PR-006-F02				
Revision No.	Effectivity Date			
0	01/05/2018			

QMS AUDIT PLAN

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CRITERIA		
SCOPE		
OBJECTIVES		
AUDIT TEAM	TEAM LEADER	
	MEMBERS	

AUDIT ACTIVITIES

Date	Time	Activity	Auditee	Auditors

PREPARED BY:

APPROVED BY:

Name and Signature / Date

Name and Signature / Date