



## Internal Audit Schedule

Audit Criteria: ISO 9001:2015 and UNISSA QMS Documents

Process/Department to be Audited		Year: 2019												Audit Performance		Report Preparation		Auditor	Auditee
														Date	Time	Date	Time		
		1	2	3	4	5	6	7	8	9	10	11	12						
	P																		
	A																		
	P																		
	A																		
	P																		
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	P																		
	A																		
	P																		
	A																		

P: Plan  
A: Actual  
TL: Audit Team Leader  
TM: Audit Team Member

Issued and Approved by QA Unit

**Form No GP-04.1**