

SQAS-AFRICA Audit Planning Form

Auditee Name:	
Country:	
Province:	
Telephone:	
E-mail:	
Auditor:	
Category/Scope:	
Start Date:	
End Date:	

Declaration by Auditor

I confirm that the information is correct to the best of my knowledge at the time of confirming audit dates with the auditee.

Signature: _____ **Date:** _____

This information should be submitted to CAIA two weeks before the audit date.