MONITORING & MEASURING DEVICES CHECKLIST

								REV.DATE.
DATE & TIME AUDIT NO. AUDITOR				OR(S) AUDITEE(S)			(S)	
AUDIT METHOD SCOPE OF AUDIT								
1002								
			I	CHECKL	IST			
# CHECKLIST POINTS				EVIDENCE STATUS COMMENT			ENT	
FINAL CONCLUSION								
AUDIT REPORT								
AUDIT STATUS								
				LEAD A	AUDITOR S	SIGN.	FOOD SAFETY OFFICER SIGN.	