Evidence of minimum number of audits

**Name, first name: Registered for CB:**

**Date of birth:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Date | Branch/Level | Company | Type of audit (regular audit, spot audit, random sample audit) | Duration in days | Scope/standard |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |
| **16** |  |  |  |  |  |  |
| **17** |  |  |  |  |  |  |
| **18** |  |  |  |  |  |  |
| **19** |  |  |  |  |  |  |
| **20** |  |  |  |  |  |  |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of responsible person of the CB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

/ Diesen Absatz bitte nicht löschen. Inhalt bitte vor diesem Absatz /

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