

ANNUAL INTERNAL HSE AUDIT PLANNER FY_____

Audit #	Location (Auditee)	Team Lead (Auditor)	Audit Team Members	Duration of Audit (days)	Plan/ Actual	Year < >											
						Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
1					Planned												
					Actual												
2					Planned												
					Actual												
3					Planned												
					Actual												
4					Planned												
					Actual												
5					Planned												
					Actual												
6					Planned												
					Actual												
7					Planned												
					Actual												

Prepared by:	Approved by:
Date:	Date:

Ref. Section 08 (Performance Evaluation) of OGDCL's Integrated HSE System Manual

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