

[organization name]

### Appendix 3 – Quality Plan

Process name:							
Activity	Quality characteristics under control (controlled conditions of activity)						Note

[job title]

[name]

\_\_\_\_\_

[signature]

**Commented [AES2]:** For activities that need control of quality characteristics, e.g. dimensions, humidity, weight, etc. If there is activity of examining product write the subject of examination.

**Commented [AES1]:** Write the names of activities in process

**Commented [AES7]:** Write the name and ID of record where

**Commented [AES3]:** Write the name of document for

**Commented [AES5]:** For activity where sampling and

**Commented [AES6]:** For example:  
• Internal – controls that can be performed by organization, and applied method

**Commented [AES4]:** Write the name or job title of person who

**Commented [AES8]:** Only necessary if the Procedure for