## Appendix 2 – Annual Program of Internal Audits

This annual program is written for the period from [date] to [date].

No.	Month	- Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													

Legend:

[job title]
[first and last name]

[signature]

Appendix 2 – Annual Program of Internal Audits ver [version] from [date]

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**Commented [45A1]:** If there will be only one internal audit throughout the year that would cover the whole scope of the OH&SMS, then this table is not necessary.

**Commented [45A2]:** These icons should be added in under months as planned and later as executed audits.

**Commented [45A3]:** The signature is needed only if the document is in paper form.

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