

NAME & ADDRESS OF BLOOD BANK

Licence No.:- _____

INTERNAL AUDIT SCHEDULE
(GD-11)



IQA No.:- _____

DATE	NAME OF AUDITOR	SECTION	NABH CLAUSE	FUNCTIONAL I/C AS AUDITEE	REMARKS(Write on compliance of actual date of audit)
		QMS			
		DONOR SECTION			
		BLOOD GROUP SEROLOGY			
		TTI			
		COMPONENT SEPARATION			
		BLOOD AND COMPONENT STORAGE			

Audit date and scope is agreed by all the above mentioned Auditee and Auditor:

Signature:-

Name:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Organized by: QM, Blood Bank

Approved by: Head, Blood Bank

Date: