

NAME & ADDRESS OF BLOOD BANK

Licence No.:-

INTERNAL AUDIT PLAN
(GD-10)



YEAR:-

MONTH	AUDIT SCOPE (VERTICAL / HORIZONTAL)	SECTION	NABH CLAUSE	REMARKS
				(Write on compliance of actual date of audit)
		QMS		
		DONOR SECTION		
		BLOOD GROUP SEROLOGY		
		TTI		
		COMPONENT SEPARATION		
		BLOOD AND COMPONENT STORAGE		

Signature:-