FACULTY OF MEDICINE AND HEALTH SCIENCES
UNIVERSITI PUTRA MALAYSIA

F 16

INTERNAL AUDIT OPENING/CLOSING MEETING ATTENDANCE LIST

Date of Opening Meeting: _____ Time: _____

Date of Closing Meeting: _____ Time: _____

Place of Opening/Closing Meeting: _____

No.	Name	Laboratory/Unit	Signature (Opening Meeting)	Signature (Closing Meeting)

_____
(Signature of Lead Auditor)

Date : _____ Name : _____