

CUSTOMER COMMUNICATION AUDIT CHECKLIST

	nat No. . No. & Rev. Date					
Cu	stomer communication audit #	Date				
Scope of Audit						
Audit team		Audittee	(s)			
Method of customer communication						
General communication medium used						
Checklist as per standard requirements						
#	Audit Points		Complied Yes / No	Observation		
Comments:						
Confinents.						
Lead Auditor Sign		Head of Departme	Head of Department Sign			