

FORMAT NO.: REV. NO. & DATE:

EFFLUENT TREATMENT PLANT AUDIT CHECKLIST

ENVIRONMENT HEALTH & SAFETY SYSTEM

| CHECKLIST # | | AUDITOR (S) | | | AUDITTEE (S) | | |
|-------------|------------------|-------------|--------|------------|--------------------|-----------------------------------|-----------------------------|
| | DATE O TIME | | | | | | |
| | DATE & TIME | | | | | | |
| | | | | | C = Conform | nance, O = Observation , NC = Non | Conformance |
| S. No. | Checklist Points | Evidence | Status | Root Cause | Corrective Actions | Closure evidence | Target / Closure Date |
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| Gene | ral Observation: | | | | | | |
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Lead Auditor Sign