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| TESDA-OP-CO-02-F02  REV. No. 00-03/08/17  **TVI/COMPANY COMPLIANCE AUDIT PLAN**  **Objective : To determine the continuous compliance of the TVI/company on program registration requirements and guidelines**  **Name of TVI/**  **Company :**  **Head/Administrator:**  **Address :**  **Programs to be :**  **Audited**    **Schedule**  **of Audit :**   |  |  |  |  | | --- | --- | --- | --- | | **\*Audit Activities and Areas to be Audited\*** | **Time** | **Auditee** | **Assigned Auditor** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   **\*Audit Activities and Areas to be Audited – which include activities such as Opening Meeting, Report Preparation, Closing Meeting and Program Registration Requirements to be audited**  Note: Completed forms and/or other information submitted by the TVI/company during the program registration process should be made available for inspection by the audit team; TVI/company should ensure the availability of concerned trainer and students on the actual date of audit. Otherwise, inform PO of audit re-scheduling if concerned trainer and students are not available.  **Prepared by: Approved by:**    **Lead Auditor Regional Director**  **Date: Date:**  **Conforme:**    **TVI Head/Administrator/Company Head/Representative**    **Date:**  Note: In case of audit re-scheduling the TVI Head/Administrator/Company Head shall indicate the preferred date of audit and reason/s for re-scheduling:   |  |  | | --- | --- | | **Preferred Date of Audit:** |  | | **Reason/s for audit re-scheduling:** |  |     **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **TVI Head/Administrator/Company Head/Representative**  **(Signature over Printed Name)**  **Approved by:**    **Regional Director**  **Date:** |