|  |  |  |
| --- | --- | --- |
| Nama Kegiatan | : |  |
| Periode Semester | : | Gasal / Genap (coret yang tidak perlu) |
| Tahun Akademik | : |  |

**1. Jadwal Pelaksanaan Audit Mutu Internal (AMI)**

Berikut jadwal kunjungan Auditor untuk pelaksanaan audit mutu internal:

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Pelaksanaan AMI | Nama Auditee | Nama Auditor |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |

**2. Daftar Dokumen**

Berikut daftar dokumen yang perlu disiapkan Auditee untuk pelaksanaan audit mutu internal:

|  |  |  |
| --- | --- | --- |
| No. | Nama Auditee | Daftar Dokumen |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |
| 11 |  |  |
| 12 |  |  |

Disusun dan disahkan,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Kepala Lembaga Penjamin Mutu*