

**FO-04-23**  
Issue No. 1  
Revision No. 0



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## DCWD Calibration Laboratory

### OFFICE MEMORANDUM

OM NO.: \_\_\_\_\_

To :

Subject :

From :

Date :

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Please be informed that an Internal Audit for the Management System of DCWD Calibration Laboratory will be conducted on \_\_\_\_\_. Attached is the Detailed Internal Audit Plan for your reference.

We hope to receive your response the soonest possible time.

Conforme:

\_\_\_\_\_  
Name and Signature of Auditee

Noted By:

\_\_\_\_\_  
Quality Manager

Reschedule on: \_\_\_\_\_

State reason/s: \_\_\_\_\_

\_\_\_\_\_  
Name and Signature of Auditee

Noted By:

\_\_\_\_\_  
Quality Manager

*Name of Lead Auditor/Audit Team Leader)*