

# Audit Plan

Certification



## Participants List (to be filled during the audit)

Name	Position	Opening meeting		Closing meeting		Signature
		Date	29.08.2023.	Date	30.08.2023.	
LJUBOMIR MAKSIMOVIC	TEH. DIREKTOR		<input type="checkbox"/>		<input type="checkbox"/>	
TAMARA GASIC	PASL. SEKRETAR		<input type="checkbox"/>		<input type="checkbox"/>	
ZORAN RISTIC	PRAVNIK		<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>		<input type="checkbox"/>	
<b>Observations</b>						