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| --- | --- |
| Management no. |  |

To <<Representative of the auditee>>

<<Company name / dept. name>>

<<Name>>, Head of Audit Dept.

<<Own company name / dept. name>> seal

Human Rights Audit Implementation Plan

Please be advised that we would like to conduct an audit of your company in accordance with the following audit overview. Therefore, please check the following information and contact the lead auditor at least one week prior to the audit if you have any issues. We also request your cooperation on the day of the audit.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Audit overview | | | | | |
| Audit date and time | From : to : on \_\_\_\_\_\_\_\_\_\_ (date) | | | | |
| Scope of audit |  | | | | |
| Audit standards |  | | | | |
| Audit category | □ New audit | □ Regular audit | | □ Other (　　　　　) | |
| Audit method | □ Document audit | | □ On-site audit | | □ Other (　　　　　) |
| Audit purpose |  | | | | |
| Lead auditor | <<Affiliation>> <<Name>> | | | | |
| Audit team members | <<Affiliation>> <<Name>>  <<Affiliation>> <<Name>> | | | | |
| Confirmation checklist  \*Confirmed through documentation, observation, and interviews. | 1. Sites to confirm (equipment / devices / locations)  Blue text is an example  \*Please delete when using this form  ・Work spaces (offices) and living areas (utility, etc.)  ・Production line  2. Documents to confirm  ・Self-evaluation records (including confirmation of improvement of points identified previously)  ・Company/department regulations  ・Employee list  ・Time management records  ・Regulations regarding whistleblowing, and records of reports received from whistleblowers | | | | |
| Audit schedule | | | | | |
| From :  To : | Opening meeting  <From the auditors>  ・Audit team member introductions and explanation of the purpose and schedule of the audit  <From the auditee>  ・Overview of the matters that constitute the scope of the audit | | | | |
| From :  To : | On-site confirmation \*Times are approximate  ・Work areas (〇 minutes)  ・Living areas (〇 minutes)  ・Nearby areas (〇 minutes) | | | | |
| From :  To : | Document and record confirmation  ・Confirmation of various regulations and records | | | | |
| From :  To : | Audit team meeting  (The auditee should not be present where possible) | | | | |
| From :  To : | Closing meeting | | | | |
| Remarks | | | | | |
| \*A representative or person in charge of the auditee organization is requested to be present during the audit and attend the closing meeting. | | | | | |

[Lead auditor contact information]

Name:

Address:

E-mail address:

TEL: