SAFETY AND SECURITY OVERSIGHT PROGRAM
CHECKLIST FOR REVIEWING FGTS INTERNAL SAFETY REVIEW AUDIT SCHEDULE

SSO-05
09-13-05

FGTS:	**Date Submitted:**
_____	_____

Group/Function	**Date of Last Review**	**Date of Next Review**	**Comment**

The Internal Safety Review Audit Schedule is:

_____ Approved

_____ Not approved

Reviewed By:	Date:
_____	_____
Approved By:	Date:
_____	_____