

Supplier Compliance Assessment Itinerary

Date: [Insert Date]

Supplier Name: [Insert Supplier Name]

Location: [Insert Address]

Itinerary Schedule

Time	Activity	Responsible Person
09:00 AM	Welcome and Introduction	[Insert Name]
09:30 AM	Facility Tour	[Insert Name]
11:00 AM	Document Review	[Insert Name]
01:00 PM	Lunch Break	-
02:00 PM	Interview with Key Personnel	[Insert Name]
03:30 PM	Feedback Session	[Insert Name]
04:30 PM	Wrap-up Meeting	[Insert Name]

Notes:

Please ensure that all relevant documents are prepared and accessible for review.

Contact Person for Queries: [Insert Contact Name and Details]

Thank you for your cooperation!