|  |  |
| --- | --- |
| **NAME OF WSH AUDITOR** |  |
| **IC/ PASSPORT NO.** |  |
| **DATE OF APPROVAL AS**  **WSH AUDITOR WITH SHENA** |  |
| **VALIDITY UNTIL** |  |

**PART A: AUDITING HISTORY LOG**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NO** | **DATE** | **COMPANY AUDITED** | **INDUSTRY** | **NO OF HOURS PERFORMING AUDITING** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

*\* Please submit evidence related to the auditing activities as applicable (i.e. letter of appointment, attendance log, etc.)*

**PART B: CONTINUING PROFESSIONAL DEVELOPMENT**

Minimum of 60 hours in 2 years of attending relevant training, workshops, seminars, or conferences.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NO** | **DATE** | **NAME OF TRAINING, WORKSHOPS, SEMINARS, OR CONFERENCES.** | **NO OF HOURS** | **\*EVIDENCE OF ATTENDANCE** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

*\* Please submit evidence related to the auditing activities (i.e. photos, certificates, email notification, attendance log, etc.)*