# SALES MANAGER QUARTERLY INSPECTION

## COMPANY:…………………………… INSPECTORS NAME:……………………………

**DATE:………………………………….**

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| --- | --- | --- | --- |
| **ITEMS/AREA INSPECTED** | CURRENT ASSESSMENT CONTROLS IN PLACE | | **IF NO, ACTIONS TAKEN TO COMPLY** |
| YES | NO |
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**Confirmation of actions taken to comply:**

**Signed:**

**Position:**

**Date:**