

AUDIT REGISTRATION FORM



Send completed form to audits@amta.ca Incorrect and missing information will be returned to the sender.

COMPANY AUDIT INFORMATION

COMPANY NAME:					
CONTACT PERSON:					
ADDRESS:					
TOWN/CITY:		PROV:		PC:	
TELEPHONE:		EMAIL:			

HOW LONG HAS THE COMPANY'S CURRENT HEALTH AND SAFETY MANAGEMENT SYSTEM/PROGRAM BEEN IN PLACE? (SPECIFIC DATE IF POSSIBLE)

AUDIT START DATE:

SELECT ALL THAT APPLY

AUDIT PURPOSE

- Certification
- Maintenance
- Renewal

STUDENTS

- Qualification
- Baseline

FEDERAL

PROVINCIAL

PIC MEMBER

HSSB EMPLOYEE INFORMATION Must be an employee of the company.

NAME EMPLOYEE:			
TRAINING DATE:		CERT NO:	

WCB INFORMATION

ACCOUNT NUMBER(S):

INDUSTRY CODE(S):

** If the company has more than one WCB Account Number fill out the Group Audit Application Form (Appendix H1) <https://www.amta.ca/cor/group-audit-form> and submit along with this form.



AUDIT REGISTRATION FORM



AUDITOR INFORMATION INTERNAL CONSULTANT

AUDITOR NAME:	
AUDITOR CERT NO:	
DATE TAKEN:	

Team Audit (More than one auditor participated in the audit) Yes No

AUDITOR NAME:	
AUDITOR CERT NO:	
DATE TAKEN:	

Before purchasing AuditSoft team license, the auditor must read and follow the Team Audit procedure:
<https://auditsoft.freshdesk.com/support/solutions/articles/47001128225-conducting-team-department-audits>

- I (the Auditor 1) acknowledge that I have read and understood the Team Auditor process.
- I (the Auditor 2) acknowledge that I have read and understood the Team Auditor process.

AUDIT SCOPE

TOTAL NUMBER OF EMPLOYEES

TOTAL NUMBER OF SITES

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The auditor is responsible for ensuring they are conducting the RECOMMENDED number of interviews and representative site sampling provided by the audit tool. Auditors must use representative sampling that reflects both the size and complexity of the organization being audited.

<https://static1.squarespace.com/static/654bf846633e98035d697498/t/65ea30456750510613bc0a5f/1709846598131/Interview-Sampling.pdf>

Notes/Comments:

