**udit Meetig**: Date:

**Pre-Audit Meeting**

|  |
| --- |
| **Date:**  |
| **Company Name:**  |
| **Auditor Name:**  |
| **In Attendance:**  |  |
|       |       |
|       |       |

**Check all boxes once discussed with your employer**

|  |  |
| --- | --- |
| **Objectives, scope, and criteria** | **[ ]**  |
|  |  |
| **Type of Audit** | **[ ]**  | **Company Information** | **[ ]**  |
| **Audit Start Date** | **[ ]**  | **Worksites and locations included in the audit** | **[ ]**  |
| **Audit Completion Date** | **[ ]**  |  |  |
|  |  |
| **Documentation and interview dates** | **[ ]**  |
| **Confirmed the required documentation** | **[ ]**  |
|  |  |
| **Informed employer about interview requirements** | **[ ]**  |
| **Total amount of interviews to be conducted**  | **[ ]**  | **Number of managers and supervisors to be interviewed** | **[ ]**  |
|  |  |
| **Identified any PPE requirements** | **[ ]**  |
|  |  |
| **Discussed language barrier issues** | **[ ]**  |
|  |  |
| **Opportunity for questions** | **[ ]**  |

|  |  |  |
| --- | --- | --- |
|       |  |  |
| Name of Auditor |  | Signature of Auditor |

**Post-Audit Meeting**

|  |
| --- |
| **Date:** |
| **Company Name:** |
| **Auditor Name:** |
| **In Attendance:** |  |
|       |       |
|       |       |

**Check all boxes once discussed with your employer**

|  |  |
| --- | --- |
| **Presented and discussed executive summary** | **[ ]**  |
|  |  |
| **Discussed and assisted in creating action plan** | **[ ]**  |
|  |  |
| **Action plan is complete** | **Yes** | **[ ]**  |  **No** | **[ ]**  |
|  |
| **Opportunity for questions:** | **[ ]**  |
|  |
| **Thanked employer for their time and commitment:** | **[ ]**  |

|  |  |  |
| --- | --- | --- |
|       |  |  |
| Name of Auditor |  | Signature of Auditor |