**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 |