

NOTICE OF AUDIT

Submission Date:					
Exte	rnal Audit	Interi	nal Audit		Student Audit
Note: Each auditor participating in this audit must use their own Audit Tool. This document must be submitted to the British Columbia Municipal Safety Association (BCMSA) at least 2 weeks before the start of any external audit.					
Organization Information					
Organization Name			WSBC Account #		
First & Last Name of Organization Contact			Classification Unit #		
Title			Contact Email Address		
Contact Phone Number			Contact Fax Number		
Auditor Information					
1 st Auditor Name			Auditor Certificat (n/a if student)	tion #	
Email			Phone		
2 nd Auditor Name			Auditor Certificat (n/a if student)	tion #	
Email			Phone		
If three (3) or more auditors will be participating in this audit, please list them on an additional form.					
Audit Information					
Certification Maintenance Re-certification Limited Scope					
Expected audit start date: Estimated comple			ion date: Estimated report submission:		
Time of COR Audit					
Type of COR Audit					
Health and Safety Stay at Work/Return to Work Both					
Additional Comments:					
Submit complete	eth, COR Administra nicipal Safety Asso			E: dseth@bcmsa.ca F: 778-278-0029	
BCMSA Office Use Only BCMSA has verified auditor status					