

NOTICE OF AUDIT

Submission Date: _____

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External Audit

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Internal Audit

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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 an audit.

Organization Information

Organization Name	WSBC Account #
Organization Address	Classification Unit #
First & Last Name of Organization Contact	Contact Email Address
Title	Contact Phone Number

Auditor Information

1 st Auditor Name		Auditor Certification # (n/a if student)	
Email		Phone	
2 nd Auditor Name		Auditor Certification # (n/a if student)	
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
 ☐ Student

Expected audit start date:	Estimated last day on site:	Estimated report submission:

Additional Comments:

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Submit completed form to: Dale Seth
COR Program Administrator
BC Municipal Safety Association

E: dseth@bcmsa.ca
F: 778-278-0029

BCMSA Office Use Only ☐ BCMSA has verified auditor status