



NOTICE OF AUDIT

Submission Date: _____

External Audit

 Internal 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 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

** FOR JOINT AUDITS – LIST ADDITIONAL ORGANIZATIONS INCLUDED IN AUDIT SCOPE HERE:		
Legal Name of Organization	WSBC Account Number	Classification Unit

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	
3 rd Auditor Name		Auditor Certification # (n/a if student)	
Email		Phone	

****If more than three (3) 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:

Department	Minimum # of sites visited	# of people in the department	Minimum # of Interviews

REFERENCE CHART	
# of people in the department	Minimum number of interviews based on the number of people in the department
6 to 10	4
11 to 60	8
61 to 90	10
91 to 500	12
501 or more	14

Total # of Interviews	Total # of Sites Visited

Additional Comments:

Submit completed form to: E: cor@bcmsa.ca

BCMSA Office Use Only	<input type="checkbox"/>	BCMSA has verified auditor status
	<input type="checkbox"/>	BCMSA has verified Notice of Audit information with Organization