

AUDIT REGISTRATION FORM - 2021



Send completed form to audits@amta.ca. Incorrect and missing information will be returned to sender.

COMPANY AUDIT INFORMATION

COMPANY NAME:

CONTACT PERSON:

ADDRESS:

TOWN/CITY: PROV: PC:

TELEPHONE: EMAIL:

HOW LONG HAS THE COMPANY'S CURRENT HEALTH AND SAFETY MANAGEMENT SYSTEM/PROGRAM BEEN IN PLACE?

AUDIT START DATE: Click or tap to enter a date.

TYPE OF AUDIT: Certification Qualification Documentation Only
SELECT ALL THAT APPLY Renewal Baseline DI (Doc and Interviews)
 Maintenance DIO (Doc/Int/Observ)

FEDERAL PROVINCIAL PIC MEMBER

HSSB EMPLOYEE INFORMATION Must be an employee of the company

NAME EMPLOYEE:

TRAINING DATE: Click or tap to enter a date. CERT NO:

WCB INFORMATION

ACCOUNT NUMBER(S):

INDUSTRY CODE(S):

** If the company has more than one WCB Account Number fill out the Group Audit Application Form (Appendix H1) located <https://amta.ca/what-we-do/cor/audit-registration-and-resources/> and submit along with this form.

AUDITOR INFORMATION INTERNAL CONSULTANT

AUDITOR NAME:

AUDITOR CERT NO:

DATE TAKEN: Click or tap to enter a date.

Acknowledgement of Safe Auditing Guidelines. These guidelines will be adhered to for the duration of the audit.



Audit Information

Total number of Alberta Employees included in scope of audit:

(All levels; including owners/managers)

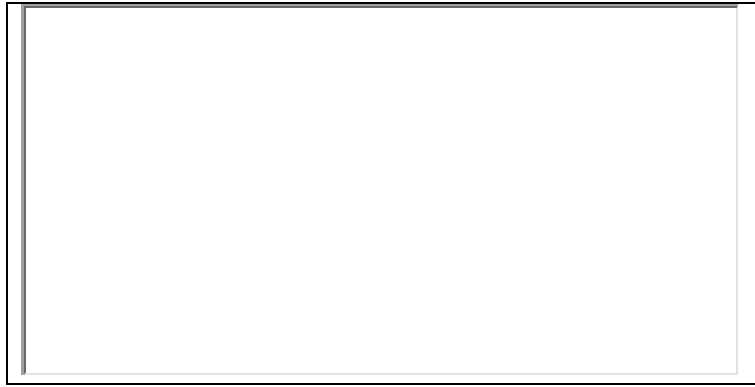
List all sites/departments encompassed by the WCB account(s) and industry code(s) included in this audit. Also include all sites that were not included in this audit.	TOTAL EMPLOYEES (For all sites):						TOTAL NUMBER OF INTERVIEWS PLANNED:					
	Senior Managers	Managers	Supervisor	Workers	Contract Workers	Total	Senior Managers	Managers	Supervisor	Workers	Contract Workers	Total
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Total number of sites/facilities in Alberta:

Total number of sites to be visited:



Notes/Comments:

A large, empty rectangular box with a thin black border, intended for handwritten notes or comments. The box is positioned to the right of the 'Notes/Comments:' label.