

# Virtual Observation Approval Form



Submit to [audits@amta.ca](mailto:audits@amta.ca) for approval, prior to the audit start date.

## Audit Plan

COMPANY NAME:

AUDITOR:

AUDIT DATE:

TOTAL # OF WORKSITE(S)  
INCLUDED IN THE SCOPE:

CONTACT PERSON  
INVOLVED IN ASSISTING:

TECHNOLOGY/EQUIPMENT/APPLICATION TO BE USED:

\*Auditors should confirm any privacy or security concerns and/or protocols with their customers prior to selecting an application.

\* Auditors should have a backup plan if the call is unexpectedly dropped.

### Rationale must include:

- why the use of virtual observation is necessary at the worksite(s)
- site sampling information
- identify areas & locations to be observed

Auditor Acknowledgment: \_\_\_\_\_ Date:

The auditor is required to acknowledge that Observation was completed virtually in the audit notes.