Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_

Site Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Competent Person On-Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person Conducting Audit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part 1: Job Site

Does all equipment have First Aid Kits available YES NO N/A

Does all equipment have fire suppression systems? YES NO N/A

Does all equipment have seat belts? YES NO N/A

Is there a documented procedure for any overhead electrical hazards? YES NO N/A

Are there applicable safety signs posted? YES NO N/A

Has a site-specific emergency rescue plan been developed and documented? YES NO N/A

Is there more than one person on-site certified in First Aid/CPR/BBP/AED YES NO N/A

Are SDS’s available for the materials being used on-site? YES NO N/A

Has an emergency data form been filled out and posted for the jobsite? YES NO N/A

Are there two exit routes? YES NO N/A

Do electrical panels have adequate clear work space 6.5’high and 3’ wide? YES NO N/A

Part 2: Job Site Conditions

Are the housekeeping responsibilities met and maintained? YES NO N/A

Are the materials stored properly and orderly? YES NO N/A

Are measures taken to prevent access by unauthorized personnel? YES NO N/A

Is drinking water available? YES NO N/A

Are chemicals, flammables and combustible liquids stored properly? YES NO N/A

Are fire extinguishers of the appropriate size and type available with current YES NO N/A

Inspection tags?

Are plant and animal hazards addressed and documented? YES NO N/A

Are the Environmental conditions any of the following? electrical storms, YES NO N/A

strong winds, heavy rain, extreme cold, dense fog, fires, mud slides, darkness?

Is work operations adequately spaced not to create a hazard for any employees? YES NO N/A

Are signaling and signal equipment being used to contact between employees? YES NO N/A

Part 3: PPE

Are employees wearing head protection? (if applicable) YES NO N/A

Are employees wearing proper work boots and grippers? YES NO N/A

Is ANSI approved eye protection being used? (if applicable) YES NO N/A

Are employees wearing proper gloves? (if applicable) YES NO N/A

Is hearing protection being used? (if applicable) YES NO N/A

Is respiratory protection being used? (if applicable) YES NO N/A

Is welding PPE being worn? (welding helmet, gloves, jacket, ear plugs, boots, YES NO N/A

safety goggles

Part 4: Fall Protection/walking working surfaces

Do employees that are exposed to falls, have documented training? YES NO N/A

Is fall prevention equipment being inspected daily? YES NO N/A

Are guardrail systems top rail 42” above the walking working surface? YES NO N/A

Are guardrail systems capable of withstanding, without failure 200lbs of force? YES NO N/A

Are guardrail systems mid rail installed between the walking working surface YES NO N/A

And the top rail and at least 21” high?

Are employees over 4’ without any fall prevention/protection? YES NO N/A

If employees are over 4’ are they protected by guardrails? YES NO N/A

If employees are over 4’ are they protected by safety net systems? YES NO N/A

If employees are over 4’ are they protected by fall protection systems? YES NO N/A

If employees are over 4’ are they using personal fall arrest systems? YES NO N/A

If employees are over 4’ are they using travel restraint systems? YES NO N/A

If employees are over 4’ are they using positioning systems? YES NO N/A

Handrail on stairs not less than 30” and not more than 38”? YES NO N/A

Are there covers for any floor holes in a walking working surface? YES NO N/A

Are stair treads a min 22” wide min. 9.5” depth max. 9.5” high? YES NO N/A

Do stairs have uniform riser heights and tread depths? YES NO N/A

Are walking working surfaces are kept in a clean and orderly condition? YES NO N/A

Are walking working surfaces maintained free of spills, leaks and sharp objects? YES NO N/A

Are ladders guarded from accidental displacement? YES NO N/A

Are ladders in good working order with safety stickers/labels? YES NO N/A

Is there proper equipment available on-site to complete the task? YES NO N/A

Battery Charging Station

Is there an appropriate Fire Extinguisher in the area? YES NO N/A

Is the area well ventilated? YES NO N/A

Is there Personal Protective equipment readily available YES NO N/A

Is the area protected from vehicle traffic or equipment YES NO N/A

Is there an eye wash and drenching area within 25’ YES NO N/A

Are racks and spill containment in place that resists electrolyte? YES NO N/A

Is there no smoking signage and battery charging safety signage in the area? YES NO N/A

Forklifts (Powered Industrial Trucks

Are they being inspected daily and annually? YES NO N/A

Is there a seatbelt?

Have operators of the forklift been through classroom and practical training? YES NO N/A

Is the operator of the forklift following company policies and procedures? YES NO N/A

Tire Inflation Mounting and Dismounting

Do you have a tire inflation mounting and dismounting training program? YES NO N/A

Have all your tire mounting and dismounting employees been trained? YES NO N/A

Have you evaluated your employees on following procedures in training? YES NO N/A

Is a clip-on chuck being used? YES NO N/A

Is a tire cage used or is the tire bolted on a vehicle with lug nuts fully tightened? YES NO N/A

Is a tire gauge (in-line valve with a pressure gauge or pre-settable regulator YES NO N/A

being used?

Is a 6’ hose being used to distance the employee from the trajectory? YES NO N/A

Is materials or equipment stored on or within 3’ of the tire cage? YES NO N/A

Is the employee stationed outside the trajectory zone while performing task? YES NO N/A

Are current charts or rim manuals available in the service area? YES NO N/A

Is the employee wearing hearing protection and eye protection? YES NO N/A

Are inspected and rated jack stands being used? YES NO N/A

Is rated cribbing or blocking being used? YES NO N/A

Are hydraulic lifts being used? YES NO N/A

Are jacks inspected every 6-months, after shock-loading, or after being out of YES NO N/A

the shop?

Are jacks that are broken or needing repair tagged and placed out of service? YES NO N/A

Oxygen-fuel gas welding and cutting

Are compressed gas cylinders legibly marked? YES NO N/A

Are cylinders kept away from sources of heat? YES NO N/A

Are cylinders kept 20’ from oil and highly combustible materials? YES NO N/A

Are cylinders stored away from exits, stairs and areas where they can be struck? YES NO N/A

Is Acetylene stored valve end up? YES NO N/A

Are cylinders secured to prevent being knocked over in ventilated space? YES NO N/A

Is Oxygen stored at least 20’ from grease, oil, acetylene or barricaded from by YES NO N/A

5’ all fire proof barrier with a 1-hour fire resistance rating?

Are cylinders being hit by sparks, hot slag or flames from welding and grinding? YES NO N/A

Is welding being conducted in the woods and on equipment? YES NO N/A

Is welding, cutting or grinding operations approved in this area by management?YES NO N/A

Has there been an inspection of the space to ensure it is safe for cutting/welding?YES NO N/A

Are other workers in the area protected from the rays by screens/shields/goggles?YES NO N/A

Is there a dedicated supervisor who is responsible for cutting and welding tasks? YES NO N/A

If so is a hot work permit been completed for the task? YES NO N/A

Are fire blankets being used? YES NO N/A

Are there fire extinguishers available and spread out around the machine? YES NO N/A

Has an employee been designated as a fire watch during the welding? YES NO N/A

Chemicals

Do all containers have required labeling as defined by Global Harmonization? YES NO N/A

Are there flammables or combustibles stored in driver compartments? YES NO N/A

Are all machines, equipment and vehicles shut down during refueling? YES NO N/A

Are there spill kits in the event of a spill during operation or maintenance? YES NO N/A

Hoists

Are daily inspections being completed with documentation on-site? YES NO N/A

Is the hoist operator qualified? (certified through training or qualified through YES NO N/A

experience?

Are load charts posted and readily available to the hoist operator? YES NO N/A

Is there an operator’s manual for the unit onsite? YES NO N/A

Is end connection properly secured? YES NO N/A

Are all hoists secured and anchored for the intended load? YES NO N/A

Are hoist controls easily accessible to the operator? YES NO N/A

Is the manufacturer’s labeling indicating load rating legible? YES NO N/A

Rigging, Hauling, Yarding and Load Securement

Are proper rigging practices being utilized? YES NO N/A

Are all tags on rigging equipment legible? YES NO N/A

Has rigging equipment been inspected per ANSI 10.48 YES NO N/A

Were employees choking logs from the uphill side of the log? YES NO N/A

Were logs moved prior to employees being clear? YES NO N/A

Were chokers placed near the end of the log? YES NO N/A

Are towed equipment attached to prevent overrunning the towed machine? YES NO N/A

Are only the loading and unloading machine operator in the loading or unloading YES NO N/A

Work area?

Are logs secured on trucks by stakes and tie downs? YES NO N/A

Are tie-downs released from the side on which the unloading machine operates? YES NO N/A

Worker Involvement

Are daily tailgate meetings held on-site with workers to review the scope of the YES NO N/A

day’s work, discuss relevant safety-related issues, and provide workers with the

opportunity to provide input and ask questions?

Are workers aware of the potential hazards and how to protect themselves? YES NO N/A

Is there a procedure in place for workers to report and correct identified hazards YES NO N/A

Without fear of repercussions?

Has a competent person ensure that fall protection/prevention equipment was YES NO N/A

Inspected prior to use for damage, defect?

Electrical

Are employees familiar with lock-out/tagout procedures? YES NO N/A

Are electrical panels provided with adequate working clearance space? YES NO N/A

Are ground fault circuit interrupters (GFCI) available? YES NO N/A

Are extension cords in good condition? YES NO N/A

Are all GFCI receptacles tested and operational? YES NO N/A

Cranes

Are boom trucks or cranes properly cribbed? YES NO N/A

Is annual inspection tag current or inspection report available? YES NO N/A

Is crane operator qualified? (certified training or qualified experience) YES NO N/A

Are load charts posted and readily available to crane operator? YES NO N/A

Is headache ball properly marked? YES NO N/A

Is end connection properly secured? YES NO N/A

Have the daily crane and rigging inspections being conducted and documented? YES NO N/A

Have the truck wheels been chocked? YES NO N/A

Trenching and Excavation

Are fall protection systems in place? YES NO N/A

If employees are in the trench is it properly sloped and/or benched? YES NO N/A

If employees are in the trench is there proper entry and egress? YES NO N/A

Heavy Equipment

Is back-up alarm working properly? YES NO N/A

Is roll-over protection installed and in good condition? YES NO N/A

Are safety interlocks operational? YES NO N/A

Are hazard lights working properly? YES NO N/A

Are buckets and booms free of cracks and defects? YES NO N/A

Are personnel clear of the danger area or working radius? YES NO N/A

Have all daily inspections required in the operator’s manual been performed YES NO N/A

And documented?

Have all operators been properly trained on safe use and operation of the unit YES NO N/A

Being used?

Is a fire suppression device and fire extinguisher available in the equipment? YES NO N/A

Is there a first aid kit that meets the Logger OSHA First Aid Kit requirements? YES NO N/A

Are equipment manuals in the area where the machine is being operated? YES NO N/A

Are employees riding on any machine other than the operator? YES NO N/A

Are any employees riding on any load? YES NO N/A

Did the operator leave the operator station before setting parking brake? YES NO N/A

Did the operator leave the operator station before placing equipment in park? YES NO N/A

Did the operator leave the operator station before placing moving elements YES NO N/A

to the ground

Are machines walking and working surfaces kept free of waste, debris material? YES NO N/A

Does each machine have slip resistant surfaces to assure safe footing? YES NO N/A

Are service brakes operational? YES NO N/A

Are there adequate guards on equipment to protect employees from YES NO N/A

Shafts, pulleys, conveyors and gears?

Does each debarking, limbing chipping machines have guards to protect YES NO N/A

Employees from flying wood chunks, logs, chips, bark and limbs?

Hand and Power Tools

Are all tools in good condition? YES NO N/A

Are electric tools properly grounded or double insulated? YES NO N/A

Are proper guards in place? YES NO N/A

Are all tools being used for intended purpose of the manufacturer? YES NO N/A

Are broken tools tagged out of service and placed in a broken tool repair area? YES NO N/A

Is required PPE being worn while operating hand or power tools? YES NO N/A

Tree Harvesting

Are trees being fell in a manner that can create a hazard for an employee YES NO N/A

Are yarding machines yarding within two tree lengths of trees being manually YES NO N/A

Felled?

Did an employee approach a feller closer than two tress lengths prior to talking YES NO N/A

To feller operator?

Have all danger trees been marked prior to operations? YES NO N/A

Manual Felling

Has a retreat path been identified? YES NO N/A

Are undercuts being used? YES NO N/A

Are backcuts being used? YES NO N/A

Chipping

Are chipper access covers and doors closed while the drum is moving? YES NO N/A

Are infeed and discharge ports guarded? YES NO N/A

Was the chipper locked-out tagged-out while maintenance was being performed? YES NO N/A

Is the trailer chipper detached and blocked while in use? YES NO N/A

Vehicles and Trailers

Is vehicle handholds and steps in good condition? YES NO N/A

Is vehicle interior exterior clean? YES NO N/A

Is there any interior exterior damage? YES NO N/A

Is the windshield in good condition? YES NO N/A

Are the tires in good condition? YES NO N/A

Are chains available or in use? YES NO N/A

Are wide load signs/flags being used YES NO N/A

Are load securement devices in good condition? YES NO N/A

Is there documentation stating last and next oil change date and mileage? YES NO N/A

Are fire extinguisher(s) of appropriate size and rating readily available and YES NO N/A

Equipped with a current monthly inspection tag?

Is the fire extinguisher location identified? YES NO N/A

Is there a first aid kit complete with a CPR airway located in the vehicle? YES NO N/A

Are all required inspection stickers current? YES NO N/A

Is the insurance and registration certificate current and readily available? YES NO N/A

Is there an accident report form and kit available? YES NO N/A

Is there a daily inspection report? YES NO N/A

DOT Drivers and Vehicles

Is CDL valid for equipment being used? YES NO N/A

Do drivers have CDL/DOT medical card? YES NO N/A

Is there an ELD in the truck? YES NO N/A

Is daily vehicle inspection reports (DVIR) current? YES NO N/A

Is vehicle properly labeled on each side? YES NO N/A

Are emergency reflectors in the vehicle? YES NO N/A

Overall Impression of Visit

Outstanding

Above Average

Average

Below Average

Amount Time Spend on this visit \_\_\_\_\_\_\_\_\_\_\_hours

Necessary to follow up with written documentation? YES NO N/A

Were there any deficiencies? If so were they corrected immediately? YES NO N/A

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This report was reviewed with: Owners Safety Managers Supervisors Employees

Names:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisors Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_

Director Deficiency Compliance Report:

Item #\_\_\_\_\_\_\_\_\_\_\_\_\_ Compliance Completed By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_

Noted Deficiency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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By Submitting this form to the office the auditing official affirms that all deficiencies have been brought into compliance, and the company President, Senior Officer or Director confirms these audits to be true and correct to the best of their knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_

(Auditing Official’s Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_

(Company President, Senior Officer or Director’s Signature)