

## INSTRUCTIONS

- This form must be completed 10 days prior to starting the audit.
  - Submits to [info@afpa.com](mailto:info@afpa.com)

## COMPANY INFO

Name

Address:

City:

PC:

## Contact Info.

Name:

Title:

Ph:

Email:

WCB Account # (s):

WCB Industry Codes(s):

COR # (if applicable)

COR Expiry Date (if applicable)

## AUDIT INFO

☐ Internal or ☐ External

☐ CoR ReCertification

☐ CoR Maintenance

☐ Auditor Qualification

☐ CoR New

☐ Other:

Proposed Audit Dates

Start

End

Total # of Employees

# of Interviews planned:

Total # of Facilities

Total # Included in Audit

## AUDITOR INFO

Auditor Name

Audit Cert. #

Audit Team Involved

☐ Yes

☐ No

Specify

## AFPA USE

# days to submit audit

# days to complete audit

Date ARF Received

Comments