

100%

Safety

REQUEST FOR AUDIT QUOTE

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Customer Name: _____
Company: _____
Address: _____
Contact #: _____
Email: _____

Details

Please fill out the following for us to adequately quote your upcoming audit.
Thank you for your time.

Question	Answer
What date would you like to start your audit?	_____
How many employees does your organization have?	_____
What shift(s) does your organization work?	☐ Day ☐ Night ☐ Other:_____
How many fixed worksites does your organization have? (i.e., shops, offices, laydown, fab yard, etc.)	_____
Does your organization have more than 1 office?	_____
How many active worksites do you anticipate having at the time of the audit?	_____
Where are the active worksites located?	_____
How is your documentation stored?	☐ Digitally ☐ Paper ☐ Safety App
If you use a safety app, which do you use?	_____
Are we able to remove paper files from the office?	☐ Yes ☐ No
How many formal hazard assessments are within the health and safety management system?	_____
Is there anything else about the upcoming audit you would like us to know?	_____