



# REQUEST FOR CASH SAFETY AUDIT

DATE: \_\_\_\_\_

ORGANIZATION INFORMATION			
<b>COMPLETE BUSINESS NAME:</b>	_____		
<b>ADDRESS:</b>	_____		
<b>PHONE:</b>	_____		
<b>FAX:</b>	_____		
<b>WCB RATE CODE AND ACCOUNT NUMBER(S):</b>	_____		
<b>NUMBER OF EMPLOYEES:</b>	_____		
<b>Multiple Shifts:</b>	<b>yes</b>	_____	<b>no</b> _____
<b>Shift Start Time(s):</b>	_____	_____	_____
	_____	_____	_____
<b>Shift activities similar:</b>	<b>yes</b>	_____	<b>no</b> _____
<b>If shift activities are not similar; please explain:</b>			
_____			
_____			
_____			
_____			
_____			

To request a CASH audit; download this form, print and complete the form and then mail to or email to:

**AMC Safety Association**  
P.O. Box 70045 Kenaston Po  
Winnipeg, Manitoba R3P 0X6 Canada  
Dani@a-m-c.ca

For further information, please call 204-987-7461



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<b>CONTACT INFORMATION</b>	
<b>Person requesting audit:</b>	
<b>Phone:</b>	
<b>email:</b>	

<b>AUDIT SCOPE</b>	
<b>Which facility/area is to be audited?</b>	
<b>Safety Management System Self Assessment included?</b>	yes _____ no _____
<b>Copy of current Safety Management System Manual included?</b>	yes _____ no _____
<b>Is your organization committed to provide ALL resources required to complete the audit in a timely fashion?</b>	yes _____ no _____

**Is an escort required for the Audit Team while performing observations on the work floor? yes \_\_\_\_\_ no \_\_\_\_\_**

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 Revision 1, Sept 2010*