

## OSBIE H.E.L.P Audit - Board Office

**Board Name:**

**Location Address:**

**Conference with:**

**Auditor Name:**

**Date:**

AUDIT CONDITION	ACCEPTABLE			
	YES	NO	N/A	
<b>1) EMERGENCY RESPONSE PLAN:</b>				
a) Documentation supporting plan				/1
<b>Notes:</b>				

<b>2) HOT WORK PERMIT SYSTEM:</b>				
a) Documentation supporting <b>proper</b> use of permit system				/1
<b>Notes:</b>				

<b>3) MONTHLY FIRE SAFETY INSPECTIONS/NO SMOKING POLICY:</b>				
a) Documentation supporting recorded monthly inspections				
b) Documentation supporting No Smoking policy				/2
<b>Notes:</b>				

AUDIT CONDITION	ACCEPTABLE		
	YES	NO	N/A
<b>4) TEMPORARY SHUT DOWN AND COLD WEATHER ALERTS:</b>			
a) Documentation supporting Temporary Shutdown Program			
b) Documentation supporting Cold Weather Alert Program			/2
<b>Notes:</b>			

<b>5) ELECTRICAL PREVENTIVE MAINTENANCE:</b>			
a) Documentation supporting program			
<b>OR</b>			
b) If CSS Program not in use, equivalent program in place			/1
<b>Notes:</b>			

<b>6) AUTOMATIC FIRE SPRINKLERS:</b>			
a) Documentation supporting sprinkler inspection/maintenance			/1
<b>Notes:</b>			

<b>7) PLAYGROUND STANDARDS:</b>			
a) Documentation supporting compliance with CSA Z614 Standard			
b) Board policy requiring new equipment to meet standard			/2
<b>Notes:</b>			

AUDIT CONDITION	ACCEPTABLE		
	YES	NO	N/A

<b>8) SNOW/ICE:</b>				
a) Documentation supporting salting/sanding and snow removal				
b) Roof ice/snow removal program				/2
<b>Notes:</b>				

<b>9) DESIGN TECHNOLOGY PROGRAMS:</b>				
a) Documentation supporting inspection/safety program				/1
<b>Notes:</b>				

<b>10) CONTROLLED ACCESS SYSTEM:</b>				
a) Documentation of controlled access program				/1
<b>Notes:</b>				

**Auditors Notes:**