

Post-Election Audit AVCB Printable Worksheet

Updated as of 11/8/2024

County _____ Jurisdiction _____ AVCB _____ Audit Date _____

<p>NOTE: All discrepancies should be explained on the reverse side of this checklist.</p> <p>Pre-Election Requirements: <i>Election Inspectors:</i> Appointed by Election Commission <input type="checkbox"/>Yes<input type="checkbox"/>No At least 1 R & 1 D <input type="checkbox"/>Yes<input type="checkbox"/>No Apps available <input type="checkbox"/>Yes<input type="checkbox"/>No Proof of Training <input type="checkbox"/>Yes<input type="checkbox"/>No Proof sent to parties <input type="checkbox"/>Yes<input type="checkbox"/>No<input type="checkbox"/>N/A</p>	<p>Voting System & Test Deck: Test Deck Sealed: <input type="checkbox"/>Yes <input type="checkbox"/>No Seal # Recorded: <input type="checkbox"/>Yes <input type="checkbox"/>No Test Deck & T&S Certification Seal # Match: <input type="checkbox"/>Yes <input type="checkbox"/>No Tab Seal # Match w/T&S Certification & Pollbook <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A Tab Serial # Match <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A w/T&S Certification & Pollbook EC Addendum <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A Pre-printed TD- HM <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Prelim Test Date: _____ Public Test Date: _____</p> <p>Test Deck Properly Created: <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>Dif Totals Tab Tape & Predetermined Results Match: <input type="checkbox"/>Yes <input type="checkbox"/>No Zero Tape Printed: <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>Voter Assist Terminal Test Certification Form: <input type="checkbox"/>Yes <input type="checkbox"/>No Tested before Election: <input type="checkbox"/>Yes <input type="checkbox"/>No Tested on Election: <input type="checkbox"/>Yes <input type="checkbox"/>No Number of voters: _____</p> <p>Ballot On Demand Tested before Election: <input type="checkbox"/>Yes <input type="checkbox"/>No Tested-on Election: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Applications to Vote Review: # apps to vote matches # of voters: <input type="checkbox"/>Yes<input type="checkbox"/>No Apps to vote properly completed : <input type="checkbox"/>Yes<input type="checkbox"/>No Number of ID Affidavits: _____ Military/Overseas apps: <input type="checkbox"/>Yes<input type="checkbox"/>No Ballots sent on time: <input type="checkbox"/>Yes<input type="checkbox"/>No<input type="checkbox"/>N/A</p> <p>Receiving Bd checklist: <input type="checkbox"/>Yes<input type="checkbox"/>No</p>
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Paperwork Assessment:

<p>Poll Book & Statement of Votes</p> <ol style="list-style-type: none"> 1. Clerk's Preparation Certificate completed and signed <input type="checkbox"/>Yes <input type="checkbox"/>No 2. Election Inspectors Preparation Certificate completed and signed by inspectors present when polls opened <input type="checkbox"/>Yes <input type="checkbox"/>No 3. All inspectors (including chair) subscribed to the Constitutional Oath of Office <input type="checkbox"/>Yes <input type="checkbox"/>No 4. Oath administrator signed <input type="checkbox"/>Yes <input type="checkbox"/>No 5. All election inspectors that signed the oath were appointed by the Election Commission <input type="checkbox"/>Yes <input type="checkbox"/>No 6. All spoiled, affidavit, envelope, challenged, and AV ballots noted <input type="checkbox"/>Yes <input type="checkbox"/>No 7. Challenges recorded (if nec.) <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A 8. Write-in votes totaled (if nec.) <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A 9. End of Day Tabulator Status/Interrupt Report signed by inspectors present when poll suspended all 9 days <input type="checkbox"/>Yes <input type="checkbox"/>No 10. Signed by one election inspector of each major political party <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A 	<ol style="list-style-type: none"> 11. Number of ballots tabulated on totals tape matches the number of voters listed in the Daily Reconciliation and Ballot Summary <input type="checkbox"/>Yes <input type="checkbox"/>No 12. Final Reconciliation and Ballot summary is completed, balanced, and totals are accurate <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>Remark <hr style="border-top: 1px dashed black;"/> <ol style="list-style-type: none"> 12. Certificate of Election Inspectors completed and signed by inspectors present when polls closed <input type="checkbox"/>Yes <input type="checkbox"/>No 13. Ballot container seal number is properly recorded in pollbook <input type="checkbox"/>Yes <input type="checkbox"/>No 14. Program container seal number is properly recorded in pollbook <input type="checkbox"/>Yes <input type="checkbox"/>No 15. Seal number verification signed by one inspector of each major political party in pollbook <input type="checkbox"/>Yes <input type="checkbox"/>No <p>Program Container Certificate</p> <ol style="list-style-type: none"> 1. Seal number properly recorded <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A
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Ballot Container & Voted Ballot Hand Count Audit:

Ballot Container:	Contest Candidates or Y/N	Hand Count	Canvass Total
Ballot Container Seal #: In Pollbook: _____			
On Certificate: _____			
Actual Seal: _____			
Certificate signed by one inspector of each major political party: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Properly Sealed: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Container Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Duplicated ballots properly duplicated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Electronic ballots properly duplicated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Number of ballots matches number of ballots tabulated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Write-in vote		
	Over votes		
	Under votes		

Notes – all discrepancies should be noted below

After completion of the above, replace the Poll Book and Statement of Votes into the appropriate envelopes and initial and seal with a red paper seal. Then sign below.

We, the undersigned members of the Audit Board, hereby certify the completion of the items checked above.

County/State Audit Inspector

County/State Audit Inspector

NOTE: Worksheet data must then be entered electronically in the eLearning Center using the Post-Election Audit Online Form within two days of audit completion.