

Post-Election Audit Printable Worksheet

Updated as of 1.15.2020

County _____ Jurisdiction _____ Precinct _____ Audit Date _____

<p>NOTE: All discrepancies should be explained on the reverse side of this checklist.</p> <p>Pre-Election Requirements:</p> <p><i>Notices:</i></p> <p>Notice of Registration <input type="checkbox"/>Yes <input type="checkbox"/>No Election <input type="checkbox"/>Yes <input type="checkbox"/>No Public Accuracy Test <input type="checkbox"/>Yes <input type="checkbox"/>No Weekend Hours in QVF <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><i>Election Inspectors:</i></p> <p>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> <hr/> <p>E-Pollbook: <input type="checkbox"/>N/A</p> <p>Encryption Pwd: <input type="checkbox"/>Yes <input type="checkbox"/>No Unique User/Pwd: <input type="checkbox"/>Yes <input type="checkbox"/>No PrivacyZone Active: <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>BL Docs Saved: <input type="checkbox"/>Yes <input type="checkbox"/>No Date hostservice.zip modified: _____</p>	<p>Voting System & Test Deck:</p> <p>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</p> <p>Tab Seal # Match w/T&S Certification & Pollbook <input type="checkbox"/>Yes <input type="checkbox"/>No Tab Serial # Match <input type="checkbox"/>Yes <input type="checkbox"/>No 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</p> <p>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</p> <p>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> <hr/> <p>Applications to Vote Review:</p> <p># 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> <hr/> <p>AV ballot posting: <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:

Poll Book & Statement of Votes

1. Clerk's Preparation Certificate completed and signed Yes No
2. Election Inspectors Preparation Certificate completed and signed by inspectors present when polls opened Yes No
3. All inspectors (including chair) subscribed to the Constitutional Oath of Office Yes No
4. Oath administrator signed Yes No
5. All election inspectors that signed the oath were appointed by the Election Commission Yes No
6. All spoiled, affidavit, envelope, challenged, and AV ballots noted Yes No
7. Challenges recorded (if nec.) Yes No N/A
8. Write-in votes totaled (if nec.) Yes No N/A
9. Totals tape signed by inspectors present when poll closed Yes No
10. Number of ballots tabulated on totals tape matches the number of voters listed in the pollbook. Yes No
11. Ballot summary is completed, balanced, and totals are accurate Yes No Remark

12. Certificate of Election Inspectors completed and signed by inspectors present when polls closed Yes No
13. Ballot container seal number is properly recorded in pollbook Yes No
14. Program container seal number is properly recorded in pollbook Yes No
15. Seal number verification signed by one inspector of each major political party in pollbook Yes No

Program Container Certificate

1. Seal number properly recorded Yes No N/A
2. Signed by one election inspector of each major political party Yes No N/A

Provisional Ballot Forms

1. Affidavit ballot Question 3 PB form marked Yes Yes No N/A
2. Envelope ballot Question 3 PB form marked No Yes No N/A
3. Envelope ballots were processed appropriately Yes No N/A
4. Affidavit & Envelope Voters were registered to vote Yes No N/A
5. Counted envelope ballots sealed in an approved container Yes No N/A

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			
Number of spoiled ballots matches			
Pollbook: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Duplicated ballots properly			
duplicated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Electronic ballots properly	Write-in vote		
duplicated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Over votes		
Number of ballots matches number	Under votes		
of ballots tabulated: <input type="checkbox"/> Yes <input type="checkbox"/> No			

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.