

**Post-Election Audit EV Printable Worksheet**

Updated as of 11/8/2024.

County \_\_\_\_\_ Jurisdiction \_\_\_\_\_ EV Site \_\_\_\_\_ Audit Date \_\_\_\_\_

<p><b>NOTE:</b> All discrepancies should be explained on the reverse side of this checklist.</p> <p><b>Pre-Election Requirements:</b>  <i>Election Inspectors:</i>                  Appointed by Election Commission <input type="checkbox"/>Yes<input type="checkbox"/>No                  At least 1 R &amp; 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><b>Voting System &amp; Test Deck:</b>                  Test Deck Sealed: <input type="checkbox"/>Yes  <input type="checkbox"/>No                  Seal # Recorded: <input type="checkbox"/>Yes  <input type="checkbox"/>No Test Deck &amp; T&amp;S Certification Seal # Match: <input type="checkbox"/>Yes <input type="checkbox"/>No                  Tab Seal # Match w/T&amp;S Certification &amp; 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&amp;S Certification &amp; Pollbook</p> <p>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</p> <p>Totals Tab Tape &amp; Predetermined Results Match: <input type="checkbox"/>Yes <input type="checkbox"/>No                  Zero Tape Printed: <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p><b>Voter Assist Terminal</b>                  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><b>Ballot On Demand</b>                  Tested before Election: <input type="checkbox"/>Yes <input type="checkbox"/>No                  Tested-on Election: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><b>Pollbook Daily Reports:</b>                  Oath of Chairperson:  <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</p> <p>Election Inspectors' Preparation Certificate &amp; Oath:  <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</p> <p>Zero Tape Day 1: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Printed Daily List of Voters:  <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</p> <p>Opening Tabulator Suspend/Interrupt Report:  <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</p> <p>Closing Tabulator Suspend/Interrupt Report:  <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</p> <p>Ballot Container seal numbers noted and signed for correctly in pollbook, on ballot container certificate for each day of early voting:  <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</p> <p>Record of Seals Completed <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p><b>Pollbook Daily Reports Cont'd:</b>                  Opening BOD Suspend/Interrupt Report:  <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"/>N/A                  Closing BOD Suspend/Interrupt Report:  <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"/>N/A</p> <p>Opening VAT Suspend/Interrupt Report:  <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"/>N/A                  Closing VAT Suspend/Interrupt Report:  <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"/>N/A                  Daily Reconciliation &amp; Balance Summary Completed:  <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</p> <p>Number of ballots cast matches the number of voters listed on Daily List of Voters <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Were remarks made if out of balance?                  Day 1 <input type="checkbox"/>Yes <input type="checkbox"/>No                  Day 2 <input type="checkbox"/>Yes <input type="checkbox"/>No Day 3 <input type="checkbox"/>Yes <input type="checkbox"/>No                  Day 4 <input type="checkbox"/>Yes <input type="checkbox"/>No Day 5 <input type="checkbox"/>Yes <input type="checkbox"/>No                  Day 6 <input type="checkbox"/>Yes <input type="checkbox"/>No Day 7 <input type="checkbox"/>Yes <input type="checkbox"/>No                  Day 8 <input type="checkbox"/>Yes <input type="checkbox"/>No Day 9 <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><b>Applications to Vote Review:</b>                  # apps to vote matches <input type="checkbox"/>Yes<input type="checkbox"/>No                  # 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: _____</p> <p><b>Receiving Bd checklist:</b> <input type="checkbox"/>Yes <input type="checkbox"/>No</p>
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<b>Paperwork Assessment:</b>	
1. Clerk's Preparation Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No completed and signed	11. End of Day Tabulator Report <input type="checkbox"/> Yes <input type="checkbox"/> No Status/Interrupt signed by inspectors present when poll suspended all 9 days
2. Election Inspectors Preparation <input type="checkbox"/> Yes <input type="checkbox"/> No Certificate completed and signed by inspectors present when polls opened	12. Number of ballots tabulated on totals tape <input type="checkbox"/> Yes <input type="checkbox"/> No tape matches the number of voters listed in the Daily Reconciliation and Ballot Summary
3. All inspectors (including chair) <input type="checkbox"/> Yes <input type="checkbox"/> No subscribed to the Constitutional Oath of Office	13. Final Reconciliation and Ballot summary is completed, balanced, and totals are accurate <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Remark
4. Oath administrator signed <input type="checkbox"/> Yes <input type="checkbox"/> No	14. Certificate of Election Inspectors <input type="checkbox"/> Yes <input type="checkbox"/> No completed and signed by inspectors present when polls closed
5. All election inspectors that <input type="checkbox"/> Yes <input type="checkbox"/> No signed the oath were appointed by the Election Commission	15. Ballot container seal number is properly recorded in pollbook <input type="checkbox"/> Yes <input type="checkbox"/> No
6. All spoiled, affidavit, envelope, <input type="checkbox"/> Yes <input type="checkbox"/> No challenged, and AV ballots noted	16. Program container seal number is properly recorded in pollbook <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	17. Seal number verification signed by one <input type="checkbox"/> Yes <input type="checkbox"/> No inspector of each major political party in pollbook
8. Write-in votes totaled (if nec.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
9. Start of the Day Tabulator <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Report attached x 9, and if available, Daily Report BOD and VAT x 9	<b>Program Container Certificate</b> 1. Seal number properly recorded <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10. End of Day Tabulator Status/Interrupt <input type="checkbox"/> Yes <input type="checkbox"/> No Report signed by inspectors present when poll suspended all 9 days	

**Ballot Container & Voted Ballot Hand Count Audit:**

<b>Ballot Container:</b>	<b>Contest Candidates or Y/N</b>	<b>Hand Count</b>	<b>Canvass Total</b>
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

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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

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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.