

Post-Election Audit PRE-AV Printable Worksheet

Updated as of 11/9/2024.

County _____ Jurisdiction _____ AVCB Site__ 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>Submitted written notice to process or tabulate AV ballots to SOS by deadline <input type="checkbox"/>Yes<input type="checkbox"/>No</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</p> <p>Tab Seal # Match w/T&S Certification & Pollbook <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Tab Serial # Match <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A w/T&S Certification & 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 & Predetermined Results Match: <input type="checkbox"/>Yes <input type="checkbox"/>No Zero Tape Printed: <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>Pollbook Daily Reports:</p> <p>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</p> <p>Election Inspectors' Preparation Certificate & 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</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</p> <p>Opening 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</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</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</p> <p>Record of Seals Completed <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Early AV Ballot Processing Information Posting each day in office/on website. <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</p>	<p>Pollbook Daily Reports Cont'd:</p> <p>Daily Reconciliation & 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</p> <p>Number of voters processed from AV List match daily status tapes. <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</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</p> <hr/> <p>Receiving Bd checklist: <input type="checkbox"/>Yes <input type="checkbox"/>No</p>
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Paperwork Assessment:	
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 8 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 matches the number of voters processed from the AV List <input type="checkbox"/> Yes <input type="checkbox"/> No
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 completed and signed by inspectors present when polls closed <input type="checkbox"/> Yes <input type="checkbox"/> No
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 8	Program Container Certificate
10. End of Day Tabulator Status/Interrupt <input type="checkbox"/> Yes <input type="checkbox"/> No Report signed by inspectors present when poll suspended all 8 days	1. Seal number properly recorded <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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			
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.