

Post-Election Audit AVCB Printable Worksheet

Updated as of 5.9.2019

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 Prelim Test Date: _____ Public Test Date: _____ 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>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> <hr/> <p>Receiving Bd checklist: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--	--	--

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. Totals tape signed by inspectors present when poll closed <input type="checkbox"/> Yes <input type="checkbox"/> No 10. Number of ballots tabulated on totals tape matches the number of voters listed in the pollbook. <input type="checkbox"/> Yes <input type="checkbox"/> No 11. Ballot summary is completed, balanced, and totals are accurate <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Remark 	<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 2. Signed by one election inspector of each major political party <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.