

**Audit Attestation:**

I, \_\_\_\_\_, affirm that:

Name of Person Conducting Audit

- I am authorized to conduct this audit and execute this form on behalf of \_\_\_\_\_;  
Name of Institution
- I am knowledgeable of the operations of \_\_\_\_\_;  
Name of Institution
- I conducted the audit on \_\_\_\_\_;  
Date
- I examined the spaces and equipment indicated in the audit;
- I noted my observations of the spaces and equipment in the audit accurately; and
- \_\_\_\_\_ agrees to correct the deficiencies as indicated on the audit form.  
Name of Institution

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date