

**Organization Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Audit Date:** \_\_\_\_\_\_\_\_\_\_\_\_ **Auditor Name(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department/Area Audited:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Audit Type:** ☐ Scheduled ☐ Unscheduled ☐ Follow-Up ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_

### **Section 1: General Information**

* Objective of Audit:

☐ Compliance

☐ Risk Assessment

☐ Performance/Effectiveness

☐ Financial Audit

☐Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Scope of Audit:**

* (Provide a brief description of what is being audited, including any specific processes, departments, or functions)

### **Section 2: Risk Assessment**

**Identified Risks:**

* (List the risks identified in the area being audited)
* Risk Rating: ☐ Low ☐ Medium ☐ High

**Control Measures in Place:**

* (Describe any control measures the organization has implemented to mitigate identified risks)

### **Section 3: Control Evaluation**

**Control Activities:**

* (Describe the control activities that are being audited)
* Control Effectiveness: ☐ Effective ☐ Needs Improvement ☐ Ineffective

**Recommendations for Improvement:**

* (Provide recommendations to address any control weaknesses or inefficiencies)

### **Section 4: Performance Monitoring**

**Performance Indicators Reviewed:**

* (List the performance indicators used to assess the effectiveness of the audited area)

**Performance Outcomes:**

* (Describe the outcomes of the performance review, including any areas of success or needing improvement)

**Suggestions for Performance Enhancement:**

* (Offer suggestions for enhancing performance in the audited area)

### **Section 5: Audit Findings and Conclusions**

**Summary of Findings:**

* (Provide a summary of the key findings from the audit)

**Impact of Findings:**

* (Discuss the potential impact of the findings on the organization)

**Auditor's Recommendations:**

* (List the auditor's recommendations based on the audit findings)

### **Section 6: Action Plan**

**Corrective Actions:**

* (Detail the corrective actions to be taken in response to audit findings)

**Responsible Person(s):**

* (List the individuals responsible for implementing corrective actions)

**Timeline for Implementation:**

* (Provide a timeline for when corrective actions will be completed)

### **Section 7: Sign Off**

**Audited Department's Response:**

* (Provide the audited department's response to the audit findings and recommendations)
* Auditor's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_
* Department Head's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_