

Free Internal Audit Form

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: _____
