**Internal Audit Report**

**Audit ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Audit Conducted On: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **General Information**

* **Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Department Audited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Auditor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Audit Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **Internal Audit Checklist**

**☐ Financial Transactions Verification
☐ Internal Control Procedures
☐ Risk & Compliance Measures
☐ Data Security & IT Governance
☐ Employee Safety & Welfare**

### **Audit Findings & Compliance Rating**

| **Audit Area** | **Compliance Status (Yes/No)** | **Observations** | **Risk Level** |
| --- | --- | --- | --- |
| **Financial Controls** | **☐ Yes ☐ No** |  | **☐ Low ☐ Medium ☐ High** |
| **Employee Policies** | **☐ Yes ☐ No** |  | **☐ Low ☐ Medium ☐ High** |
| **Regulatory Compliance** | **☐ Yes ☐ No** |  | **☐ Low ☐ Medium ☐ High** |

### **Summary & Corrective Actions**

**☐ No issues found.
☐ Minor compliance issues – correction required within 30 days.
☐ Major compliance issues – immediate action required.**

### **Management Response & Acknowledgment**

**☐ We acknowledge receipt of this audit report and agree to implement the recommended actions.**

**Department Head Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_
Internal Auditor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**