

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	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Employee Policies	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High

Regulatory Compliance	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> <u>Low</u> <input type="checkbox"/> <u>Medium</u> <input type="checkbox"/> <u>High</u>
--------------------------	--	--	---

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: _____