



**DOUGHERTY COUNTY SCHOOL SYSTEM  
DEPARTMENTAL INTERNAL AUDIT - CHECKLIST**

4. Randomly select three employees during the course of the audit and ask each the following questions:

- a) Please summarize the quality policy statement for DCSS.
- b) Are you aware of how your job's activities contribute to the achievement of quality objectives?
- c) Do you feel as though there is good communication concerning the activities within DCSS?

1) Name: \_\_\_\_\_ Results: \_\_\_\_\_

2) Name: \_\_\_\_\_ Results: \_\_\_\_\_

3) Name: \_\_\_\_\_ Results: \_\_\_\_\_

For the above person(s) in question #4, are there job descriptions available and up to date?

Yes     No, issue a corrective action request

List the job descriptions reviewed

1) \_\_\_\_\_ Revision: \_\_\_\_\_ Controlled? \_\_\_\_\_

2) \_\_\_\_\_ Revision: \_\_\_\_\_ Controlled? \_\_\_\_\_

3) \_\_\_\_\_ Revision: \_\_\_\_\_ Controlled? \_\_\_\_\_

What competencies, education, and/or special training do the above job descriptions require, if any?

1) Competencies: \_\_\_\_\_

Education: \_\_\_\_\_

Training: \_\_\_\_\_

Is there evidence that this person has the qualifications, as required?     Yes     No

2) Competencies: \_\_\_\_\_

Education: \_\_\_\_\_

Training: \_\_\_\_\_

Is there evidence that this person has the qualifications, as required?     Yes     No

3) Competencies: \_\_\_\_\_

Education: \_\_\_\_\_

Training: \_\_\_\_\_

Is there evidence that this person has the qualifications, as required?     Yes     No

5. How does management of this area ensure that training (when given) is effective?

Summarize response and objective evidence reviewed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Acceptable?     Yes     No

6. Is there an organizational chart available for this department on the DPMS website and up to date?

Yes     No, issue a corrective action request

Location and results: \_\_\_\_\_

\_\_\_\_\_

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7. Select a process/procedure for this area:

Doc Name: \_\_\_\_\_ No: \_\_\_\_\_ Rev: \_\_\_\_\_ Date: \_\_\_\_\_

List some questions to be asked, evidence to be collected, who should be interviewed, what records should be available, etc. for each requirement.

**Question #1:**

What is the audit plan? What do you want to look for?: \_\_\_\_\_

\_\_\_\_\_

Results:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Acceptable?  Yes  No, Explain: \_\_\_\_\_

**Question #2:**

What is the audit plan? What do you want to look for?: \_\_\_\_\_

\_\_\_\_\_

Results:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Acceptable?  Yes  No, Explain: \_\_\_\_\_

**Question #3:**

What is the audit plan? What do you want to look for?: \_\_\_\_\_

\_\_\_\_\_

Results:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Acceptable?  Yes  No, Explain: \_\_\_\_\_

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8. Select a process/procedure for this area:

Doc Name: \_\_\_\_\_ No: \_\_\_\_\_ Rev: \_\_\_\_\_ Date: \_\_\_\_\_

List some questions to be asked, evidence to be collected, who should be interviewed, what records should be available, etc. for each requirement.

**Question #1:**

What is the audit plan? What do you want to look for?: \_\_\_\_\_

\_\_\_\_\_

Results:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Acceptable?  Yes  No, Explain: \_\_\_\_\_

**Question #2:**

What is the audit plan? What do you want to look for?: \_\_\_\_\_

\_\_\_\_\_

Results:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Acceptable?  Yes  No, Explain: \_\_\_\_\_

**Question #3:**

What is the audit plan? What do you want to look for?: \_\_\_\_\_

\_\_\_\_\_

Results:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Acceptable?  Yes  No, Explain: \_\_\_\_\_

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9. During the audit process, did you see any indication that the proper infrastructure (buildings, workspace, utilities, process equipment such as computers, supporting services) was not available?  No  Yes, record the findings here and indicate as to whether or not a corrective action request is required. \_\_\_\_\_

10. During the audit process, did you see any indication that the proper work environment was not available?  No  Yes, record the findings here and indicate as to whether or not a corrective action request is required. \_\_\_\_\_

11. Were there any nonconformances found in this internal audit?  No  Yes, go to #12

12. List the question numbers and nonconformances found below:

Q# \_\_\_\_\_ N/C Found: \_\_\_\_\_  
Q# \_\_\_\_\_ N/C Found: \_\_\_\_\_  
Q# \_\_\_\_\_ N/C Found: \_\_\_\_\_  
Q# \_\_\_\_\_ N/C Found: \_\_\_\_\_  
Q# \_\_\_\_\_ N/C Found: \_\_\_\_\_

13. What are the corrective action request control numbers? \_\_\_\_\_  
\_\_\_\_\_

14. Describe how you shared the results of the internal audit with the department management and who you talked to below.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Date audit report was completed and issued to the Lead Auditor for distribution: \_\_\_\_\_

_____ Auditor Name (printed)	_____ Auditor Name (signed)	_____ Date
_____ Auditor Name (printed)	_____ Auditor Name (signed)	_____ Date
_____ Auditor Name (printed)	_____ Auditor Name (signed)	_____ Date

Lead Auditor Reviewed & Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Lead Auditor Name Printed: \_\_\_\_\_

Comments concerning this internal audit or "N/A": \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_