

DCSS/DPM - INTERNAL AUDIT SUMMARY REPORT

Department/Area Audited:	Date:
---------------------------------	--------------

Internal Audit Team Members:

NAME	DEPARTMENT	TITLE:

Personnel Contact During the Internal Audit:

NAME	NAME

Procedures Audited:

Internal Audit Results:

Corrective Action Requested?

No Yes If yes, record C/A Control Numbers here:

Summary of Nonconformities:

Positive Audit Findings:

Opportunities for Improvement:

Auditor Signature:	Date:
Lead Auditor Signature:	Date:
Management Representative Signature:	Date:

[] Reviewed in Management Review Team Meeting; Date: _____