

# DOUGHERTY COUNTY SCHOOL SYSTEM INTERNAL AUDIT ON INTERNAL AUDITS - CHECKLIST

Audit Date: \_\_\_\_\_

Auditor Team Members: \_\_\_\_\_

Instructions: Per the internal audit schedule, notify the department manager and arrange for the date and time of the internal audit. Report the scheduled date and time to the Lead Auditor for tracking. Record the date and time of the audit here: \_\_\_\_\_

Record the person you talked with the arrange the internal audit: \_\_\_\_\_

Personnel contacted upon start of the audit: \_\_\_\_\_

1. Audit Scheduling:

a) Ask to see a copy of the internal audit schedule. What is the current revision? \_\_\_\_\_

b) Are all areas involved in the certification part of the internal audit schedule?

Yes     No, Record a nonconformance.

Comments: \_\_\_\_\_

c) Are all audits up to date according to the audit schedule?

Yes, Go to Question #2     No, Go to Question #1.d

Comments: \_\_\_\_\_

d) Have proper provisions been made as a result of not following the schedule?

Yes, Explain below.     No, Record a nonconformance.

Comments: \_\_\_\_\_

2. Randomly select 5 internal quality audits from the audit schedule that have been completed since the previous internal audit on internal audits. Ask for the files and answer the following questions during or after reviewing each file.

Sample #1: \* Area Audited: \_\_\_\_\_

\* Who was the internal auditor? \_\_\_\_\_

\* Does this auditor have evidence of proper training to be an internal auditor? [ ] Yes [ ] No

\* Was the auditor independent of the activity being audited? [ ] Yes [ ] No

\* Have all sections of the checklist been properly completed? [ ] Yes [ ] No

\* If nonconformances were found during this audit, was a C/A issued? [ ] Yes [ ] No

\* If yes to the above, were the C/A responses returned on time? [ ] Yes [ ] No [ ] N/A

\* Were the responses and subsequent follow-ups satisfactory? [ ] Yes [ ] No [ ] N/A

*Note: If any of the above questions was answered with a "NO" and does not require a nonconformance to be recorded, explain below. Otherwise, issue a nonconformances and describe the reasons below.*

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

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Sample #2: \* Area Audited: \_\_\_\_\_

- \* Who was the internal auditor? \_\_\_\_\_
- \* Does this auditor have evidence of proper training to be an internal auditor?  Yes  No
- \* Was the auditor independent of the activity being audited?  Yes  No
- \* Have all sections of the checklist been properly completed?  Yes  No
- \* If nonconformances were found during this audit, was a C/A issued?  Yes  No
- \* If yes to the above, were the C/A responses returned on time?  Yes  No  N/A
- \* Were the responses and subsequent follow-ups satisfactory?  Yes  No  N/A

*Note: If any of the above questions was answered with a "NO" and does not require a nonconformance to be recorded, explain below. Otherwise, issue a nonconformances and describe the reasons below.*

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Sample #3: \* Area Audited: \_\_\_\_\_

- \* Who was the internal auditor? \_\_\_\_\_
- \* Does this auditor have evidence of proper training to be an internal auditor?  Yes  No
- \* Was the auditor independent of the activity being audited?  Yes  No
- \* Have all sections of the checklist been properly completed?  Yes  No
- \* If nonconformances were found during this audit, was a C/A issued?  Yes  No
- \* If yes to the above, were the C/A responses returned on time?  Yes  No  N/A
- \* Were the responses and subsequent follow-ups satisfactory?  Yes  No  N/A

*Note: If any of the above questions was answered with a "NO" and does not require a nonconformance to be recorded, explain below. Otherwise, issue a nonconformances and describe the reasons below.*

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Sample #4: \* Area Audited: \_\_\_\_\_

- \* Who was the internal auditor? \_\_\_\_\_
- \* Does this auditor have evidence of proper training to be an internal auditor?  Yes  No
- \* Was the auditor independent of the activity being audited?  Yes  No
- \* Have all sections of the checklist been properly completed?  Yes  No
- \* If nonconformances were found during this audit, was a C/A issued?  Yes  No
- \* If yes to the above, were the C/A responses returned on time?  Yes  No  N/A
- \* Were the responses and subsequent follow-ups satisfactory?  Yes  No  N/A

*Note: If any of the above questions was answered with a "NO" and does not require a nonconformance to be recorded, explain below. Otherwise, issue a nonconformances and describe the reasons below.*

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Sample #5: \* Area Audited: \_\_\_\_\_

\* Who was the internal auditor? \_\_\_\_\_

\* Does this auditor have evidence of proper training to be an internal auditor? [ ] Yes [ ] No

\* Was the auditor independent of the activity being audited? [ ] Yes [ ] No

\* Have all sections of the checklist been properly completed? [ ] Yes [ ] No

\* If nonconformances were found during this audit, was a C/A issued? [ ] Yes [ ] No

\* If yes to the above, were the C/A responses returned on time? [ ] Yes [ ] No [ ] N/A

\* Were the responses and subsequent follow-ups satisfactory? [ ] Yes [ ] No [ ] N/A

*Note: If any of the above questions was answered with a "NO" and does not require a nonconformance to be recorded, explain below. Otherwise, issue a nonconformances and describe the reasons below.*

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

3. Ask the Lead Auditor and/or Co-Management Representative(s) to summarize the quality policy and describe how their job's activities contribute to the achievement of the quality objectives.

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

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

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

For the above person(s), 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

