



**DOUGHERTY COUNTY SCHOOL SYSTEM  
PURCHASING / SUPPLY SERVICES - 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: \_\_\_\_\_

Title: \_\_\_\_\_

- Is there a job description for this individual?  No  Yes
- What is the date of the job description? \_\_\_\_\_ Has it been approved?  Yes  No
- Is the job description up-to-date and controlled?  Yes  No
- Is there evidence that the person performing the duties in the job description has the qualifications, has been trained and is competent?  Yes  No
- List the objective evidence: \_\_\_\_\_
- Additional Comments: \_\_\_\_\_

2. Name: \_\_\_\_\_ Results: \_\_\_\_\_

Title: \_\_\_\_\_

- Is there a job description for this individual?  No  Yes
- What is the date of the job description? \_\_\_\_\_ Has it been approved?  Yes  No
- Is the job description up-to-date and controlled?  Yes  No
- Is there evidence that the person performing the duties in the job description has the qualifications, has been trained and is competent?  Yes  No
- List the objective evidence: \_\_\_\_\_
- Additional Comments: \_\_\_\_\_

3. Name: \_\_\_\_\_ Results: \_\_\_\_\_

Title: \_\_\_\_\_

- Is there a job description for this individual?  No  Yes
- What is the date of the job description? \_\_\_\_\_ Has it been approved?  Yes  No
- Is the job description up-to-date and controlled?  Yes  No
- Is there evidence that the person performing the duties in the job description has the qualifications, has been trained and is competent?  Yes  No
- List the objective evidence: \_\_\_\_\_
- Additional Comments: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_ Acceptable?  Yes  No

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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: \_\_\_\_\_

- \_\_\_\_\_  
 Start at the receiving dock and ask the Supply Clerk to escort you to locate ten (10) receipts from an external vendor. These receipts may be randomly selected from the hall where product is ready to be delivered to their destination and in the warehouse. Once selected, compare the receiving report against the purchase order number on the carton(s) as well as the correct quantity. Record the results in the following table:

Ask the Supply Clerk to explain the process of receiving and verifying product purchased using the purchase order process: \_\_\_\_\_

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

No	P.O. #	Supplier Name	Product Purchased	Acceptable?
1				<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No
6				<input type="checkbox"/> Yes <input type="checkbox"/> No
7				<input type="checkbox"/> Yes <input type="checkbox"/> No
8				<input type="checkbox"/> Yes <input type="checkbox"/> No
9				<input type="checkbox"/> Yes <input type="checkbox"/> No
10				<input type="checkbox"/> Yes <input type="checkbox"/> No

7. While in the receiving area, observe the location where nonconformances from suppliers are stored. Compare the product stored (if any) to the Vendor Nonconformance Log (SUP-F003) and ensure the product has been listed. In addition, ensure that product listed on the nonconformance log not in the nonconforming location has been dated as being complete. (Reference SUP-P204 & DPM-P004) Record observations here:

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

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

Acceptable?    Yes     No

8. In reviewing SUP-F003, Vendor Nonconformance Log's corrective action required column, determine if any of the nonconformities required corrective action. If so, ensure that one has been issued and is being completed properly. Note: If this column is blank, issue a corrective action request for not following the procedure and completing an answer for this column. (Reference SUP-P204 & DPM-P004) Record observations here:

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

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

Acceptable?    Yes     No



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13. PROCESS/PROCEDURE MISCELLANEOUS AUDIT QUESTIONS:

What is the document name, number, revision and date?

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. For additional questions, use Form No. DPM-F011.

**Audit Plan # 1:** \_\_\_\_\_

What do you want to look at? \_\_\_\_\_

What do you want to look for? \_\_\_\_\_

Audit Results: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Acceptable?  Yes  No

**Audit Plan # 2:** \_\_\_\_\_

What do you want to look at? \_\_\_\_\_

What do you want to look for? \_\_\_\_\_

Audit Results: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Acceptable?  Yes  No

**Audit Plan # 3:** \_\_\_\_\_

What do you want to look at? \_\_\_\_\_

What do you want to look for? \_\_\_\_\_

Audit Results: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Acceptable?  Yes  No

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14. PROCESS/PROCEDURE MISCELLANEOUS AUDIT QUESTIONS:

What is the document name, number, revision and date?

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. For additional questions, use Form No. DPM-F011.

**Audit Plan # 1:** \_\_\_\_\_

What do you want to look at? \_\_\_\_\_

What do you want to look for? \_\_\_\_\_

Audit Results: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Acceptable?  Yes  No

**Audit Plan # 2:** \_\_\_\_\_

What do you want to look at? \_\_\_\_\_

What do you want to look for? \_\_\_\_\_

Audit Results: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Acceptable?  Yes  No

**Audit Plan # 3:** \_\_\_\_\_

What do you want to look at? \_\_\_\_\_

What do you want to look for? \_\_\_\_\_

Audit Results: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Acceptable?  Yes  No

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15. Comments / Opportunities for improvement concerning this internal audit or "N/A": \_\_\_\_\_

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

16. Describe how you shared the results of the internal audit with the department management and whom you talked to below.

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

17. Were there any nonconformances found in this internal audit?    No, go to #19    Yes, go to #18

18. List the question numbers and nonconformances found below:

Q# _____	N/C Found: _____	C/A # _____
Q# _____	N/C Found: _____	C/A # _____
Q# _____	N/C Found: _____	C/A # _____
Q# _____	N/C Found: _____	C/A # _____
Q# _____	N/C Found: _____	C/A # _____

19. Internal Audit Summary Report completed and submitted: Date: \_\_\_\_\_

_____ Auditor Name (printed)	_____ Auditor Name (signed)	_____ Date
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_____ Auditor Name (printed)	_____ Auditor Name (signed)	_____ Date
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Lead Auditor Reviewed & Approved: \_\_\_\_\_ Date: \_\_\_\_\_

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