|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INTERNAL CONTROL REVIEW** | | | | | | | | | | | | | | | | | |
| **Function** |  | | | | | | | **Office/Unit** | | |  | | | | | | |
| It is useful to prepare an outline of the steps taken to carry out the function for reference in completing this form. Space limitations may require conversion of this form to a format to allow recording of all relevant information. See the Internal Control Review Form Instructions for further guidance on completing this form. | | | | | | | | | | | | | | | | | |
|
|
|
|
|
| **Description of the Function (include function activities and procedures followed for each activity--attach descriptions or flow charts as needed)** | | | | | | | | | | | | | | | | | |
|
|  | | | | | | | | | | | | | | | | | |
|
|
| **Responsible Individual:** | | | | |  | | | | | | | | | | | | |
| **Telephone:** | | |  | | | | | |  | | | |  |  | | |  |
| **Vulnerability Ranking** | | | | | High | | | | Moderate | | | | Low | | | | |
| (From Functional Vulnerability Assessment) | | | | | | | | | | | | | | | | | |
| **Written Policies and procedures have been documented, distributed to appropriate personnel and are up-to-date.** | | | | | | | | | | | | | | | | | |
|
|  | | | |  | | Yes | No | | |  | | |  | | |  |  |
| **Key goals of the function - what it is designed to achieve:** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|
|
|
|
|
| **Techniques used to achieve the function's goals and avoid unwanted results (i.e., describe the controls in place):** | | | | | | | | | | | | | | | | | |
|
|  | | | | | | | | | | | | | | | | | |
|
|
|
|
|
| **Method of evaluating the adequacy of control procedures:** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|
|
|
|
|
| **Weaknesses which might impede achieving the goals or preventing unwanted results (i.e., determine what could go wrong and what weaknesses would allow such occurrences):** | | | | | | | | | | | | | | | | | |
|
|  | | | | | | | | | | | | | | | | | |
|
|
|
|
|
| **List actions to be taken to correct weaknesses and otherwise improve controls over the function (for each weakness, complete the Corrective Action Plan Form):** | | | | | | | | | | | | | | | | | |
|
|  | | | | | | | | | | | | | | | | | |
|
|
|
|
|
| **Internal Control Review was Conducted By:** | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | Date: | | |  | | |
| Title: | |  | | | | | | | | | | Office: | | |  | | |
| Telephone: | |  | | | | | | | | | | | | | | | |
| **Internal Control Review Results Reviewed By:** | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | Date: | | |  | | |
| Title: | |  | | | | | | | | | | Office: | | |  | | |
| Telephone: | |  | | | | | | | | | | | | | | | |