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| **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. |
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| **Description of the Function (include function activities and procedures followed for each activity--attach descriptions or flow charts as needed)** |
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| **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:** |
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| **Techniques used to achieve the function's goals and avoid unwanted results (i.e., describe the controls in place):** |
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| **Method of evaluating the adequacy of control procedures:** |
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| **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):** |
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| **List actions to be taken to correct weaknesses and otherwise improve controls over the function (for each weakness, complete the Corrective Action Plan Form):** |
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| **Internal Control Review was Conducted By:** |
| Name: |        | Date: |        |
| Title: |        | Office: |        |
| Telephone: |        |
| **Internal Control Review Results Reviewed By:** |
| Name: |        | Date: |        |
| Title: |        | Office: |        |
| Telephone: |        |