

Annex C: Audit Pro formas

This annex contains examples of all the Audit pro formas mentioned in Part 3 of the Audit Manual that are used by the Information Commissioner's own staff when carrying out Data Protection Audits. By placing these documents in the public domain the Commissioner hopes that organisations adopt them as models thus saving time and effort in designing forms for themselves.

These Audit pro formas will be of particular interest to those organisations setting up their own internal audit programmes. Of course, the pro formas included here are not meant to be rigidly prescriptive but are intended to illustrate the key elements that need to be covered. Ultimately, these pro formas are templates for organisations to adapt to the exact style and content that best suits their own needs.

IC**INTERNAL AUDIT SCHEDULE**Sheet
of sheets

Year: 2000

DATA PROTECTION AUDIT PROGRAMME

Department or Function	Audit Freq.	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

IC	PRE-AUDIT QUESTIONNAIRE		Audit Reference
Name of Organisation			
Department			
Address			
Postcode		Telephone	
Fax		E-mail	
Contact Name			
Position/Job Title			
Products and/or services provided			
Number of sites/ locations to be covered			
Number of full-time staf		Number of part-time staff/sub-contractors	
DATA PROTECTION QUESTIONS			
Question 1	Does your organisation process personal data on individuals?		
Question 2	What personal information are collected? E.g. name, address, telephone number etc.		
Question 3	Why do you hold this personal data?		
Question 4	Please provide details of databases/filing systems containing personal data:		

IC	PRE-AUDIT QUESTIONNAIRE		Audit Reference	
DATA PROTECTION QUESTIONS				
Question 5	Do you hold any sensitive personal information (e.g. medical/health data, ethnic origin etc.)? If so, for what purpose?			
Question 6	How are these personal data collected?			
Question 7	Who are these personal data collected from?			
Question 8	Once personal data have been collected, do you disclose these data to anyone? (If the answer is yes, please provide examples and reasons):			
Question 9	How does your organisation store personal information? E.g. on computer or manual files or both.			
Question 10	Who has access to this information?			
Completed by		Date		

IC	AUDIT MANAGEMENT CHECKLIST		Audit Reference	
Name of Organisation:				
PREPARATORY MEETING				
Names of participants:				
Questionnaire completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Meeting Date:	
ADEQUACY AUDIT				
Date data received:		Date audit completed:		
Documentation received	<input type="checkbox"/> DP Policy	<input type="checkbox"/> Procedures		
	<input type="checkbox"/> Codes of practice	<input type="checkbox"/> Other		
Audit outcome:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory		
Compliance Audit scheduled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Scheduled Compliance Audit date:	
COMPLIANCE AUDIT				
Actual Audit date:		Audit duration (days):		
Audit Team Leader				
Audit Team Members				
Documentation check before leaving for the audit:				
<input type="checkbox"/> Pre-Audit Questionnaire <input type="checkbox"/> Audit Plan <input type="checkbox"/> System Audit Checklists <input type="checkbox"/> Process Audit Checklists <input type="checkbox"/> Interview/Focus Group Record Sheets <input type="checkbox"/> Non-compliance Records <input type="checkbox"/> Observation Notes <input type="checkbox"/> Compliance Audit Reports				
Names of participants at the Opening Meeting:				
Number of Major Non-compliances raised:		Number of Minor Non-compliances raised:		
Number of Observations made:		Number of staff One-to-One interviews held:		
Number of staff Focus Groups held:		Compliance Audit Report completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Names of participants at the Closing Meeting:				

IC	AUDIT MANAGEMENT CHECKLIST		Audit Reference	
Name of Organisation:				
AUDIT FOLLOW-UP				
Audit Follow-up scheduled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Scheduled Audit Follow-up date:	
Audit Team Leader				
Audit Team Members				
All Major Non-compliances cleared?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	All Minor Non-compliances cleared?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Audit closed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Audit completion date:	
NOTES				
Completed by		Date		

IC	ADEQUACY AUDIT REPORT		Audit Reference	
Organisation				
Department			Adequacy Audit Date	
DOCUMENTATION REVIEW SUMMARY				
NON-COMPLIANCES AND/OR POINTS TO BE CLARIFIED				
Document reference	Item for clarification			
AUDIT OUTCOME				
<input type="checkbox"/> Satisfactory: Organisation can proceed with Compliance Audit without further action.				
<input type="checkbox"/> Unsatisfactory: Organisation can only proceed with Compliance Audit after the above points have been clarified.				
<input type="checkbox"/> Unsatisfactory: Compliance Audit not appropriate with current status of organisation's Data Protection System.				
PROPOSED COMPLIANCE AUDIT				
Estimated Compliance audit duration:	days	Estimated number of Auditors required:		
Proposed Compliance audit date:				
DP AUDITOR NAME:	SIGNATURE:		DATE:	

IC		AUDIT PLAN			Audit Reference	
Organisation					Page	
Department					Audit Date	
Date	Time	Area/Function	Auditor	Activity/DP Issue Assessed		
AUDIT PLAN COMPILED BY:		SIGNATURE:			DATE:	

IC	NON-COMPLIANCE RECORD	Audit Reference	
Organisation		NC Reference	
Department		Audit Date	

DETAILS OF NON-COMPLIANCE

Non-compliance Category	DP Auditor Name	Signature	Date
<input type="checkbox"/> Minor <input type="checkbox"/> Major			

CORRECTIVE ACTION PROGRAMME

Function	Signature	Date
DP Auditor		
DP Representative		
Follow-up Date		

CORRECTIVE ACTION FOLLOW-UP

Function	Signature	Date
DP Auditor		
DP Representative		

IC	OBSERVATION NOTE	Audit Reference	
Organisation		Obs. Reference	
Department		Audit Date	

DETAILS OF OBSERVATION

DP Auditor Name	Signature	Date

FOLLOW-UP ACTION (If relevant)

Function	Signature	Date
DP Auditor		
DP Representative		
Follow-up Date		

IC	COMPLIANCE AUDIT REPORT	Audit Reference	
Organisation		Page	1
Department		Audit Date	

AUDIT SUMMARY

	Function	Signature	Date
	DP Auditor		

IC	COMPLIANCE AUDIT REPORT		Audit Reference	
Organisation			Page	2
Department			Audit Date	
SUMMARY OF OBSERVATIONS				
Obs. Ref.	Details of Observation			
SUMMARY OF AGREED CORRECTIVE ACTIONS				
NC Ref.	Action by	Corrective action to be taken	Date	
AGREED AUDIT FOLLOW-UP				
		Function	Signature	Date
		DP Auditor		
		DP Representative		
AUDIT CLOSED				
		DP Auditor		
		DP Representative		