

PEER REVIEW SURVEY AUDIT COMMITTEE MEMBERS

The purpose of this questionnaire is to elicit your views on the department's audit function. The peer review team will use the information and other evidence to assess the audit function's performance and effectiveness.

Please make sure that only one response is checked for each of the answers. You can use the Comments space on the last page to explain any NO answers and include any comments you want to make.

<p>1. Does your organization have a written policy or mission statement for the audit group?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A </p>
<p>2. Does the head of the audit group have direct and unrestricted access to the audit committee and executive management?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A </p>
<p>3. Are the head of the audit group and the staff sufficiently independent of the entities they audit and free to offer conclusions and recommendations as they consider necessary?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A </p>
<p>4. Are you familiar with the auditing standards that the audit group follows?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A </p>
<p>5. Has the audit group had an external peer review within the required time period?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A </p>
<p>6. Does the audit group prepare an annual or biennial audit plan?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A </p> <p>If YES:</p> <p style="padding-left: 20px;">a. Does the head of the audit group request your input?</p> <p style="text-align: center; padding-left: 20px;"> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A </p> <p style="padding-left: 20px;">b. Are you periodically advised of progress under the plan?</p> <p style="text-align: center; padding-left: 20px;"> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A </p>

COMMENTS: Please use this space to explain any "No" answers and add any comments you want to share.

In the event we need to contact you for additional information:

NAME:		TITLE:			
ORGANIZATION:					
PHONE:		FAX:		E-MAIL:	
ADDRESS:		CITY:		STATE:	ZIP: