

## PEER REVIEW SURVEY DEPARTMENT HEAD

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 gain an understanding of your agency's policies and assess the audit office's performance.

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

<p>1. Does the head of the audit group report to the highest organizational level of the Department?</p> <p style="text-align: center;"> <input type="checkbox"/> YES                    <input type="checkbox"/> NO                    <input type="checkbox"/> N/A       </p>
<p>2. Does the audit group prepare an annual or biennial audit plan (either formal or informal)?</p> <p style="text-align: center;"> <input type="checkbox"/> YES                    <input type="checkbox"/> NO                    <input type="checkbox"/> N/A       </p> <p>If YES, please answer the following questions:</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>
<p>3. Are there important areas of your organization that should be audited but have not been?</p> <p style="text-align: center;"> <input type="checkbox"/> YES                    <input type="checkbox"/> NO                    <input type="checkbox"/> N/A       </p> <p>If so, please list here.</p>
<p>4. Has the audit function been useful to you in the overall management of your organization?</p> <p style="text-align: center;"> <input type="checkbox"/> YES                    <input type="checkbox"/> NO                    <input type="checkbox"/> N/A       </p>
<p>5. Does the audit staff prepare reports and make recommendations without auditee unduly influencing or suppressing the contents?</p> <p style="text-align: center;"> <input type="checkbox"/> YES                    <input type="checkbox"/> NO                    <input type="checkbox"/> N/A       </p>
<p>6. Are audit reports issued in a timely manner after completion of the audit work?</p> <p style="text-align: center;"> <input type="checkbox"/> YES                    <input type="checkbox"/> NO                    <input type="checkbox"/> N/A       </p>

7. Are audit results presented clearly and concisely?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
8. Are written audit recommendations logical and reasonable?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
9. Are the results of audits communicated to all affected levels of management?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

COMMENTS: Please use this space to explain any "No" answers and to 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: