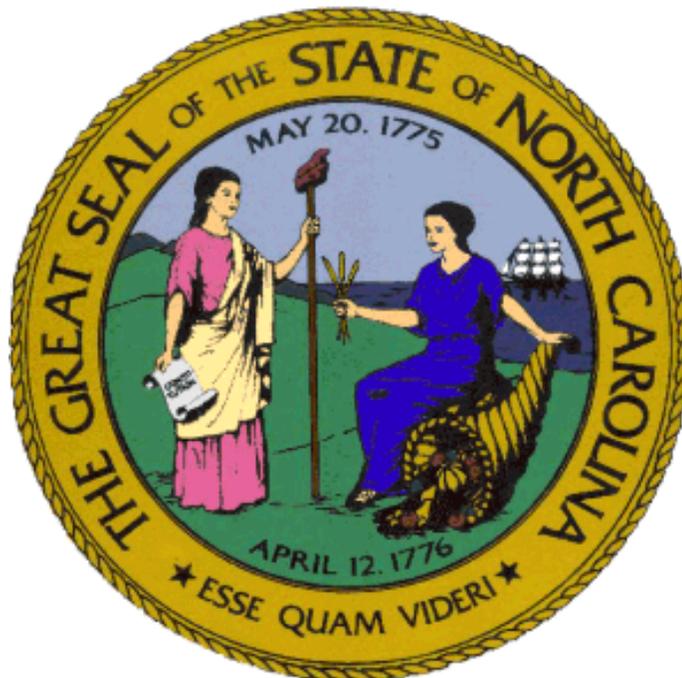


COUNCIL OF INTERNAL AUDITING

Peer Review Program

Administered by the Central Internal Audit Office



Guidelines, Policies and Procedures for Statewide
External Quality Assessment/Peer Review Program

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OFFICE OF INTERNAL AUDIT
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ACKNOWLEDGMENTS

This manual is adapted from the Institute of Internal Auditors (IIA) Quality Assurance Review Program, and similar Peer Review Programs including the State of Texas SAIAP Peer Review Program and the North American Association of State and Provincial Lotteries (NASPL). The IIA has published copyrighted materials for its peer review program. The Office of State Budget and Management's Central Internal Audit Office (CIAO) has adapted pertinent portions of these publications with the permission of the IIA.

Revisions to the guidelines will be made periodically based on changes in the Standards, suggestions from participants in the process, and other guidance materials. Users of the manual are encouraged to provide suggestions to the CIAO for improving the peer review process. Participants in the process are also encouraged to complete the peer review survey after performing or receiving a peer review through the program.

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I. OVERVIEW

A. Peer Review Program Purpose

The Council of Internal Auditing Peer Review Program is a cooperative external review program required by the Internal Audit Act, G.S.143-747(c)(6). This program helps state agencies and universities comply with The Institute of Internal Auditors (IIA) *International Professional Practice Framework (Standards¹)*. In order to comply with the Standards, internal auditing functions are required to have an independent external assessment at least once every five years². The purpose of an external assessment is to evaluate and express an opinion on an Internal Audit function's compliance with the *Standards*. The opinion is expressed as one of three possible ratings: "generally complies", "partially complies", or "does not comply."

1. Generally complies - means that the relevant structures, policies, and procedures of the activity, as well as processes by which they are applied, comply with the requirements of the individual *Standard* or element of the *Code of Ethics* material.
2. Partially complies – means that the Internal Audit organization is making good faith efforts to comply with the *Standards* and the *Code of Ethics* but has fallen short of achieving some of their major objectives.
3. Does not comply – means the Internal Audit activity is not aware of, is not making good-faith efforts to comply with, or is failing to achieve many or all of the *Standards* or elements of the *Code of Ethics*.

The Peer Review Program enables State agencies³ to obtain their external assessment in a method that is cost-effective and educational.

B. Peer Reviewer Qualifications

Internal auditors in State agencies who meet the minimum requirements for conducting external reviews have the opportunity to volunteer in the Peer Review Program. Participating on Peer Review Teams provides training opportunities for internal auditors both performing and receiving peer reviews. The process offers a chance to network with other professionals from State agencies and provides insights into best practices peer reviewers can take back to their own internal audit functions.

The CIAO coordinates Quality Assurance Training in accordance with IIA quality review requirements. Internal auditors must meet minimum requirements in order to participate as a team member or team lead for external reviews.

¹ The International Professional Practice Framework has three mandated elements which included the IIA's Definition of Internal Auditing, the Code of Ethics and the Standards for the Professional Practice of Internal Auditing.

² This program considers 5 years, 60 months from the date of the last review or conception of the internal audit function.

³ State agency means each department created pursuant to Chapter 143A or 143B of the General Statutes, the Judicial Branch, The University of North Carolina, and the Department of Public Instruction.

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Team Lead Requirements

1. Is well versed in the best practices of the profession.
2. Has at least five years of recent experience in the practice of internal auditing or consulting at a management level.
3. Has at least five years of recent experience in the practice of leading an audit engagement.
4. Preference: A certified audit professional (CIA, CGAP, CISA, etc.) with current in-depth knowledge of the Standards.

Team Member Requirements

1. Current in-depth knowledge of the Standards; and/or
2. Has at least two years of recent experience in the practice of leading an audit engagement.

Qualified Internal Auditors interested in participating in the Council's Peer Review Program should download and complete the Peer Reviewer Volunteer Application located on the CIAO's website.

C. Roles and Responsibilities

Council of Internal Auditing

The Council of Internal Auditing has the overall responsibility for the external peer review program. Specific functions performed by the Council are to provide guidance in the form of policies, and resolve potential disputes that exist once all grievance processes have been exhausted, and to ensure the consistency of Council's external peer reviews.

OSBM Central Internal Audit Office

The CIAO is responsible for the day-to-day operation of the peer review program. The CIAO has responsibility in two major areas:

1. Administration of the review process on a daily basis.
 - a. Coordination and assignment of review teams.
 - b. Conducting a quality review each Quality Assurance Review (QAR) performed including review of workpapers, assess of rating and the draft report.
 - c. Maintain final workpapers and reports.
2. Training of review team members.

The Internal Audit Director/ Chief Audit Officer (IAD/CAO)⁴, or designee, has been charged with the overall responsibility of performing these functions. This individual manages the daily program activities in compliance with the policies and procedures approved by the Council of Internal Auditing. In addition, the Director, or designee, coordinates QAR training for volunteers as appropriate based on the need and the budget.

⁴ For the Peer Review Program, the Internal Audit Director/Chief Audit Officer refers to the audit professional who oversees the internal audit function in the State agency.

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The Director, or designee, will assist in organization of the review team, coordination between the review team and the agency internal audit function, and coordination in peer review documentation.

Agency Internal Audit Function

It is the responsibility of each IAD/CAO to obtain required external reviews. To participate in the Peer Review Program, State agencies are required to contribute:

1. Peer Review Team travel expenses when receiving a peer review.
2. Team members for conducting a peer review based on a required number of participation points. For more information on participation points, see [Section II.A. Reciprocity Participation Policy and Procedure](#).

Peer Review Teams

Although the time involved in performing a peer review will vary, peer review team members are estimated to spend 100 to 150 hours completing a peer review. Peer Review Team Leads are estimated to spend additional time (150 - 200 hours total) planning the review, scheduling and conducting interviews, compiling survey results, spending time on-site, and drafting and finalizing the report.

Peer Review Teams evaluate stakeholder and staff surveys, interview selected members of the State agency being reviewed, review engagement work papers and other documents, evaluate the conformance to the Standards, review quality and process improvements, provide a summary of observations and recommendations (if appropriate), and draft a review report.

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II. PROGRAM POLICIES AND PROCEDURES

A. Reciprocity Participation

Purpose

The purpose of this policy is to provide the Peer Review Program participating State agency internal audit functions with guidance on providing equitable reciprocal participation on Peer Review Teams.

Policy

All participating State agency internal audit functions must reciprocate resources at the same level as that needed to conduct an effective peer review of its own internal audit function. Peer Review Teams, at a minimum, will be comprised of a Team Lead and one Team member. The OIA Director, or designee, is responsible for maintaining records of participation.

Procedures

To ensure proper reciprocation of resources a participation point system will be used. A State agency internal audit function earns points as followed:

1. Team Lead for a peer review earns a credit of 4 points.
2. Team member for a peer review earns a credit of 2 points.
3. Volunteer to participate on a workgroup related to the improvement of the peer review process earns 2 points.
4. An internal audit function that provides a volunteer to develop or improve peer review templates, surveys, questionnaires or programs earns 1 point.
5. Volunteer to assist with peer review training earns 1 point.
6. Volunteer to provide a training session on the QAR process earns 6 points.

For example, if the internal audit function's last Peer Review Team consisted of one lead and one member, the State agency must accumulate 6 participation points within five years of its most recent peer review.

Below are minimum guidelines for the number of persons to include on a Peer Review Team:

1. Small internal audit function (1-2 professional persons audit shop): Requires a one or two Person Peer Review Team (Team Lead – 4 points and Team Member – 2 points)
2. Medium internal audit function (3-8 professional persons audit shop) – Two Person Peer Review Team (Team Lead – 4 points, Team Member – 2 points)
3. Large internal audit function (more than 8 professional persons audit shop) – Three Person Peer Review Team (Team Lead – 4 points, Team Members – 2 points each).

To ensure objectivity and independence in fact and appearance, the following rules apply:

1. Former auditors of the internal audit function under review will not serve as Team Leads or Members until their previous internal audit function State agency has received a peer review or two years have passed, whichever is first.

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2. Internal auditors cannot serve as a Team Lead or Member on a peer review conducted on their own internal audit function.
3. Each University Peer Review Team must include one State agency internal auditor.
4. Reciprocal reviews are not allowed. Example: if a DIT auditor participates on a Peer Review Team that is performing a QAR at OSBM then all OSBM auditors must refrain from participating on a Peer Review Team performing a QAR at DIT. This limitation is in place until OSBM receives a subsequent peer review provided by a Peer Review Team which does not include DIT auditors.

Additional requirements and guidelines are:

1. An internal audit function that has auditors participating in peer reviews as a Team Lead or Team Members are entitled to their credits for participation unless the peer review is terminated prior to conducting the preliminary meeting.
2. The CIAO will assist IAD/CAOs in coordinating Team Members for his/her internal audit function's peer review.
3. The CIAO will maintain a tracking system to record and monitor points used and earned. The system will maintain the internal audit function's point balance and each individual's participation. At the end of a peer review, individual participation and internal audit function's points will be recorded.
4. Point sharing is allowed. Any State agency may donate points to another participating State agency. The donating State agency must, in writing, inform CIAO of the number of points being donated and the State agency that will receive the points.

B. Dispute Resolution

Purpose

The purpose of this policy is to provide participating State agency internal audit functions with guidance for resolving disputes that may arise in conjunction with Peer Reviews performed by OIA volunteer peer reviewers.

Policy

The participants who comprise the Peer Review Program membership are committed to communicating and interacting on a professional basis throughout all peer review activities. When difficulties arise during a peer review, the IAD/CAO and the Team Lead will make every reasonable attempt to reach consensus on actions needed.

The Peer Review Program membership recognizes that occasionally some differences could benefit from third-party intervention and assistance. The CIAO Director is available to assist with dispute resolution of peer review issues involving member agencies.

Procedures

State agencies that desire dispute resolution assistance from can contact the CIAO Director for a meeting. If an agency is not satisfied with the resolution, the agency can request the issue be brought forth to the Council Chair. The Council Chair will determine if the dispute has merit to bring before the entire Council.

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C. Confidentiality of Information

Purpose

The purpose of this policy is to provide participating State agency internal audit functions with guidance on confidentiality requirements.

Policy

The Peer Review Team Lead, Team Members, and any individual participating in a dispute resolution will not disclose, verbally or in writing, information concerning the reviewed internal audit function or any of its clients without authorization from the Internal Audit Director of the internal audit function under review. The only exception is compliance with public records laws and Records Retention Policies and Procedures.

Procedure

Internal audit functions and Peer Review Teams participating in the Peer Review Program process will follow the procedures outlined below:

1. The Peer Review Team, the CIAO director and staff, will not discuss any information reviewed, identified or created during the peer review with anyone other than the IAD/CAO of the internal audit function under review.
2. The Peer Review Team will keep secure all workpapers developed during the peer review and only disclose workpapers to the IAD/CAO of the internal audit function under review or the CIAO. At the completion of the peer review all peer review workpapers, documents, and reports will be submitted to the CIAO (to comply with Records Retention Policies and Procedures).
3. No Peer Review Team member will retain copies of the peer review workpapers unless approved by the IAD/CAO of the internal audit function under review.
4. If questions or concerns about confidentiality arise during the peer review process, contact the CIAO Director, or designee, for clarification.

D. Records Retention

Purpose

The purpose of this policy is to provide participating State agencies internal audit function with guidance on how to maintain workpapers for peer reviews.

Policy

Ownership of peer review workpapers remain with the CIAO. The Peer Review Team Lead is responsible for control of the workpapers during the Peer Review. Workpapers will be maintained for a period of ten (10) years.

Procedure

Internal audit functions and Peer Review Teams participating in the Peer Review Program process will follow the procedures outlined below:

1. Workpapers maintained by the Peer Review Team will be kept secured and will not be released to anyone during or after completion of the peer review except the CIAO.

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2. The Peer Review Team Lead will submit the peer review workpapers/report to the CIAO no later than ten (10) business day after the exit conference.
3. The Peer Review Team will provide workpapers/report in electronic format on the SharePoint.
4. The Peer Review Team will not retain any of the peer review workpapers after completion of the review. After submission of workpapers to CIAO, the Peer Review Team will delete/destroy all electronic or manual workpaper.
5. The CIAO Director, or designee, will retain the peer review workpapers for a period of ten (10) years.
6. The peer review report should be kept in the internal audit function's permanent files.

E. Conformance with Standards

Purpose

The purpose of this policy is to provide participating State agency internal audit functions with a definition and understanding of conformance with the IIA Standards.

Policy

Conformance with Standards does not mean the ideal situation or best practice. Instead, the Peer Review Team should consider the degree an internal audit function conforms, in spirit and intent, to the Standards. Ratings provided by the Peer Review Team will be one of the three following:

Generally Conforms: The Peer Review Team has concluded that the relevant structures, policies, and procedures of the internal audit function, as well as the processes by which they are applied, comply with the requirements of the individual Standard or element of the Code of Ethics in all material respects. For the sections and major categories, this means that there is general conformity to a majority of the individual Standards or elements of the Code of Ethics, and at least partial conformity to the others, within the section/category. There may be significant opportunities for improvement, but these should not represent situations where the internal audit function has not implemented the Standards or the Code of Ethics, has not applied them effectively, or has not achieved their stated objectives. As indicated above, general conformance does not require complete/perfect conformance, the ideal situation, "best practice," etc.

Partially Conforms: The Peer Review Team has concluded that the internal audit function is making good-faith efforts to comply with the requirements of the individual Standard or element of the Code of Ethics, section, or major category, but falls short of achieving some major objectives. These will usually represent significant opportunities for improvement in effectively applying the Standards or Code of Ethics and/or achieving their objectives. Some deficiencies may be beyond the control of the internal audit function and may result in recommendations to senior management or the board of the State agency.

Does Not Conform: The Peer Review Team has concluded that the internal audit function is not aware of, is not making good-faith efforts to comply with or is failing to achieve many/all

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of the objectives of the individual Standard or element of the Code of Ethics, section, or major category. These deficiencies will usually have a significant negative impact on the internal audit function's effectiveness and its potential to add value to the State agency. These may also represent significant opportunities for improvement, including actions by senior management or the board.

Procedure

Peer Review Teams will consider the size and the maturity of an internal audit function. Small audit functions may have less supervisory reviews or documented policies and procedures than larger internal audit functions.

Peer Review Team members should:

1. Consider each individual standard and conclude as to the degree of conformity to Standards. The IIA implementation guide is a good source when assessing each Standard.
2. Consider each section of the Standards and conclude as to the degree of conformity based on the individual Standards within the section.
3. Consider both major categories, Attribute and Performance, and conclude as to the degree of conformity based on all sections within that major category.
4. Consider the four principles and related rules of conduct in the Code of Ethics and conclude whether or not the internal audit function management and staff uphold these principles and related rules.

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III. Peer Review Procedures

An outline of the peer review steps and each of the entities responsibility throughout the process can be seen in Appendix A.

A. Peer Review Preparation

Preparing for the peer review is essential to facilitating a more efficient and effective peer review. Internal self-assessments are recommended to ensure your internal audit function is appropriately positioned for a formal QAR. A sample self-assessment checklist can be downloaded from the CIAO's website and may assist you with an internal self-assessment. A self-assessment should be completed at least 24 months prior to the QAR request. This will help identify any gaps or issue and provide time to implement process changes which will allow the QAR review team to measure the internal audit function on the new processes.

Prior to requesting a QAR, a State agency's internal audit function must review the Peer Review Program Guidelines, notify the appropriate agency management of the peer review process and **MUST** complete the A-6b Planning Questionnaire and A-6a Document List, including having **all supporting documents listed in the A-6a document** ready to place into the SharePoint.

It is highly recommended the internal audit functions start completing the Planning Tools anywhere from six to twelve months prior to the need for a peer review. The questionnaire is a lengthy and comprehensive document that must be completed when the Requesting a Review form is submitted.

Owner	Peer Review Preparation Responsibilities
IAD/CAO	<ul style="list-style-type: none">• Review Peer Review Guidelines.• Consider the self-assessment checklist.• Start completing the Planning Questionnaire to ensure you are prepared for a peer review.• Notify appropriate agency management.

B. Planning Questionnaire

The Planning Questionnaire and Document List provides the foundation for the internal audit function's peer review. It is required that the requesting internal audit function complete this before the initial request is made since it is a lengthy and comprehensive document.

The comprehensive document is to be completed by the Director of Internal Audit or designee. Completing the planning questionnaire should facilitate a more efficient and effective peer review for both the peer review volunteers and the internal audit function being reviewed. The tool is based on the questionnaire in the Quality Assessment Manual published by the IIA. The Internal audit function being reviewed should respond to all questions, requests for information, and requests for evaluative comments. The planning tool is comprehensive and internal audit functions being reviewed should plan adequate time to complete the tool prior to

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requesting the review. The A-6b Planning Questionnaire and A-6a Document List can be downloaded from the OIA's and should be fully completed, all supporting document must be available at the time of the request.

Owner	Planning Tool Responsibilities
IAD/CAO	<ul style="list-style-type: none"> • Complete the Planning Tools and have all supporting document ready for submission to CIAO upon request.
CIAO	<ul style="list-style-type: none"> • Assist the IAD/CAO with any questions he/she may have while completing the tool.

C. Requesting a Review

After reviewing the Peer Review Program Guidelines and completing the Planning tools, the requesting internal audit function completes the request form found on the OSBM CIAO website (Peer Review Request) and submits it to internalauditinfo@osbm.nc.gov **along with the A6b Questionnaire**. Exhibits or other supporting document are not required to be submitted at the time of request but **must be ready to provide upon request**.

The CIAO Director, or designee, within one week of receipt of the request, reviews the request, identifies team members, and informs team members and internal audit function director (Director) of the selection. If the Director has a valid reason why an individual should not be on the review team, the Director will inform CIAO of the reason for dismissing the individual from the review. CIAO will contact the selected members and determine if there are any independence / objective impairments.

Internal audit functions are encouraged to submit a request **at least three to four months** in advance of their need for an external review. Review teams will be based upon the requesting internal audit function's size, types of audits completed, prior external review, type of State agency and volunteer availability.

Owner	Requesting a Review Responsibilities
IAD/CAO	<ul style="list-style-type: none"> • Complete the Planning Questionnaire and all supporting documents. • Complete the Peer Review Request Form and submit the form and A6b Questionnaire to the OIA at least three to four months before the requested review date. • Accepts team members.
CIAO	<ul style="list-style-type: none"> • Confirm receipt of the request form. • Review the request form and A6b Questionnaire for any additional information needed from the IAD/CAO. • Identify and notify team members and provide to IAD/CAO. • Contact team members and determine independence status. • Document Peer Review Team member and request in tracking system.

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D. Independence Statement

Once the Review Team has been selected, all team members must complete the Independence Statement (A-4 Independence Statement). The Independence Statement is intended to document the professional qualifications and independence of the team members in accordance with the *Standard* and as defined in Reciprocity Participation of this manual.

Team Members should complete the form and email a copy to the CIAO. Once reviewer's independence is confirmed, CIAO will set up a Shared Point site. CIAO will provide the Shared Point link to the requesting internal audit function and review team members. It is the responsibility of the requesting IAD/CAO/chief audit officer to upload all supporting documents included in the A6a Document List along with the A6b Questionnaire. CIAO will upload all tools and templates, along with the completed independence statements.

The CIAO will provide a training session to the team members. The session will include an overview of the QAR process, timeframes for completion and how to use the tools and templates.

Owner	Independence Statement Responsibilities
IAD/CAO	<ul style="list-style-type: none"> • Upload the A6a document list, all supporting document and the A6b questionnaire.
Team Lead	<ul style="list-style-type: none"> • Complete the Independence Statement and submit to OIA. • Attend training on the process, tools, and templates to the review team
Team Members	<ul style="list-style-type: none"> • Complete the Independence Statement and submit to OIA. • Attend training on the process, tools, and templates to the review team
CIAO	<ul style="list-style-type: none"> • Set up a Share Point Site. • Provide Share Point Site to IAD/CAO. • Upload all tools and templates to Shared Point • Upload the Independence Statement to Shared Point. • Provide training on the process, tools, and templates to the review team

E. Memorandum of Understanding

Once a Review Team is organized and agreed upon, the CIAO Director or designee, will prepare the Memorandum of Understanding (A3 MOU) with the appropriate agency and individuals names. The MOU specifies the purpose and scope of the peer review, who will conduct the review, when it will be conducted, and how any expenses will be handled. The internal audit function being reviewed is responsible for working directly with the Peer Review Team to coordinate travel arrangements. The MOU should be signed and executed before making travel arrangements.

The requesting State agency's IAD/CAO is responsible for determining the review period (scope) and is the owner of the MOU. In order to have a representative sample of engagements

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for review, the IAD/CAO must select the most recent 12-month period or the last fiscal year as the review period. There must be at **least eight completed engagements** to allow for a representative sample to be selected by the review teams.

The requesting State agency internal audit function and Team Lead must determine when the onsite visit (a one week period) will take place. Once the MOU is ready for execution, the IAD/CAO is responsible for notifying the CIAO. The CIAO will place the MOU in DocuSign for signature and upon completion the executed MOU will be placed in the SharePoint. This should be completed ten to 12 weeks prior to on-site visit.

Owner	MOU Responsibilities
IAD/CAO	<ul style="list-style-type: none"> • Coordinate and draft a MOU with the identified Peer Review Team Lead. • Notify OIA that Memo is ready for signature. • Sign MOU in DocuSign
Team Lead	<ul style="list-style-type: none"> • Assist the IAD/CAO with drafting the MOU. • Sign MOU in DocuSign
Team Member	<ul style="list-style-type: none"> • Sign the MOU in DocuSign
CIAO	<ul style="list-style-type: none"> • Place the MOU in DocuSign for signatures. • Sign the MOU • Place MOU in SharePoint, completed document folder

F. Preliminary Meeting

For planning purposes, the Team Lead may use the Peer Review Program Checklist (A7) to ensure all requirements of the peer review is completed timely. Use of these tools is optional; however, it is highly recommended to ensure all required steps are completed.

After reviewing the Planning documents, the Peer Review Team and the IAD/CAO coordinate a preliminary meeting which may be via conference call, virtual meeting or in person. (A10a preliminary meeting).

The purpose of the meeting is to:

1. Introduce the internal audit staff members and Peer Review Team members.
2. Discuss the Review Process (Team Lead) including:
 - Sending out surveys; and
 - Scheduling interviews.
3. Request list of names and contact information for all the State agency managers who have been involved in internal audits during the review period, internal audit staff, and individuals that the IAD/CAO report to functionally and administratively.
4. Confirm the review period (determined by the IAD/CAO).
5. Discussed the process for selecting a representative sample of audit workpapers for reviewed. See QAR Assessment Map – A10b for obtaining the necessary data to make a selection.

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6. Familiarize the Peer Review Team with the policies and procedures of the internal audit function.
7. Select and/or confirm the date for on-site visit.
8. Discuss availability of office space and parking.
9. Discuss travel arrangements, if necessary.

During or immediately following the preliminary meeting, the IAD/CAO provides the following:

1. Send a list of names and contact information for all of the agency managers who have been involved in internal audits during the time period being reviewed to the Team Lead (Template A10b of the QAR Assessment Map).
2. Send a list of names and contact information of individuals the IAD/CAO reports to functionally and administratively, if not in A6-Questionnaire.
3. Send a list of all internal audit staff names and contact information.
4. Send a list of all internal audits completed during the selected review period (if different than items listed in A6).
5. Send an e-mail notification to the individuals listed in steps F.1 through F.3 above that a peer review is occurring and that they may be contacted to complete a survey or an interview. The Peer Review Lead should be copied on this email.

A preliminary meeting should be held six to eight weeks before the on-site visit. This meeting may be utilized as the entrance conference if agreed upon by the Peer Review Team and IAD/CAO.

Owner	Preliminary Meeting Responsibilities
IAD/CAO	<ul style="list-style-type: none"> • Coordinate a preliminary meeting with the Peer Review Team. • Confirm the review period for the peer review. • Work with the Team Lead to select exact dates for on-site work. • During or immediately after the meeting provide: <ul style="list-style-type: none"> ○ A list of all internal audits completed during the cope of the review, client names, auditor that completed the engagement, etc... (use the A10b engagement template); ○ A list of names and contact information of individuals the IAD/CAO reports to functionally and administratively (if not in A6); and ○ A list of internal audit staff names and contact information. • Immediately after the meeting, send: <ul style="list-style-type: none"> ○ An e-mail notification to all individuals included on lists above and copy the Peer Review Team Lead. The notification should inform the individuals that a peer review is occurring and that they may be contacted for

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	<ul style="list-style-type: none"> an interview or to complete a survey; and <ul style="list-style-type: none"> ○ If requested by Team Lead, start scheduling interviews. ● Discuss travel arrangements, if necessary.
Team Lead	<ul style="list-style-type: none"> ● Coordinate a preliminary meeting with the IAD/CAO. ● Discuss the review process during the meeting. ● Work with the IAD/CAO and Team Members to select exact dates for on-site work. ● Immediately after the meeting, or sooner after provide names to IA Director to schedule interviews. ● Immediately after the meeting, start modify the survey instructions and email (B1, B2, B3) tools. ● Discuss travel arrangements, if necessary.
Team Members	<ul style="list-style-type: none"> ● Attend the preliminary meeting. ● Work with the IAD/CAO and Team Lead to select exact dates for on-site work. ● Discuss travel arrangements, if necessary.

G. Travel Arrangements

The State agency internal audit function being reviewed is responsible for working directly with the Peer Review Team to coordinate travel arrangements. The requesting State agency internal audit function must reimburse Peer Review Team members for travel expense based on the State rates and requirements. The review team members will be reimbursed by their agency. The review team member will provide an invoice summarizing the costs (e.g. hotel, mileage, meals) and attach a copy of the travel reimbursement submitted to their agency to the IAD/COA receiving the review for submission to their business office for payment. Payment will be made to the review team member's agency.

Owner	Travel Arrangements Responsibilities
IAD/CAO	<ul style="list-style-type: none"> ● Work directly with the Review Team to coordinate travel arrangements. ● Reimburse team member's agency for meals, travel, and other reasonable expenses.
Team Lead	<ul style="list-style-type: none"> ● Work with the IAD/CAO to coordinate travel arrangements. ● Submit expenses as requested by the IAD/CAO.
Team Members	<ul style="list-style-type: none"> ● Work with the IAD/CAO to coordinate travel arrangements. ● Submit expenses as requested by the IAD/CAO.

H. Peer Review Plan

Approximately seven to eight weeks prior to the on-site work, the Peer Review Team Lead should start to develop the peer review plan. This plan should be finalized with two weeks of the on-site visit. The Peer Review Program Checklist (A7) may be used as the plan, along with the Work Assignment Template (A8)

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The Peer Review Team should become familiar with all the forms and tools. To the extent possible, the Peer Review Team should start completing the following Tools by using the information obtained in the Planning tools (A6) and the preliminary meeting:

1. Governance (D1).
2. Staff (D2).
3. Management (D3).
4. Process (D4).

Owner	Peer Review Plan Responsibilities
IAD/CAO	<ul style="list-style-type: none"> • Assist with scheduling interviews. • Assist with survey notification.
Team Lead	<ul style="list-style-type: none"> • Develop a plan to ensure all required review steps are completed timely. • Get familiar with all forms and tools and to the extent possible, start completing D1 through D4. • Identify individuals for interviews. • Inform IA Director of individuals to schedule for interviews and email surveys. • Select a sample of engagements to review. • Notify IAD/CAO of selected engagements under review.
Team Member	<ul style="list-style-type: none"> • Get familiar with all forms and tools and provide assistance to the Team Lead if requested. • Assist Team Lead with scheduling interviews.

I. Survey Questionnaires

Surveys for internal audit staff, clients and senior management are automate and CIAO. Program Development Officer will establish a link for survey distribution. All requests for a survey link should be sent to the following e-mail address: internalauditinfo@osbm.nc.gov.

At least six to eight weeks prior to the on-site visits, the Team Lead will send out the survey link and correspondence to the IAD/CAO for the senior management and clients surveys. The IAD/CAO will email the link to all individual identified by the Team Lead. The IAD/CAO will assist with any additional requests to senior management or client to complete the survey if necessary.

The Team Lead or Team Member must send the survey directly to the internal audit staff. It is suggested to provide survey respondents, two weeks to respond to the survey.

The Team Lead can request information on the number of responses from the Program Development Officer at any time. Once the deadline for submission has passed, the Team Lead will request the results from Program Development Officer e-mail address: internalauditinfo@osbm.nc.gov. When the survey results are submitted to the Team Lead, CIAO will remove the IAD/CAO from the Shared Point site.

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The IAD/CAO will complete the Senior Management/Client survey based on how they think the respondents will reply to the questions on the survey.

The Team Lead will summarize the results of the surveys for senior management and clients only. This information will be provided to the IAD/CAO. The staff survey results **will not** be provided to the IAD/CAO but the Team Lead can provide verbal feedback if necessary.

Owner	Survey Questionnaires Responsibilities
IAD/CAO	<ul style="list-style-type: none"> • Responsible for completing the survey. • Responsible for emailing surveys to senior management and clients. • Responsible for following up on surveys not submitted.
Team Lead	<ul style="list-style-type: none"> • Responsible for requesting a survey link. • Send surveys to internal audit staff members (this could be assigned to the Team member). • Request summary of responses received from Program Development Officer and summarize the survey results. • Upload survey results to the Shared Point. • Develop potential observations based on survey results.
Team Members	<ul style="list-style-type: none"> • Assist the Team Lead as requested. • Review survey result summary.
Program Development Officer	<ul style="list-style-type: none"> • Establish link for surveys when requested by Team Lead and mark as opened noting the specific QAR in the title. • Distribute updates on completion rates and the survey result summary to Team Lead upon request. • Remove the IAD/CAO and any staff from the SharePoint access.

J. On-Site Preparation

The peer review plan should be finalized within two weeks of the on-site visit. This includes identifying individuals for interviews, scheduling interviews and selecting a sample of engagements for review. The Peer Review Team coordinates on-site work with the IAD/CAO including contacts with State agency management and board members. The IAD/CAO will schedule all senior management and client interviews for the Team Reviewers and may assist with scheduling internal audit staff interviews. The Team Lead is responsible for assigning the Team Members' activities prior to arriving on-site (A8). In addition, the Team Lead prepares and/or copies necessary paperwork for the site visit.

Owner	On-Site Preparation Responsibilities
IAD/CAO	<ul style="list-style-type: none"> • Prepare for the Peer Review Team's arrival. • Assist with scheduling interviews. • Pull engagement workpapers for review.
Team Lead	<ul style="list-style-type: none"> • Identify individuals for interviews.

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	<ul style="list-style-type: none"> • Contact State agency individuals to schedule interviews. • Select a sample of engagements to review. • Notify IAD/CAO of selected engagement under review. • Finalize necessary paperwork for on-site work. • Assign Team Members with interview and engagements.
Team Members	<ul style="list-style-type: none"> • Assist Team Lead with scheduling interviews. • Assist Team Lead with finalizing on-site documents. • Review documents and questionnaires to be used on-site.

K. On-Site Work

The on-site work is the most comprehensive part of the peer review. The work is usually conducted for a period of one week, depending on the scope of the work, and involves the review of the internal audit function including:

1. Audits and consulting engagements.
2. Reports and supporting documentation.
3. Administrative and operating policies, procedures, and records.
4. Staffing knowledge and skills.
5. Risk assessment.
6. Controls monitoring.
7. Interaction with governance participants.
8. Best practices.
9. Other evidence of continuous improvement.

During the on-site work, the IAD/CAO assists the Peer Review Team in a timely manner throughout the process. This includes actions such as assisting with any rescheduling of interviews; providing the team with requested workpapers; providing the team with requested documents; and scheduling entrance (the preliminary meeting may replace the entrance conference if agreed upon by the Peer Review Team and IAD/CAO) and exit conferences.

The Peer Review Team performs work in a timely manner throughout the on-site process and completes work promptly in accordance with agreed upon schedules. In addition, the Peer Review Team Lead maintains open communication with the IAD/CAO during the peer review regarding project status and results.

The Peer Review Team performs on-site work, including review of administrative policies and procedures, consideration of enterprise risk, governance and audit risk assessment in audit planning, workpaper and report reviews for selected audits and consulting projects, review of the number and skills of staff and their continuing professional education, and evaluation of the capabilities and adequacy of audit coverage in information technology areas.

The Peer Review Team must select engagements conducted by contracted staff via the State’s term contract 961A-Internal Audit Supplemental Staffing for review.

During the on-site work, all members involved in the review complete the following process:

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1. Hold an entrance conference with the IAD/CAO, Internal Audit Staff, if the IAD/CAO deems necessary, and Peer Review Team Members to discuss the on-site process.
2. The Review Team conducts interviews. Sample interview questions are included in the Shared Point but **must be reviewed and modified as appropriate.**
 - a. A sample of Board members, preferably including the Chair and an Audit Committee representative (C2).
 - b. Executive Management (C2).
 - c. A sample of agency managers who received audits or consulting engagements during the time period begin reviewed (C2).
 - d. Director of Internal Audit (C1), the Team lead will determine if this interview is necessary since the preliminary meeting, entrance conference and survey information may suffice.
 - e. Internal Audit staff (C3).
 - f. External auditors, if relevant and cost-effective (C4).
3. Review results of interviews to determine or support notable accomplishments or observations.
4. The Peer Review Team evaluates the internal audit function using the following forms:
 - a. Governance Section (QAR Assessment Map – D1).
 - b. Staff Section (QAR Assessment Map – D2).
 - c. Management Section (QAR Assessment Map – D3).
 - d. Process Section (QAR Assessment Map – D4).

These forms are not all inclusive. The Team members must document supporting items reviewed to support conclusions, any best practice identified, observations for nonconformance with a Standard or process improvements, criteria, recommendations and a reference to the location in the report or verbal observation sheet.

As team members complete the on-site work, any observations and issues realized through the peer review process are recorded in each individual program spreadsheet (see D1-D4). The Observations and Issues Worksheet (E1) must be used for any verbal observation and recommendations. The Observations and Issues Worksheets may be used for formal observation but is not necessary since these observations will be included in the individual program and the formal report.

The members of the Peer Review Team should use the Standard Conformance form (E2) to evaluate conformance with each Standard. There are two methods for determining the Standards rating:

1. Each Team Member can complete the Standard Conformance document and the Team Lead review and consolidate the evaluations in to the Standard Conformance document located on the OIA's website under QAR Assessment Map – E2a.
2. The Team Lead and Member(s) can review the form together and discuss each standard and come to a census as to the rating for each Standard and fill out the Standard Conformance document.

Each verbal observation (E1 form) should be completed prior to the closing conference.

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All observation and notable accomplishments are tentative until CIAO completes the final quality review of the workpapers. The Team Lead can share the tentative rating and or verbally share observations and note accomplishments as the work is being completed. However, the Team Lead must emphasize that nothing is final until the CIAO has complete the qualify review.

Owner	On-Site Work Responsibilities
IAD/CAO	<ul style="list-style-type: none"> • Assist the Peer Review Team in a timely manner throughout the onsite process. This includes actions such as providing office space for the team members; rescheduling interviews, if necessary; providing the team with requested workpapers; providing the team with additional documents; and scheduling exit conferences.
Team Lead	<ul style="list-style-type: none"> • Plan and conduct on-site work. • Coordinate interviews with the IAD/CAO's assistance. • Provide guidance to team members as necessary.
Team Members	<ul style="list-style-type: none"> • Conduct on-site work as directed by the Team Lead.

L. Quality Assurance Review

The Team Lead should submit notify CIAO once the workpapers are completed. This should occur as soon as possible after completion of the site visit. The CIAO is responsible for conducting a quality review (E3) of the peer review workpapers for completeness and reasonableness of the rating, observation and notable accomplishments. CIAO will ensure all steps have been completed by the Peer Review Team and recommendations/conclusion are reasonable and supported by the work performed for the internal audit function. This assurance review will be completed within five business days of notification by the Team Lead. The CIAO may have a meeting to discuss any issues identified or can provide an electronic copy of the Quality Assurance document to the Team Lead to address issues are identified during the quality review.

Owner	Evaluation and Providing Issues and Recommendations Responsibilities
Team Lead	<ul style="list-style-type: none"> • Notify CIAO that workpapers are ready for review within required timeframe. • Respond to any issues identified through the quality assurance review.
CIAO	<ul style="list-style-type: none"> • Review workpapers for completeness. • Ensure recommendations are reasonable. • Complete quality assurance review document.

M. Drafting the Report

Following completion of the on-site work and QA review, the Team Lead drafts a final report (E4) which will be provided to the IAD/CAO during the closing conference. The report must be drafted within 5 days of completion of the QA review.

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The report should contain the following:

1. A transmittal letter.
2. Scope and Objective of the review.
3. Conformance with the *Standards*, Code of Ethics, Definition of Internal Auditing and the Internal Audit Act.
4. Identification of any individual standards rated less than Generally Conforms, including observation details, recommendations for improvement and management action plans.
5. An appendix listing all Standards and their individual conformance.
6. Definition of term used in the conformance evaluation, i.e. Generally Conforms, Partial Conforms, and Does Not Conform.
7. Identification of noteworthy accomplishments.
8. Process improvement opportunities to help the internal audit function add value.

Once completed, the Team Lead will notify CIAO that the draft report is completed and ready for review.

Owner	Drafting the Report Responsibilities
Team Lead	<ul style="list-style-type: none"> • Drafts report • Notifies CIAO the report is ready for review. • Respond to any QA notes
Team Members	<ul style="list-style-type: none"> • Provides input or assist the Team Lead as requested.

N. Closing Conference

The Peer Review Team and the CIAO Director will meet with the IAD/CAO, functional and administrative report for the closing conference. The purpose of the closing conference is to:

1. Review the draft report and overall rating.
2. Obtain any feedback to the recommendations.
3. Provide copies of all verbal observations to the IAD/CAO.

The IAD/CAO prepares written comments and forwards to the Team Lead within two weeks of the closing conference.

Owner	Closing Conference
IAD/CAO	<ul style="list-style-type: none"> • Create the invitation for the closing conference. • Attend the closing meeting • Provide responses with 2 weeks to observations.
Team Lead	<ul style="list-style-type: none"> • Lead the closing conference, covering the rating and observations. • Respond to questions. • Request responses in 2 weeks.
Team Members	<ul style="list-style-type: none"> • Attend the closing conference.
CIOA	<ul style="list-style-type: none"> • Attend the closing conference. • Respond to any questions.

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O. Final Report

The IAD/CAO's responses will be saved in the SharePoint. The Team Lead will incorporate the IAD/CAO's comments into the report and obtains signature(s) of the Team member(s). The final report will be issued as a PDF to the IAD/CAO, functional and administrative reports no later five days after the responses are received. The final report will be saved on the SharePoint.

The Team Lead will notify the CIAO once the final report has been issued.

Owner	Final Report
Team Lead	<ul style="list-style-type: none"> • Consolidate responses into the report. • PDF the final report. • Issue final report to individuals list on the transmittal letter. • Notify COIA the review is complete.
Team Members	<ul style="list-style-type: none"> • Sign the final report.

P. Closing Items

To close out the peer review process, complete the following steps:

1. *Complete the Peer Review Survey:* All Team Members and the IAD/CAO participating in the peer review process should complete the Client Satisfaction Survey (E5). The Team Lead must request a link for the survey from the Program Development Officer. The Team Lead should also request a link from the Program Development Officer for Peer Review.
2. *Thank you notes:* the IAD/CAO may send thank you notes to Board members, clients, and senior management for their cooperation's and participation during the peer review process.
3. *Workpapers:* The Team Lead uploads the final report to the Shared Point and notifies OIA within one week of issuing the final report. The OIA retains the peer review workpapers after the final report has been issued, in accordance with the Records Retention Policies and Procedures. **The Team Lead and members MUST not maintain any document related to the peer review. Any and all documents maintain outside the Shared Point must be deleted included the final report. Results of the review MUST not be discussed with anyone outside the review process.**

Owner	Closing Items Responsibilities
IAD/CAO	<ul style="list-style-type: none"> • Complete Client Satisfaction Survey. • Send thank you letters.
Team Lead	<ul style="list-style-type: none"> • Complete the Peer Review Survey. • Ensure all document are included in the Shared Point • Delete any electronic documents related to the peer review from their computer or destroy hard copy documents related to the review.

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Team Members	<ul style="list-style-type: none">• Complete the Peer Review Survey.• Delete any electronic documents related to the peer review from their computer or destroy hard copy documents related to the review.
OIA	<ul style="list-style-type: none">• Gather the surveys and summarize results.• Retain workpapers and a copy of the final report.

P. Continuing Professional Education

Certified individuals may earn CPE hours for their involvement in external quality assurance reviews (QAR). CPE hours are earned only for onsite time. No CPE hours will be awarded for activities such as making advanced preparations for the review or writing the report. There is a limit on the number of CPE hours that can be reported for each type of assessment, as well as a limit on the total number of CPE hours that can be reported for external quality reviews. Please see limits below. To receive CPE hours for involvement in external quality reviews, reviewers should complete the “QAR CPE Self Reporting Form”: Appendix C. The form should be submitted to internalauditifo@osbm.nc.gov . Upon review a CPE certification will be issued. CPE certifications will be issued at the discretion of the Central Office of Internal Audit staff.

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APPENDIX A: Timing of Activities

Table A1 identifies the timing of activities to be conducted by the Peer Review Team.

Table A1 – Timing of Activities for Peer Review Team		
Complete Planning and Surveys <i>Prior to onsite work</i>	Conduct Interviews and Document Review <i>During onsite work</i>	Report Draft and Review <i>After onsite work</i>
<ul style="list-style-type: none"> • Review Planning Questionnaire and document list. • Develop work assignments • Conduct surveys: <ul style="list-style-type: none"> • Senior management • Clients of the IA activity during the timeline within scope of the review • Internal Audit Staff • IAD/CAO • Summarize results • Select engagements for review • Develop Interview Questionnaires • Schedule interviews • Finalize peer review plan • If possible, start completing Program D1, D2, D3, and D4. 	<ul style="list-style-type: none"> • Review engagement documents • Conduct interviews: <ul style="list-style-type: none"> • Board/Audit Committee Member (if applicable) • IAD/CAO’s boss • Senior management • CIO • Management • Clients • IAD/CAO • Internal Audit Staff • External Auditor, if necessary • Summarize interview results • Complete program tools • Evaluate overall compliance • May drafting report • Develop verbal observations 	<ul style="list-style-type: none"> • Inform CIAO to conduct the quality assurance review. • Draft report • Respond to CIAO quality review (if necessary) • Hold a closing conference • Incorporate response from the IAD/CAO into draft report • Finalize report and provide to appropriate individuals • Notify CIAO that all workpapers and copy of final report is uploaded to Shared Point • Complete Peer Review Program • Use Peer Review Program and Client Satisfaction Surveys result for improving the Peer Review Process

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Table A2 outlines the peer review steps, timeframe, forms and each entities responsibility throughout the process.

Table A2 – Outline of Peer Review Process					
Peer Review Step	Timeframe	Forms	Responsibility		
			Agency Internal Audit Function	Peer Review Team	OSBM Central Internal Audit Office (CIAO)
A. Peer Review Preparation Self-Assessment	2 years prior to the need of a QAR, (optional)	Peer Review Guidelines A8: Self-Assessment Checklist	The internal audit function conducts the self-assessment. This will help identify gaps and implement changes.		
B. Planning Tool Questionnaire and Document List	Lengthy process should start 6 to 12 months prior to request. Must be completed by time of request.	A6a: Document List A6b: Planning Questionnaire	Informs management of the upcoming review, including participation requirements and steps Internal audit function has completed the A6 Planning forms at the time of the request.		
C. Requesting a Review	3 to 4 months (12 weeks) prior for the need of a review	A2: Peer Review Request form A6: Planning Tool Questionnaire and Document List	The internal audit function completes the formal request form for a peer review and submits it to CAIO with the A6b questionnaire. Retains A6a documents		CIAO reviews, prioritizes, schedules peer review requests. Identify team members for review. Contact individuals selected as members of the review team.

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Peer Review Step	Timeframe	Forms	Responsibility		
			Agency Internal Audit Function	Peer Review Team	OSBM Central Internal Audit Office (CIAO)
D. Independence Statement	Eleven to Twelve weeks prior to on-site visit.	A4: Statement of Independence		Team Lead and Team Members complete statements and submit to CIAO. Team Lead and Team members review QAR manual.	Receives signed independence statements and informs IA Director as to the individual on the review team. Creates Shared Point site and folders with the Shared Point. Uploads all tools and templates.
E. Memorandum of Understanding (MOU)	Ten to Twelve weeks prior to on-site visit	A3: Memorandum of Understanding	Prepares draft agreement and coordinates with Peer Review Team Lead to execute. Uploads A6 Planning Questionnaire to Team Lead.	Team Lead works with internal audit function being reviewed to complete MOU. The Peer Review Team reviews the information and corresponding documentation and prepares for the site visit.	Sets up DocuSign for signatures and provides uploads to Shared Point.
F. Preliminary Meeting	Eight to Ten weeks prior to on-site visit		Coordinates with Peer Review Team schedules for the Preliminary Meeting.	Initiates scheduling the preliminary meeting with the Peer Review Team Lead via conference call.	
G. Travel Arrangements			Assists with travel arrangements and coordinates with Team Members.	Make travel arrangements if not performed by IAD/CAO	
H. Peer Review Plan	Eight weeks prior to on-site visit	A7: Peer Review Program Checklist		Start developing the peer review plan	

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Table A2 – Outline of Peer Review Process

Peer Review Step	Timeframe	Forms	Responsibility		
			Agency Internal Audit Function	Peer Review Team	OSBM Central Internal Audit Office (CIAO)
I. Survey Questionnaires	Six to eight weeks prior to on-site visit (Three week process)	B1: IA Director B2: Client & Sr. Management B3: IA Staff B4: Survey Response Results Summary	Provides names and contact information of clients, if requested. Send out survey link. Assist with follow-up of surveys not submitted timely.	Request link from Program Development Officer (PDO) Send link to IAD/CAO with example of email correspondence. Request results summary from PDO when survey closes.	Create link for surveys vi Survey Monkey. Send summary of results to Team Leader.
J. On-Site Preparation	Two weeks prior to on-site visit		Assist with interview scheduling.	Finalize work program, assignments, and on-site work.	

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Peer Review Step	Timeframe	Forms	Responsibility		
			Agency Internal Audit Function	Peer Review Team	OSBM Central Internal Audit Office (CIAO)
K. On-Site Work	This should take approximately one week	<u>C1-C8 Questionnaire:</u> - C1: Board member - C2: Executive Management - C3: Management - C4: CIO - C5: IA Director - C6: IA Staff - C7: External Auditor C8: Interview Summary <u>Testing Tools:</u> - D1: Governance - D2: Staff - D3: Management - D4: Process E1: verbal observations E2: Conformance rating	Works with the Peer Review Team to provide necessary information and respond to requests.	Conducts on-site work including interviewing personnel, reviewing internal audit engagements, and identifying issues and recommendations.	Respond to any questions from Team Lead
A. Quality Assurance Review (QA)	Couple days after on-site visit or sooner (One week process)	E3: Quality Assurance Review		Notify CIAO either 1 days after on-site visit and all workpaper completed.	Review peer review workpapers within 5 days.
B. Drafting the Report	<ul style="list-style-type: none"> One week after QA completed. 	E4: Draft Report		Can start drafting after completion of onsite and workpaper. Must complete with 5 days of QA.	Review draft after completion
C. Closing Conference	<ul style="list-style-type: none"> 2 to 4 weeks after onsite Two weeks to provide written 	E1: Observation & Issues (optional) E3: draft report	Coordinate the necessary people to attend a closing conference with the Peer Review Team.	Walk through draft report and response requirement	Attend meeting and respond to any questions.

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Table A2 – Outline of Peer Review Process

Peer Review Step	Timeframe	Forms	Responsibility		
			Agency Internal Audit Function	Peer Review Team	OSBM Central Internal Audit Office (CIAO)
	responses after receiving draft.				
D. Final Report	<ul style="list-style-type: none"> One day to incorporate responses into final report 	E:3 draft report	Receives final report	<ul style="list-style-type: none"> Incorporate response and issue final report. Notify CIAO complete 	Move all document from SharePoint for record retention.
E. Closing Items	<ul style="list-style-type: none"> One week to respond to survey One week to submit all workpapers and final report 	E5: Client Satisfaction Survey E6: Peer Review Survey To be completed through Survey Monkey (see Program Development Officer) All workpapers and final report	Send thank you notes, as appropriate. Complete the Peer Review Program Survey.	Complete the Peer Review Program Survey. Submit all workpapers and final report. Delete all document related to review (member should not retain any peer review documents)	Sent out survey link. Document the survey findings and make changes to the review process if necessary. File final report and supporting workpapers. Close Shared Point site.

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PEER REVIEW PROGRAM MANUAL**

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Updated: February 4, 2022

APPENDIX B: Quality Assessment Map

A. Planning

- A1 – Peer Review Volunteer Application
- A2 – Peer Review Request Form
- A3 – Memo of Understanding
- A4 – Independence Statement
- A5 – Qualifications of Reviews
- A6a – Document List
- A6b – Planning Questionnaire
- A7 – Peer Review Guide/Checklist
- A8 – Work Assignment
- A9 – Self Assessment Checklist
- A10a – Preliminary Meeting
- A10b – Engagement List

B. Surveys

- B1 – Sample Email Message – IAD/CAO
- B2 – Sample Email Message – Board Member, Senior Management, and Clients
- B3 – Sample Email Message – Internal Audit Staff
- B4a – Board Member, Senior Management, and Clients Survey Response Summary
- B4b – Internal Audit Staff Survey Response Summary

C. Interviews

- C1 – Sample Interview Questionnaire – IAD/CAO
- C2 – Sample Interview Questionnaire – Board Member, Senior Management, and Clients
- C3 – Sample Interview Questionnaire – Internal Audit Staff
- C4 – Sample Interview Questionnaire – External Auditor

D. Programs

- D1 – Governance
- D2 – Staff
- D3 – Management
- D4 – Process

E. Evaluation Summary and Reports

- E1 – Observations and Issues Worksheet
- E2 – Standards Conformance Evaluation
- E3 – Quality Assurance Review
- E4 –Draft Report Sample