Department Audited:       Audit Number:      Audit Date:

Audit Team Members (please list all members):

**Step – 1** Record information from completed CIS-F100 below.

**Department Contact Information**

Name:

Title:

**Meeting Information**

Date:       Time:

Location:

**Step – 2** Obtain a copy of the department’s organizational chart (may be on the web) and departmental specific Key Performance Indicators (measurable objectives) based on the district’s current strategic work.

**Step – 3** Prior to performing the audit locate the department’s documentation located on the CMCSS website: <http://www.cmcss.net/iso/masterdocs.aspx>

* Obtain a copy of procedure to be audited, record the document number, title, and date in the space provided below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Document Number** | **Document Title** | **Document Date** | **Revision** |
|       |       |       |       |
| Scope:       |

**Step – 4** Review the measurable objectives (Key Performance Indicators). Yes [ ]  No [ ]  N/A [ ]

**Step – 5** Review the organizational chart and define the area(s) of Senior Leadership Team (SLT), Management/Supervisor, and Staff within the scope of audit that you would like to examine. Record the names of leadership, management and staff below.

Leadership Name(s) and Title(s):

Management/Supervisor Name(s) and Title(s):

Staff Name(s) and Title(s):

**Step – 6** Review the section’s previous audits, both internal and external. (These files are located in the CIS office)

Yes [ ]  No [ ]  N/A [ ]

* Were there any prior recommendations for improvement or concern’s found?

 Yes [ ]  No [ ]  N/A [ ]

* If yes, during the audit verify if there is evidence the department has taken action to correct the recommendation for improvement (RFI) and/or concerns (C)?

Response and objective evidence:

Yes [ ]  No [ ]  (issue a corrective action request)

**Step – 7** Ask Staff Members procedural questions and record their answers.

**Step – 8** Upon completion of the audit conduct a closing meeting with leadership and provide feedback concerning the audit.

**Step – 9** Provide final audit summary to the CIS Coordinator within 10 days of closing meeting and he/she will prepare compliance report, review with leadership, and establish official closing date.

**Staff Level Questions**

Review chosen procedure with the appropriate staff member. (Have them walk you through the procedure)

| Question | **YES** | **NO** | **RFI** | **C** |
| --- | --- | --- | --- | --- |
| **Was the Staff Member able to locate the procedure?** |
| Staff Member #1 | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff Member #2 | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff Member #3 | [ ]  | [ ]  | [ ]  | [ ]  |
| **Was the Staff Member able to walk you through the procedure?** |
| Staff Member #1 | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff Member #2 | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff Member #3 | [ ]  | [ ]  | [ ]  | [ ]  |
| **Can you summarize the quality policy for CMCSS? (Mission statement)** |
| Staff Member #1 | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff Member #2 | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff Member #3 | [ ]  | [ ]  | [ ]  | [ ]  |
| **Can you explain how your job relates to the district’s mission?** |
| Staff Member #1 | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff Member #2 | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff Member #3 | [ ]  | [ ]  | [ ]  | [ ]  |
| **Is there written documentation explaining your specific job functions?** |
| Staff Member #1 | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff Member #2 | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff Member #3 | [ ]  | [ ]  | [ ]  | [ ]  |
| **Is there effective communication concerning improvement related activities within the department? If so, please describe.** |
| Staff Member #1 | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff Member #2 | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff Member #3 | [ ]  | [ ]  | [ ]  | [ ]  |
| **Do you know how to provide feedback (positive, negative, suggestions, or questions)?** |
| Staff Member #1 | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff Member #2 | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff Member #3 | [ ]  | [ ]  | [ ]  | [ ]  |
| **Is there evidence that the current infrastructure (buildings, utilities, equipment) is sufficient to perform required responsibilities?** |
| Staff Member #1 | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff Member #2 | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff Member #3 | [ ]  | [ ]  | [ ]  | [ ]  |

**Additional Questions (next page)**

**Additional Questions**

**Additional Procedural Questions**

| Question | **YES** | **NO** | **RFI** | **C** |
| --- | --- | --- | --- | --- |
| **1.**  |
| Staff # 1 | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff # 2 | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff # 3 | [ ]  | [ ]  | [ ]  | [ ]  |
| **2.**  |
| Staff # 1 | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff # 2 | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff # 3 | [ ]  | [ ]  | [ ]  | [ ]  |
| **3.**  |
| Staff # 1 | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff # 2 | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff # 3 | [ ]  | [ ]  | [ ]  | [ ]  |
| **4.**  |
| Staff # 1 | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff # 2 | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff # 3 | [ ]  | [ ]  | [ ]  | [ ]  |
| **5.**  |
| Staff # 1 | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff # 2 | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff # 3 | [ ]  | [ ]  | [ ]  | [ ]  |

**Notes:**

**Audit Findings**

**1.** Were there any concerns?

[ ]  Yes, go to #2

[ ]  No, go to # 3

Ask yourself questions:

* What is the likelihood of such a thing going wrong again?
* What could go wrong if the concern remains uncorrected?
* What impact will the concern have on:
	+ Customers
	+ Products
	+ District image
	+ Costs
	+ Safety

**2.** Fill in the following by answering the questions below:

* Where was the concern observed?
* What was observed to make this a concern?
* Why is it a concern?
* Who was involved?
* Do you think this is Major, Minor, or an Observation?

|  |  |  |  |
| --- | --- | --- | --- |
| Location | Description | Who is involved? | Major, Minor, or Observation |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

\*CIS Coordinator will triage Concerns and initiate any Corrective Actions that may arise.

**3.** **Acknowledgement of audit findings:**

Leadership (printed)

Leadership (signed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lead Auditor Name (printed)

Lead Auditor Name (signed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internal Audit Report (CIS-F108) completed and submitted on: