

EASINGTON DISTRICT COUNCIL		
INTERNAL AUDIT QUALITY QUESTIONNAIRE		
AUDIT: <input type="text"/>		
AUDIT ASPECT	SATISFACTION (Please Tick) V.GOOD GOOD ADEQUATE POOR	COMMENTS
PRE AUDIT NOTIFICATION OF VISIT/AUDIT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AUDIT TESTING COVERAGE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AUDIT STAFF KNOWLEDGE ABILITY TO COMMUNICATE CONSTRUCTIVE RELATIONSHIP	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
OUTPUTS REPORT FORMAT REPORT TIMELINESS RELEVANCE OF RECOMMENDATIONS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
OVERALL ASSESSMENT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
DATE.....		SIGNATURE.....