SUPERVISORY AUDIT

QUARTERLY SUMMARY

Tribal Contractor/Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **From Month/Year:** |  | **To Month/Year:** |  |
|  |  |  |  |
| **# of Files Reviewed:**  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Audit Question #** | **# Applicable** | **% YES** | **% NO** | **Corrective Action if NO > 10%** |
| 1A |  |  |  |  |
| 1B |  |  |  |  |
| 1C |  |  |  |  |
| Comments: |
|  |
| 2A |  |  |  |  |
| 2B |  |  |  |  |
| 2C |  |  |  |  |
| 2D |  |  |  |  |
| 2E |  |  |  |  |
| Comments: |
|  |
| 3A |  |  |  |  |
| 3B |  |  |  |  |
| 3C |  |  |  |  |
| 3D |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Audit Question #** | **# Applicable** | **% YES** | **% NO** | **Corrective Action if NO > 10%** |
| 3E |  |  |  |  |
| Comments: |
|  |
| 4A |  |  |  |  |
| 4B |  |  |  |  |
| 4C |  |  |  |  |
| 4D |  |  |  |  |
| Comments: |
|  |
| 5A |  |  |  |  |
| 5B |  |  |  |  |
| 5C |  |  |  |  |
| 5D |  |  |  |  |
| Comments: |
|  |
| 6A |  |  |  |  |
| 6B |  |  |  |  |
| Comments: |
|  |  |  |  |  |
| 7A |  |  |  |  |
| 7B |  |  |  |  |
| **Audit Question #** | **# Applicable** | **% YES** | **% NO** | **Corrective Action if NO > 10%** |
| 7C |  |  |  |  |
| 7D |  |  |  |  |
| 7E |  |  |  |  |
| 7F |  |  |  |  |
| 7G |  |  |  |  |
| 7H |  |  |  |  |
| Comments: |
|  |
| 8A |  |  |  |  |
| 8B |  |  |  |  |
| 8C |  |  |  |  |
| Comments: |
|  |
| 9A |  |  |  |  |
| 9B |  |  |  |  |
| 9C |  |  |  |  |
| Comments: |
|  |
| 10A |  |  |  |  |
| 10B |  |  |  |  |
| Comments: |
| **Audit Question #** | **# Applicable** | **% YES** | **% NO** | **Corrective Action if NO > 10%** |
| 11A |  |  |  |  |
| 11B |  |  |  |  |
| 11C |  |  |  |  |
| 11D |  |  |  |  |
| Comments: |
|  |

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