

# Departmental Internal Control Assessment

## Template

**Department Name:**

Enter department name

**Assessment Period:**

e.g. Jan 2024 - Mar 2024

**Assessment Date:**

MM/DD/YYYY

**Assessed by:**

Assessor(s) name

### 1. Objectives & Risks

Objective	Key Risks	Risk Impact
Objective	Associated risk	Impact
Objective	Associated risk	Impact

### 2. Existing Controls

Control Activity	Description	Owner	Frequency
Control activity	Brief description	Responsible person	e.g. Monthly
Control activity	Brief description	Responsible person	e.g. Quarterly

### 3. Control Assessment

Control	Design Effectiveness	Operating Effectiveness	Improvement Needed?
Control	Effective	Effective	No
Control	Effective	Effective	No

#### 4. Action Plan

Issue Identified	Action Required	Responsible Person	Target Date
Describe issue	Proposed action	Name	MM/DD/YYYY
Describe issue	Proposed action	Name	MM/DD/YYYY

#### Additional Comments / Notes:

Enter comments here

#### Important Notes

- This template supports departments in identifying, evaluating, and enhancing internal controls.
- Assess both the design and operating effectiveness of each control.
- Action plans should be assigned clear owners and deadlines for accountability.
- Regular reviews help maintain compliance and reduce organizational risks.
- Documentation should be kept confidential and shared only with authorized stakeholders.