

THIS IS A TEST VERSION OF THIS SURVEY  
Responses will NOT be recorded.

## Department of Medicine Pre-Audit Questionnaire

\*Required Question(s)

Progress: 

If you responded yes to the previous question, please answer the following questions.

Please provide the name and title of the individual(s) performing the division's annual equipment inventory.

350 characters left.

When are equipment item locations updated in the inventory system?

- Immediately upon the move
- At fiscal year-end
- When the annual inventory count is performed
- When the item is sent to surplus
- Other

How are items tracked when moved from campus for remote or home use (including laptops)?

(Check all that apply.)

- Change to inventory location
- Using check-out sheet
- Using a "Removal from Campus" form
- Items are not being tracked
- Other

Are items that have been moved from campus for remote or home use brought to campus at least annually for an inventory count?

- Yes
- No

Other

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Does the individual(s) taking the annual inventory physically verify the existence of each individual inventory item?

Yes

No

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Are the results of the equipment inventory count reviewed and approved by the division manager?

Yes

No

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If an item is not found during the annual inventory count, what steps are taken?

(Check all that apply.)

A follow-up search is conducted

The item is flagged as missing

The item is left not found

Inventory Section of Accounting is notified

When an item is located, it is subsequently marked as found

Other

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Who in the division is authorized to notate an equipment item as missing or stolen?

Division manager

Inventory custodian

Other personnel

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How many capitalized equipment items have been lost or stolen in the past two fiscal years. Please list specific items and their approximate values.

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Does your office conduct a software license inventory at least once every two years?

Yes

No

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When was the last time a software license inventory was done?

During the current fiscal year

During the prior fiscal year

More than two years ago

Unknown or never

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If you believe your responses were limited by inadequate choices or other factors result in reduced controls safeguarding capitalized equipment items, please use the area below to further explain.

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**Other**

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Are there any specific accounts, operations or procedures that you would like reviewed?

Yes

No

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If you responded yes to the previous question, please specify the accounts, operations or procedures you would like to have reviewed.

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### Personal Data

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\* Please enter the information indicated below.

First Name:

Last Name:

Job Title:

Work Phone:

Email Address:

emailaddress@xyz.com