

**Nova Scotia Department of Finance
Internal Audit Division**

AUDITEE SURVEY

Audit Name and Location: _____ Audit Report Date: _____ Project No.: _____

Evaluator's Name: _____ Auditor(s) Names: _____

Evaluator's Title: _____

Please indicate your rating by circling the number corresponding to your evaluation of each performance factor listed below. If you are unable to provide a rating on a performance factor, simply draw a line through it.

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor*</u>
Professional Proficiency of Auditors				
1. Objectivity	4	3	2	1
2. Technical Proficiency	4	3	2	1
3. Professionalism	4	3	2	1
4. Knowledge of Departmental Operations	4	3	2	1
5. Tact and Courtesy	4	3	2	1
6. Oral Communication Skills	4	3	2	1
Scope of Work				
7. Notification to you of audit purpose and scope	4	3	2	1
8. Inclusion of your suggestions in audit coverage	4	3	2	1
9. Adequacy of audit coverage of major functions and/or areas subject to this audit	4	3	2	1
Performance of Audit Work				
10. Feedback on findings during the audit	4	3	2	1
11. Accuracy of audit findings	4	3	2	1
12. Minimization of disruption of normal activities	4	3	2	1
Audit Report				
13. Timeliness of report	4	3	2	1
14. Clarity of audit report	4	3	2	1
15. Reasonableness and effectiveness of recommendation	4	3	2	1
16. Overall usefulness of the audit	4	3	2	1

Additional Comments:
