LAPORAN HASIL AUDIT INTERNAL

ARTERI

Arsip Elektronik Terintegrasi

TIM INTERNAL AUDIT

PT ARTERI

2016

1 Purpose of The Audit

The purpose of the Audit [IDENTIFIER OF THE AUDIT] was to objectively evaluate adherence and the level of compliance to the requirements as these are defined in [reference of the applicable procedures or the baseline eHealth that will serve the auditor to be informed about what they need to check compliance against] and the applicable standards ISO/IEC 20000-1:2011, ISO/IEC 27001:2013 (or 27001:2005 to be defined), ITIL v3 framework.
In addition, the audit aimed at examining any areas of potential improvement or inconsistencies in order to propose corrective or proactive/improvement actions.
[If this is a follow-up audit, then the purpose of the audit is as well that all actions from the previous audit were followed-up.]

2 Scope of the Audit

The Audit was conducted at the [Name of Entity Audited/ Location] and covered the following areas:

- *Legislative Requirements and Compliance*
- *Semantics Requirements*
- *Organisational Requirements*
- *Operational Readiness*
- *Information Security*
- *Technical Requirements*

3 Related Documents

[1] To reference here the applicable eHealth Audit Procedure (or Methodology)
[2] To be defined if ISO/IEC 27001:2013 or ISO/IEC 27001:2005
[3] To be defined if ISO/IEC 20000-1:2011
[4] To be defined if ITIL v3
[5] Reference of the Checklist for Information Security
[6] Reference of the Checklist for Readiness (Operations)

4 Audit Summary

4.1 Audit Information

(This information is traceable in addition in the Audit checklist)
Audited Entity:
Auditee(s):
Auditor(s):

4.2 Audit Report Distribution

To be defined that that the distribution list is based on the need-to-know principle. The list should be predefined.)

4.3 Audit Summary

4.3.1 Method of Performing the Audit

- Records review
- Walkthrough review
- Desktop review
- etc.

4.3.2 Strong areas identified

The areas identified where findings implementation level is above 50% or areas that are in partial compliance (Finding-B) but need low effort to increase the implementation level should be mentioned in this paragraph.

4.3.3 Weak areas identified

The areas identified that perform below 50% and have a risk of decreasing their performance should be mentioned here.

4.4 Categorization of findings

For the purpose of the audit the definitions that will be used to classify the findings are detailed in the Audit Framework [Ref.]:

Findings Category	***Implementation Level***	***Severity Description***	***Follow-up Timeframe***	***Closure Timeframe***
Finding-A	*Not Implemented (0%-25%)*	*The requirement of implementing this criterion is not met.* *A finding of this type can be a result but not limited to the following:* *- a weakness that diminishes the readiness criterion* *- a disregarded requirement/criterion* *- a weak application of a control which under circumstances can bypass a requirement/criterion* *- complete absence of relevant documentation* *The Finding-A should be described in detail and supportive proof provided.*	*2 months before going live*	*Before going live*
Finding-B	*Partially Implemented (25%-50%)*	*The criterion is understood and has proof of an ad hoc implementation.* *A finding of this type is partially met but might have one or more limitations such as:* *- Some inconsistencies in the the implementation* *- Not adequately following the requirement* *- Inconsistencies or gaps between the documentation*	*Within 6 months after going live*	*Within 1 year after going live*

Findings Category	*Implementation Level*	*Severity Description*	*Follow-up Timeframe*	*Closure Timeframe*
		and the actual implementation, which require improvement of documentation and/or implementation. *- A weak application of a control which under circumstances can bypass a requirement and lead to a Fining-A weakness*		
Recommendation	*Largely Implemented (50%-75%)*	*This is implemented to an extent where the criterion is largely met, and a documented description exists.* *It has a low impact but might become greater in time.* *The fulfilment of the criterion should be monitored.*	*2 years after the Go-Live date*	*2 years after the Go-Live date*
Success	*75%-100%*	*Fully implemented and satisfactorily and systematically executed.* *Documentation is supportive and sufficient.*	*No action*	*No action*
Improvement	*-*	*Improvements to increase efficiency or effectiveness*	*NCPeH decision*	*NCPeH decision*

4.5 Audit Findings

[…] Attachment of the checklist with the detailed and documented findings

5 DETAILED ACTION PLAN

The below action plan has been discussed and agreed between [Auditing Entities] and [Auditee Entities] and Action items and resolution and implementation agreed upon during the closure meeting that took place on the [Date and Place]

Requirement ID	Finding	Corrective Action Agreed	Owner	Implementation Due Date	Follow up planning
	(short description or copy the finding from the Readiness Criteria Checklist)				