


Super User Audit Form			
ICT Systems Audit Checklist			
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Document No:01	Version:6.1	Effective	Relevant area: IBA departments

System Name:			
Period: From Date:		To Date:	
IT Officer Name:		Date:	
#	Admin Activity Log Audit	Y/N	Comments
1	Was there any new account created?		
2	If account was created, was the proper process followed?		
3	Any disabled/suspended account?		
4	If account was disabled/revoked, was proper revocation process followed?		
5	Was there password reset for user account?		
6	If account was reset, provide <i>Helpdesk Ticket</i>		
7	Any other admin activity observed. <i>Specify</i>		

	Name	Signature
Checked by (IT Officer):		
Reviewed by (Team Lead):		
Approved by (HoD)		