Service Organization Controls (SOC) Report Review Checklist

Southern Illinois University Edwardsville

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Department:										
Name of Resp	onsible Part	y Com	pletir	ng this:						
Checklist: Dat	te of Comple	etion o	f Rev	iew:						
Name of Third	l Party Servi	ce Org	aniza	tion:						
Description of	Service Bei	ng Pro	vided	l: ·						
About the F	Report									
Report Type:	0/#.		·o\#	<u>.</u>	o/ #					
Name of Audi	it Firm:									
Period Covere	ed by Report	t:								
Date of Repor	rt:									
☐ Yes. Th	•	ers th	e ser	vices th	contrated? at were conti h o			-		
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Comments	(required if	"No" i	is che	cked al	oove):					
Evidence of	Review									
Are compleme	entary user	entitv	conti	rols nec	essarv to ach	ieve the c	ontrol obiect	ives?		

Provide a summary of the required complementary user entity controls (CUEC) (or attach relevant pages from the SOC report which provide a summary of the CUEC). (Required if "Yes" is checked above):
Are the required complementary user entity controls in place?
\square N/A. Complementary user entity controls are not required.
\square Yes. The required complementary user entity controls are in place.
\square No. Complementary user entity controls are required but are not in place.
If the checklist is being completed by an entity other than the ultimate end-user department, consider whether a review of the CUEC by the ultimate end-user department is required.
□ N/A. Complementary user entity controls are not required.
☐ N/A. Checklist was completed by the ultimate end-user department.
\square No. A review of CUEC by the ultimate end-user department is not necessary.
\square Yes. A review of CUEC by the ultimate end-user department is necessary and was performed.
Does the report identify any subservice organizations?
☐ N/A. The report identifies a subservice organization, but the service being provided to SIU does not include services provided by the subservice organization.
\square No. The report does not identify any subservice organizations.

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□ Yes. The report identifies subservice organizations. Name the subservice organization below and check the box that best describes the further action taken.
Name of Sub service Organization:
\square SOC Report Review Checklist was completed for the subservice organization.
\Box It was determined that the SOC report of the subservice organization contained a clean audit opinion and no further review was considered necessary.
☐ Other
What is the Auditor's Opinion of the Organization's assertions?
\Box The auditor's opinion does not identify any exceptions of concern. Also known as "unqualified".
\Box The auditor's opinion identifies significant exceptions of concern. Also known as "qualified". See description of the concerns below.
\square The auditor could not express an opinion due to a scope limitation.
Concerns:
Preparer Conclusions and Attestations
I,
attest that I have reviewed the described Service Organization's Control (SOC) Report of the named third party service organization, and based on this review, I recommend that it is:
$\ \square$ Appropriate to continue with a contractual relationship with this provider.
\square Appropriate to continue with a contractual relationship with this provider, with the following cautions:
$\ \square$ Not appropriate to continue with a contractual relationship with this provider.
If you are recommending to proceed with a contractual relationship with this provider, attach a copy of this completed checklist to the Purchase Requisition and send it to your purchasing department for processing.

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Upon completion of this checklist, the SOC Report, if deemed confidential by way of a Non-Disclosure Agreement, should be destroyed. This checklist, along with being sent to your purchasing department, should be retained in the user departments' records. The checklist is subject to potential audit, and must be able to be provided upon request.