j



**MSECB Certification - ISO 9001:2015,**

**ISO/IEC 27001:2013 and ISO/IEC 27018:2019**

*Management System Audit Report*

*of* **Company ABC**



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This audit is based on a sampling process of the available information and the auditors nor MSECB can guarantee that all, if any, non-conformities have been discovered.

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Place, and Date

To Mr. John Smith (example)

Organization Name

I have audited the Management System (MS) of Company ABC from January 1st to January 5th 2020.The main objective of this audit was to assess if the MS has been successfully implemented and effective, as well as to evaluate the conformance of the organization to the ISO/IEC 27001:2013, ISO/IEC 27018:2019 and ISO 9001:2015 requirements. Based on these assessments and evaluations, a decision has been made whether or not to recommend your organization for certification against ISO/IEC 27001:2013, ISO/IEC 27018:2019 and ISO 9001:2015.

The audit team has conducted the audit based on the organization’s defined processes in correspondence with the audit plan. The audit conducted by a professional team was a process-based audit with a focus on the significant aspects, risks and objectives. The audit was conducted in accordance with the ISO 19011 and ISO/IEC 17021 standards, which are accepted worldwide. Those standards require our audit team to plan and perform the audit in order to acquire reasonable assurance whether your company’s management system is effective and all requirements of ISO/IEC 27001:2013, ISO/IEC 27018:2019 and ISO 9001:2015 have been met.

During the course of the audit process, the management system has proven overall conformity with the requirements of the standard. The audit team has concluded that your organization has established and preserved its management system according to the requirements of the standard and proved the ability of the system to consistently achieve the approved requirements for the services within the scope of your organization and also on your organization’s policy and objectives.

The conformance level with the standard can still be improved despite the fact that no nonconformities have been found during the audit. This was a sample based audit.

Referring to the results of the audit process and the demonstration of the organization’s development and maturity, the audit team recommends that your organization’s management system should be certified to ISO/IEC 27001:2013, ISO/IEC 27018:2019 and ISO 9001:2015.

Name Surname

Audit Team Leader

# Audit information

## Organization information

|  |  |
| --- | --- |
| **Company name:** |  |
| **Contract number:** |  |
| **Phone number:** |  |
| **Website:** |  |
| **Total number of employees:** |  |
| **Total number of employees within the scope:**Please provide justification for the employees that are not included in the certification scope. |  |
|  |
| **Contact name:** |  |
| **Contact email:** |  |
| **Contact phone:** |  |

|  |
| --- |
| Sites: |
| **Site #** | **Street Address** | **City** | **State, Province, Country** | **Zip Code** | **# of Employees** |
| 1 (main) |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

## Audit information

|  |  |
| --- | --- |
| **Audit standard(s):** |  |
| **Audit type:** | [ ]  Initial Audit | [ ]  Surveillance 1 |
| [ ]  Recertification | [ ]  Surveillance 2 |
| [ ]  Other: |
| **Date(s) of audit(s):** |  |
| **Duration:** |  |
| **Audit team leader:** |  |
| **Additional team member(s):** |  |
| **Additional attendees and roles:** |  |

|  |  |
| --- | --- |
| **Site #** | **Sites Audited** |
| 1 (main) | [ ]  |
| 2 | [ ]  |
| 3 | [ ]  |
| 4 | [ ]  |

## Audit Scope

|  |  |
| --- | --- |
| **Certification audit scope:** |  |
| **Date and version of scope statement:** |  |
| **Has scope changed since last audit?**  |  |
| **All scope exclusions are appropriate and justified:****Important Note\*** Excluded clauses in the audited Management System shall be put in the certificate |  |

# Audit preparation and methodology

## Audit objectives

The main purpose of this audit is to evaluate the implementation and effectiveness of the Information Security Management (ISMS) and including evaluation of conformity to the requirements of ISO/IEC 27001:2013, ISO/IEC 27018:2019 and ISO 9001:2015.

The specific objectives of this audit are to confirm that:

* The organization has determined the boundaries and applicability of the MS in scope;
* The management system conforms with all the requirements of the audit standards (Clause 4 to 10 of ISO/IEC 27001:2013 and ISO 9001:2015);
* The management system conforms with all applicable legal and regulatory requirements;
* The management system is capable of achieving the organization’s policies objectives
* The organization has established, implemented, maintained and continually improved its MS, including the processes needed and their interactions, in accordance with the requirements of the ISO/IEC 27001:2013, ISO/IEC 27018:2019 and ISO 9001:2015*.*

## Audit criteria

The audit criteria (the set of requirements) for this audit are used as a reference against which conformity is determined. Audit criteria included:

* the normative clauses of ISO/IEC 27001:2013, ISO/IEC 27018:2019 and ISO 9001:2015:
* Clause 4 – Context of the organization
* Clause 5 – Leadership
* Clause 6 – Planning
* Clause 7 – Support
* Clause 8 – Operation
* Clause 9 – Performance Evaluation
* Clause 10 – Improvement
* Annex A – Control objectives and controls

## Audit methodology

[Please explain the methodology used by the audit team to perform this audit, similar to the sample below]

The audit team has conducted a process-based audit focusing on the significant aspects, risks and objectives. The auditors have used audit procedures to collect evidence in sufficient quantity and quality to validate the conformity of the management system of the organization. The use of audit procedures in a systematic way reduces the audit risk and reinforces the objectivity of the audit conclusions.

The audit team has used a combination of evidence collection procedures to create their audit test plan. The audit methods used consisted of interviews, observations of activities, review of documentation and records, technical tests and analysis of sampling.

The analysis procedure allows the audit team to draw conclusions concerning a whole by examining a part. It allows the auditor to estimate characteristics of a population by directly observing a part of the whole population. The sampling method used during this audit was a systematic sampling (or interval sampling) technique with a margin error of 3 to 5 %.

Technical tests, including testing of the effectiveness of a process or control have not been performed by the auditors themselves. The operations have always been performed by the personnel of the auditee.

## Previous audit results

The results of the last audit of this system have been reviewed, in particular to assure appropriate correction and corrective action have been implemented to address any nonconformity identified. This review has concluded that:

[ ]  any nonconformity identified during previous audits has been corrected and the corrective action continues to be effective

[ ]  any nonconformity identified during previous audits hasn’t been addressed adequately and the specific issue has been re-defined in the nonconformity section of this report

[ ]  N/A (no previous audits)

## Audit planning

*The team leader of the audit has established an initial contact with the auditee to make arrangement for this audit, including scheduling the dates. The team leader has validated the feasibility of the audit, the audit objectives, the audit scope, the location and the audit criteria.*

*The audit plan was sent to the auditee and it was confirmed before the opening meeting between the audit team and the auditee.*

*The onsite audit was started with an opening meeting which has been attended by the general manager and the ISMS responsible. The MSECB profile, audit purpose, methodology, reporting system, appeal process and confidentiality were briefly presented to the client during the opening meeting.*

## Key people interviewed

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Title** | **Department / Process** | **Opening Meeting (Yes or No)** | **Closing Meeting (Yes or No)** | **Date of interviewing** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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## MSECB complaint and appeal process

Any client may appeal any decision made by the audit team. Appeals must be in writing and are addressed using MSECB’ procedure for handling appeals and disputes. If MSECB fails to resolve the appeal to the organization’s satisfaction, the appeal can be escalated to MSECB Advisory Board.

MSECB Complaint and Appeal Procedure: [www.msecb.com](http://www.msecb.com)

# Significant audit trails followed

**Notes on usage by the auditor:**

*Under the column “Status”, please use the following key to record your assessment result for each clause:*

***A*** *= Acceptable,*

***N/A*** *= Not Applicable (Out of Scope),*

***MaNC*** *= Major Nonconformity*

***MiNC*** *= Minor Nonconformity*

***OBS*** *= Observation*

***OFI*** *= Opportunity for improvement*

*\*nonconformities are explained in “Section 4: Audit Findings”.*

*Evidence should be provided also for ‘Acceptable’ clauses.*

*If nonconformity is identified (Minor or Major), please include the number of the nonconformity in the column “No. of NC”. Detailed description of the nonconformity should be provided in Annex A – Nonconformity Report.*

*If OBS or OFI is identified, please explain in details the finding(s) in section 4.4 and 4.5.*

| **Clause Requirement** | **Status** | **Audit Evidence** | **No. of NC** |
| --- | --- | --- | --- |
|  |  |  |  |
| **4 Context of the organization** |
| 4.1 | Understanding the organization and its context |  |  |   |
| 4.2 | Understanding the needs and expectations of interested parties |  |  |   |
| 4.3 | Determining the scope of the ISMS (27001) |  |  |   |
| Determining the scope of the quality management system (9001) |
| 4.4 | Information security management system (27001) |  |  |   |
| Quality management system and its processes (9001) |
| **5 Leadership** |
| 5.1 | Leadership and commitment |  |  |   |
| 5.2 | Policy |  |  |   |
| 5.3 | Organizational roles, responsibilities and authorities |  |  |   |
| **6 Planning** |
| 6.1 | Actions to address risks and opportunities |  |  |   |
| 6.2 | Information security objectives and planning to achieve them (27001) |  |  |   |
| Quality objectives and planning to achieve them (9001) |
| 6.3 | Planning of changes (9001) |  |  |  |
| **7 Support** |
| 7.1 | Resources |  |  |   |
| 7.2 | Competence |  |  |   |
| 7.3 | Awareness |  |  |   |
| 7.4 | Communication |  |  |   |
| 7.5 | Documented information |  |  |   |
| **8 Operation** |
| 8.1 | Operational planning and control |  |  |   |
| 8.2 | Information security risk assessment (27001) |  |  |   |
| Requirements for products and services (9001) |
| 8.3 | Information security risk treatment (27001) |  |  |   |
| Design and development of products and services (9001) |
| 8.4 | Control of externally provided processes, products and services (9001) |  |  |  |
| 8.5 | Production and service provision (9001) |  |  |  |
| 8.6 | Release of products and services (9001) |  |  |  |
| 8.7 | Control of nonconforming outputs (9001) |  |  |  |
| **9 Performance evaluation** |
| 9.1 | Monitoring, measurement, analysis and evaluation |  |  |   |
| 9.2 | Internal audit |  |  |   |
| 9.3 | Management review |  |  |   |
| **10 Improvement** |
| 10.1 | Nonconformity and corrective action (27001) |  |   |   |
| General (9001) |
| 10.2 | Continual improvement (27001) |  |  |   |
| Nonconformity and corrective action (9001) |
| 10.3 | Continual improvement (9001) |  |  |  |
| **Additional requirement** |
| Use of logo and trademark |  |  |   |
| List of documents included in the audited MS |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Control objective and controls** | **Status** | **Audit Evidence** | **No. of. NC** |
| **A.5 Information security policies** |
| **A.5.1 Management direction for information security**Objective: To provide management direction and support for information security in accordance with business requirements and relevant laws and regulations. |
| A.5.1.1 | **Policies for information security.** Control. A set of policies for information security shall be defined by management, published and communicated to all employees and relevant external parties. |  |  |   |
| Control 5.1.1 and the associated implementation guidance and other information specified in ISO/IEC 27002 apply. sector-specific guidance also applies for:- Public cloud PII protection implementation guidance- Other information for public cloud PII protection(27018) |  |  |   |
| A.5.1.2 | **Review of the policies for information security.** Control. The policies for information security shall be reviewed at planned intervals or if significant changes occur to ensure its continuing suitability, adequacy, and effectiveness.  |  |  |   |
| **A.6 Organization of information security** |
| **A.6.1 Internal organization**Objective: To establish a management framework to initiate and control the implementation and operation of information security within the organization. |
| A.6.1.1 | **Information security roles and responsibilities** Control. All information security responsibilities shall be defined and allocated. |  |  |   |
| Control 6.1.1 and the associated implementation guidance and other information specified in ISO/IEC 27002 apply. Sector-specific guidance also applies:- Public cloud PII protection implementation guidance(27018) |  |  |   |
| A.6.1.2 | **Segregation of duties**. Control. Conflicting duties and areas of responsibility shall be segregated to reduce opportunities for unauthorized or unintentional modification or misuse of the organization's assets. |  |   |   |
| A.6.1.3 | **Contact with authorities.** Control. Appropriate contacts with relevant authorities shall be maintained. |  |  |   |
| A.6.1.4 | **Contact with special interest groups.** Control. Appropriate contacts with special interest groups or other specialist security forums and professional associations shall be maintained. |  |  |   |
| A.6.1.5 | **Information security in project management.** Control. Information security shall be addressed in project management, regardless of the type of project. |  |  |   |
| **A.6.2 Mobile devices and teleworking**Objective: To ensure the security of teleworking and use of mobile devices. |
| A.6.2.1 | **Mobile device policy**. Control. A policy and supporting security measures shall be adopted to manage the risks introduced by using mobile devices. |  |  |   |
| A.6.2.2 | **Teleworking.** Control. A policy and supporting measures shall be implemented to protect information accessed, processed or stored at teleworking sites. |  |  |   |
| **A.7 Human resource security** |
| **A.7.1 Prior to employment**Objective: To ensure that employees and contractors understand their responsibilities and are suitable for the roles for which they are considered |
| A.7.1.1 | **Screening.** Control. Background verification checks on all candidates for employment shall be carried out in accordance with relevant laws, regulations and ethics and shall be proportional to the business requirements, the classification of the information to be accessed and the perceived risks. |  |  |   |
| A.7.1.2 | **Terms and conditions of employment.** Control. The contractual agreements with employees and contractors shall state their and the organization's responsibilities for information security. |  |  |   |
| **A.7.2 During employment**Objective: To ensure that employees and contractors are aware of and fulfil their information security responsibilities. |
| A.7.2.1 | **Management responsibilities.** Control. Management shall require all employees and contractors to apply information security in accordance with the established policies and procedures of the organisation. |  |  |   |
| A.7.2.2 | **Information security awareness, education and training.** Control. All employees of the organization and, where relevant, contractors shall receive appropriate awareness education and training and regular updates in organizational policies and procedures, as relevant for their job function. |  |  |   |
| Control 7.2.2 and the associated implementation guidance and other information specified in ISO/IEC 27002 apply. Sector-specific guidance also applies:-Public cloud PII protection implementation guidance-Other information for public cloud PII protection(27018) |  |  |   |
| A.7.2.3 | **Disciplinary process.** Control. There shall be a formal and communicated disciplinary process in place to take action against employees who have committed an information security breach. |  |  |   |
| **A.7.3 Termination and change of employment**Objective: To protect the organization’s interests as part of the process of changing or terminating employment. |
| A.7.3.1 | **Termination or change of employment responsibilities.** Control. Information security responsibilities and duties that remain valid after termination or change of employment shall be defined, communicated to the employee or contractor and enforced. |  |  |   |
| **A.8 Asset management** |
| **A.8.1 Responsibility for assets** Objective: To identify organizational assets and define appropriate protection responsibilities. |
| A.8.1.1 | **Inventory of assets**. Control. Assets associated with information and information processing facilities shall be identified and an inventory of these assets shall be drawn up and maintained. |  |  |   |
| A.8.1.2 | **Ownership of assets.** Control. Assets maintained in the inventory shall be owned. |  |  |   |
| A.8.1.3 | **Acceptable use of assets.** Control. Rules for the acceptable use of information and of assets associated with information and information processing facilities shall be identified, documented and implemented. |  |  |   |
| A.8.1.4 | **Return of assets.** Control. All employees and external party users shall return all of the organizational assets in their possession upon termination of their employment, contract or agreement. |  |  |   |
| **A.8.2 Information classification**Objective: To ensure that information receives an appropriate level of protection in accordance with its importance to the organization. |
| A.8.2.1 | **Classification of information.** Control. Information shall be classified in terms of legal requirements, value, criticality and sensitivity to unauthorised disclosure or modification. |  |  |   |
| A.8.2.2 | **Labeling of information.** Control. An appropriate set of procedures for information labeling shall be developed and implemented in accordance with the information classification scheme adopted by the organization. |  |  |   |
| A.8.2.3 | **Handling of assets.** Control. Procedures for handling assets shall be developed and implemented in accordance with the information classification scheme adopted by the organization. |  |  |   |
| **A.8.3 Media handling**Objective: To prevent unauthorized disclosure, modification, removal or destruction of information stored on media. |
| A.8.3.1 | **Management of removable media.** Control. Procedures shall be implemented for the management of removable media in accordance with the classification scheme adopted by the organization. |  |   |   |
| A.8.3.2 | **Disposal of media.**  Control. Media shall be disposed of securely when no longer required, using formal procedures. |  |  |   |
| A.8.3.3 | **Physical media transfer.**  Control. Media containing information shall be protected against unauthorised access, misuse or corruption during transportation. |  |  |   |
| **A.9 Access control** |
| **A.9.1 Business requirements of access control**Objective: To limit access to information and information processing facilities.  |
| A.9.1.1 | **Access control policy.**  Control. An access control policy shall be established, documented and reviewed based on business and information security requirements. |  |   |   |
| A.9.1.2 | **Access to networks and network services.**  Control. Users shall only be provided with access to the network and network services that they have been specifically authorized to use. |  |  |   |
| **A.9.2 User access management**Objective: To ensure authorized user access and to prevent unauthorized access to systems and services.  |
| A.9.2.1 | **User registration and deregistration.** Control. A formal user registration and de-registration process shall be implemented to enable assignment of access rights. |  |  |   |
| Control 9.2.1 and the associated implementation guidance and other information specified in ISO/IEC 27002 apply. Sector-specific guidance also applies:-Public cloud PII protection implementation guidance(27018) |  |  |   |
| A.9.2.2 | **User access provisioning.** Control. A formal user access provisioning process shall be implemented to assign or revoke access rights for all user types to all systems and services. |  |  |   |
| A.9.2.3 | **Management of privileged access rights**. Control. The allocation and use of privileged access rights shall be restricted and controlled. |  |  |   |
| A.9.2.4 | **Management of secret authentication information of users.** Control. The allocation of secret authentication information shall be controlled through a formal management process. |  |  |   |
| A.9.2.5 | **Review of user access rights.**  Control. Asset owners shall review users' access rights at regular intervals. |  |  |   |
| A.9.2.6 | **Removal or adjustment of access rights.** Control. The access rights of all employees and external party users to information and information processing facilities shall be removed upon termination of their employment, contract or agreement, or adjusted upon change. |  |  |   |
| **A.9.3 User Responsibilities**Objective: To make users accountable for safeguarding their authentication information.  |
| A.9.3.1 | **Use of secret authentication information.** Control. Users shall be required to follow the organization's practices in the use of secret authentication information. |  |   |   |
| **A.9.4 System and application access control**Objective: To prevent unauthorized access to systems and applications.  |
| A.9.4.1 | **Information access restriction.** Control. Access to information and application system functions by users shall be restricted in accordance with the access control policy. |  |  |   |
| A.9.4.2 | **Secure Log-on procedures.**  Control. Where required by the access control policy, access to systems and applications shall be controlled by a secure log-on procedure. |  |  |   |
| Control 9.4.2 and the associated implementation guidance and other information specified in ISO/IEC 27002 apply. Sector-specific guidance also applies:- Public cloud PII protection implementation guidance(27018) |  |  |   |
| A.9.4.3 | **Password Management system.** Control. Password management systems shall be interactive and shall ensure quality passwords. |  |   |   |
| A.9.4.4 | **Use of privileged utility programs.** Control. The use of utility programs that might be capable of overriding system and application controls shall be restricted and tightly controlled. |  |   |   |
| A.9.4.5 | **Access control to program source code.** Control. Access to program source code shall be restricted.  |  |  |   |
| **A.10 Cryptography** |
| **A.10.1 Cryptographic controls**Objective: To ensure proper and effective use of cryptography to protect the confidentiality, authenticity and/or integrity of information. |
| A.10.1.1 | **Policy on the use of cryptographic controls.**  Control. A policy on the use of cryptographic controls for protection of information shall be developed and implemented. |  |  |   |
| Control 10.1.1 and the associated implementation guidance and other information specified in ISO/IEC 27002 apply. The Sector-specific guidance also applies:- Public cloud PII protection implementation guidance (27018) |  |  |   |
| A.10.1.2 | **Key Management.**  Control. A policy on the use, protection and lifetime of cryptographic keys shall be developed and implemented through their whole lifecycle. |  |  |   |
| **A.11 Physical and environmental security** |
| **A.11.1 Secure areas**Objective: To prevent unauthorized physical access, damage and interference to the organization’s information and information processing facilities. |
| A.11.1.1 | **Physical security perimeter.**  Control. Security perimeters shall be defined and used to protect areas that contain either sensitive or critical information and information processing facilities. |  |  |   |
| A.11.1.2 | **Physical entry controls** Control. Secure areas shall be protected by appropriate entry controls to ensure that only authorized personnel are allowed access. |  |  |   |
| A.11.1.3 | **Securing offices, rooms and facilities.** Control. Physical security for offices, rooms, and facilities shall be designed and applied. |  |   |   |
| A.11.1.4 | **Protecting against external and environmental threats.** Control. Physical protection against natural disasters, malicious attack or accidents shall be designed and applied. |  |   |   |
| A.11.1.5 | **Working in secure areas.**  Control. Procedures for working in secure areas shall be designed and applied. |  |  |   |
| A.11.1.6 | **Delivery and loading areas**. Control. Access points such as delivery and loading areas and other points where unauthorized persons could enter the premises shall be controlled and, if possible, isolated from information processing facilities to avoid unauthorized access. |  |  |   |
| **A.11.2 Equipment**Objective: To prevent loss, damage, theft or compromise of assets and interruption to the organization's operations.  |
| A.11.2.1 | **Equipment siting and protection.** Control. Equipment shall be sited and protected to reduce the risks from environmental threats and hazards, and opportunities for unauthorized access. |  |  |   |
| A.11.2.2 | **Supporting utilities.**  Control. Equipment shall be protected from power failures and other disruptions caused by failures in supporting utilities. |  |  |   |
| A.11.2.3 | **Cabling security.**  Control. Power and telecommunications cabling carrying data or supporting information services shall be protected from interception, interference or damage. |  |   |   |
| A.11.2.4 | **Equipment maintenance.** Control. Equipment shall be correctly maintained to ensure its continued availability and integrity. |  |  |   |
| A.11.2.5 | **Removal of assets.**  Control. Equipment, information or software shall not be taken off-site without prior authorization. |  |   |   |
| A.11.2.6 | **Security of equipment and assets off-premises.** Control. Security shall be applied to off-site assets taking into account the different risks of working outside the organization's premises. |  |   |   |
| A.11.2.7 | **Secure disposal or re-use of equipment.** Control. All items of equipment containing storage media shall be verified to ensure that any sensitive data and licensed software has been removed or securely overwritten prior to disposal or re-use. |  |  |   |
| Control 11.2.7 and the associated implementation guidance and other information specified in ISO/IEC 27002 apply. Sector-specific guidance also applies:- Public cloud PII protection implementation guidance (27018) |  |  |   |
| A.11.2.8 | **Unattended user equipment.**  Control. Users shall ensure that unattended equipment has appropriate protection. |  |  |   |
| A.11.2.9 | **Clear Desk and Clear Screen Policy.** Control. A clear desk policy for papers and removable storage media and a clear screen policy for information processing facilities shall be adopted. |  |  |   |
| **A.12 Operations security** |
| **A.12.1 Operational procedures and responsibilities**Objective: To ensure correct and secure operations of information processing facilities. |
| A.12.1.1 | **Documented operating procedures.**  Control. Operating procedures shall be documented and made available to all users who need them. |  |  |   |
| A.12.1.2 | **Change management.**  Control. Changes to the organization, business processes, information processing facilities and systems that affect information security shall be controlled. |  |  |   |
| A.12.1.3 | **Capacity management.**  Control. The use of resources shall be monitored, tuned and projections made of future capacity requirements to ensure the required system performance. |  |  |   |
| A.12.1.4 | **Separation of development, testing and operational environments.** Control. Development, testing and operational environments shall be separated to reduce the risks of unauthorized access or changes to the operational environment. |  |  |   |
| Control 12.1.4 and the associated implementation guidance and other information specified in ISO/IEC 27002 apply. Sector-specific guidance also applies:- Public cloud PII protection implementation guidance (27018) |  |  |   |
| **A.12.2 Protection from malware**Objective: To ensure that information and information processing facilities are protected against malware.  |
| A.12.2.1 | **Controls against malware.**  Control. Detection, prevention and recovery controls to protect against malware shall be implemented, combined with appropriate user awareness. |  |  |   |
| **A.12.3 Backup**Objective: To protect against loss of data. |
| A.12.3.1 | **Information backup.**  Control. Backup copies of information, software and system images shall be taken and tested regularly in accordance with an agreed backup policy. |  |  |   |
| Control 12.3.1 and the associated implementation guidance and other information specified in ISO/IEC 27002 apply. Sector-specific guidance also applies:- Public cloud PII protection implementation guidance (27018) |  |  |   |
| **A.12.4 Logging and monitoring**Objective.To log events and generate evidence. |
| A.12.4.1 | **Event logging.** Control. Event logs recording user activities, exceptions, faults and information security events shall be produced, kept and regularly reviewed. |  |  |   |
| Control 12.4.1 and the associated implementation guidance and other information specified in ISO/IEC 27002 apply. Sector-specific guidance also applies:- Public cloud PII protection implementation guidance (27018) |  |  |   |
| A.12.4.2 | **Protection of log information.**  Control. Logging facilities and log information shall be protected against tampering and unauthorized access. |  |  |  |
| Control 12.4.2 and the associated implementation guidance and other information specified in ISO/IEC 27002 apply. Sector-specific guidance also applies:- Public cloud PII protection implementation guidance (27018) |  |  |   |
| A.12.4.3 | **Administrator and operator logs.** Control. System administrator and system operator activities shall be logged and the logs protected and regularly reviewed.  |  |  |   |
| A.12.4.4 | **Clock synchronization.** Control. The clocks of all relevant information processing systems within an organization or security domain shall be synchronized to a single reference source. |  |  |   |
| **A.12.5 Control of operational software**Objective: To ensure the integrity of operational systems.  |
| A.12.5.1 | **Installation of software on operational systems.** Control. Procedures shall be implemented to control the installation of software on operational systems. |  |  |   |
| **A.12.6 Technical Vulnerability Management** Objective: To prevent exploitation of technical vulnerabilities.  |
| A.12.6.1 | **Management of technical vulnerabilities.**  Control. Information about technical vulnerabilities of information systems being used shall be obtained in a timely fashion, the organization's exposure to such vulnerabilities evaluated and appropriate measures taken to address the associated risk. |  |  |   |
| A.12.6.2 | **Restrictions on software installation.** Control. Rules governing the installation of software by users shall be established and implemented. |  |  |   |
| **A.12.7 Information systems audit considerations**Objective: To minimize the impact of audit activities on operational systems.  |
| A.12.7.1 | **Information System Audit controls.**  Control. Audit requirements and activities involving verifications of operational systems shall be carefully planned and agreed to minimize disruptions to business processes. |  |   |   |
| **A.13 Communications security** |
| **A.13.1 Network security management**Objective: To ensure the protection of information in networks and its supporting information processing facilities. |
| A.13.1.1 | **Network controls.**  Control. Networks shall be managed and controlled to protect information in systems and applications. |  |  |   |
| A.13.1.2 | **Security of network services.** Control. Security mechanisms, service levels and management requirements of all network services shall be identified and included in network services agreements, whether these services are provided in-house or outsourced. |  |  |   |
| A.13.1.3 | **Segregation in networks.**  Control. Groups of information services, users and information systems shall be segregated on networks. |  |  |   |
| **A.13.2 Information transfer**Objective: To maintain the security of information transferred within an organization and with any external entity.  |
| A.13.2.1 | **Information transfer policies and procedures.** Control. Formal transfer policies, procedures and controls shall be in place to protect the transfer of information through the use of all types of communication facilities. |  |  |   |
| Control 13.2.1 and the associated implementation guidance and other information specified in ISO/IEC 27002 apply. Sector-specific guidance also applies:- Public cloud PII protection implementation guidance (27018) |  |  |   |
| A.13.2.2 | **Agreements on information transfer.** Control. Agreements shall address the secure transfer of business information between the organization and external parties. |  |  |   |
| A.13.2.3 | **Electronic messaging.** Control. Information involved in electronic messaging shall be appropriately protected. |  |  |   |
| A.13.2.4 | **Confidentiality or nondisclosure agreements.**  Control. Requirements for confidentiality or non-disclosure agreements reflecting the organization's needs for the protection of information shall be identified, regularly reviewed and documented. |  |  |   |
| **A.14 System acquisition, development and maintenance** |
| **A.14.1 Security requirements of information systems**Objective: To ensure that information security is an integral part of information systems across the entire lifecycle. This also includes the requirements for information systems which provide services over public networks. |
| A.14.1.1 | **Information security requirements analysis and specification.** Control. The information security related requirements shall be included in the requirements for new information systems or enhancements to existing information systems. |  |  |   |
| A.14.1.2 | **Securing application services on public networks.** Control. Information involved in application services passing over public networks shall be protected from fraudulent activity, contract dispute and unauthorized disclosure and modification. |  |   |   |
| A.14.1.3 | **Protecting application services transactions.**  Control. Information involved in application service transactions shall be protected to prevent incomplete transmission, mis-routing, unauthorized message alteration, unauthorized disclosure, unauthorized message duplication or replay. |  |   |  |
| **A.14.2 Security in development and support processes**Objective: To ensure that information security is designed and implemented within the development lifecycle of information systems.  |
| A.14.2.1 | **Secure development policy.** Control. Rules for the development of software and systems shall be established and applied to developments within the organization. |  |  |   |
| A.14.2.2 | **System change control procedures.** Control. Changes to systems within the development lifecycle shall be controlled by the use of formal change control procedures. |  |  |   |
| A.14.2.3 | **Technical review of applications after operating platform changes.** Control. When operating platforms are changed, business critical applications shall be reviewed and tested to ensure there is no adverse impact o organizational operations or security. |  |   |   |
| A.14.2.4 | **Restrictions on changes to software packages.** Control. Modifications to software packages shall be discouraged, limited to necessary changes and all changes shall be strictly controlled. |  |  |   |
| A.14.2.5 | **Secure systems engineering principles.** Control. Principles for engineering secure systems shall be established, documented, maintained and applied to any information system implementation efforts. |  |  |   |
| A.14.2.6 | **Secure development environment.** Control. Organizations shall establish and appropriately protect secure development environments for system development and integration efforts that cover the entire system development lifecycle. |  |   |   |
| A.14.2.7 | **Outsourced development.**  Control. The organization shall supervise and monitor the activity of out sourced system development. |  |   |   |
| A.14.2.8 | **System security testing.**  Control. Testing of security functionality shall be carried out during development. |  |   |   |
| A.14.2.9 | **System acceptance testing.** Control. Acceptance testing programs and related criteria shall be established for new information systems, upgrades and new versions. |  |  |   |
| **A.14.3 Test data** |
| Objective: To ensure the protection of data used for testing.  |
| A.14.3.1 | **Protection of test data.**  Control. Test data shall be selected carefully, protected and controlled. |  |  |   |
| **A.15 Supplier relationships** |
| **A.15.1 Information security in supplier relationships**Objective: To ensure protection of the organization’s assets that is accessible by suppliers. |
| A.15.1.1 | **Information security policy for supplier relationships.** Control. Information security requirements for mitigating the risks associated with supplier's access to the organization's assets shall be agreed with the supplier and documented. |  |  |   |
| A.15.1.2 | **Addressing security within supplier agreements.** Control. All relevant information security requirements shall be established and agreed with each supplier that may access, process, store, communicated, or provide IT infrastructure components for, the organization's information. |  |  |   |
| A.15.1.3 | **Information and communication technology supply chain.** Control. Agreements with suppliers shall include requirements to address the information security risks associated with information and communications technology services and product supply chain. |  |  |   |
| **A.15.2 Supplier service delivery management**Objective: To maintain an agreed level of information security and service delivery in line with supplier agreements.  |
| A.15.2.1 | **Monitoring and review of supplier services.**  Control. Organizations shall regularly monitor, review and audit supplier service delivery. |  |  |   |
| A.15.2.2 | **Managing changes to supplier services.**  Control. Changes to the provision of services by suppliers, including maintaining and improving existing information security policies, procedures and controls, shall be managed, taking account of the criticality of business information, systems and processes involved and re-assessment of risks. |  |  |   |
| **A.16 Information security incident management** |
| **A.16.1 Management of information security incidents and improvements**Objective: To ensure a consistent and effective approach to the management of information security incidents, including communication on security events and weaknesses. |
| A.16.1.1 | **Responsibilities and procedures.** Control. Management of responsibilities and procedures shall be established to ensure a quick, effective and orderly response to information security incidents. |  |  |   |
| Control 16.1.1 and the associated implementation guidance and other information specified in ISO/IEC 27002 apply. Sector-specific guidance also applies:- Public cloud PII protection implementation guidance (27018) |  |  |   |
| A.16.1.2 | **Reporting information security events.**  Control. Information security events shall be reported through appropriate management channels as quickly as possible. |  |  |   |
| A.16.1.3 | **Reporting information security weaknesses.**  Control. Employees and contractors using the organization's information systems and services shall be required to note and report any observed or suspected information security weaknesses in systems or services. |  |  |   |
| A.16.1.4 | **Assessment of and decision on information security events.** Control. Information security events shall be assessed and it shall be decided if they are to be classified as information security incidents. |  |  |   |
| A.16.1.5 | **Response to information security incidents.**  Control. Information security incidents shall be responded to in accordance with the documented procedures. |  |  |   |
| A.16.1.6 | **Learning from information security incidents.** Control. Knowledge gained from analyzing and resolving information security incidents shall be used to reduce the likelihood or impact of future incidents. |  |  |   |
| A.16.1.7 | **Collection of evidence.** Control. The organization shall define and apply procedures for the identification, collection, acquisition and preservation of information, which can serve as evidence. |  |  |   |
| **A.17 Information security aspects of business continuity management** |
| **A.17.1 Information security continuity**Objective: Information security continuity shall be embedded in the organization’s business continuity management systems. |
| A.17.1.1 | **Planning information security continuity.** Control. The organization shall determine its requirements for information security and the continuity of information security management in adverse situations, e.g. during a crisis or disaster. |  |  |   |
| A.17.1.2 | **Implementing information security continuity.** Control. The organization shall establish, document, implement and maintain processes, procedures and controls to ensure the required level of continuity for information security during an adverse situation. |  |  |   |
| A.17.1.3 | **Verify, review and evaluate information security continuity.**  Control. The organization shall verify the established and implemented information security continuity controls at regular intervals in order to ensure that they are valid and effective during adverse situations. |  |  |   |
| **A.17.2 Redundancies**Objective:To ensure availability of information processing facilities.  |
| A.17.2.1 | **Availability of information processing facilities.**  Control. Information processing facilities shall be implemented with redundancy sufficient to meet availability requirements. |  |   |   |
| **A.18 Compliance** |
| **A.18.1 Compliance with legal and contractual requirements**Objective: To avoid breaches of legal, statutory, regulatory or contractual obligations related to information security and of any security requirements. |
| A.18.1.1 | **Identification of applicable legislation and contractual requirements.** Control. All relevant legislative statutory, regulatory, contractual requirements and the organization's approach to meet these requirements shall be explicitly identified, documented and kept up to date for each information system and the organization. |  |  |   |
| A.18.1.2 | **Intellectual property rights.** Control. Appropriate procedures shall be implemented to ensure compliance with legislative, regulatory and contractual requirements related to intellectual property rights and use of proprietary software products. |  |   |   |
| A.18.1.3 | **Protection of records.** Control. Records shall be protected from loss, destruction, falsification, unauthorized access and unauthorized release, in accordance with legislatory, regulatory, contractual and business requirements. |  |  |   |
| A.18.1.4 | **Privacy and protection of personally identifiable information.** Control. Privacy and protection of personally identifiable information shall be ensured as required in relevant legislation and regulation where applicable. |  |   |   |
| A.18.1.5 | **Regulation of cryptographic controls.**  Control. Cryptographic controls shall be used in compliance with all relevant agreements, legislation and regulations. |  |   |   |
| **A.18.2 Information security reviews**Objective: To ensure that information security is implemented and operated in accordance with the organizational policies and procedures. |
| A.18.2.1 | **Independent review of information security.**  Control. The organization's approach to managing information security and its implementation (i.e. control objectives, control, policies, processes and procedures for information security) shall be reviewed independently at planned intervals or when significant changes occur. |  |  |   |
| Control 18.2.1 and the associated implementation guidance and other information specified in ISO/IEC 27002 apply. Sector-specific guidance also applies.- Public cloud PII protection implementation guidance (27018) |  |  |   |
| A.18.2.2 | **Compliance with security policies and standards**. Control. Managers shall regularly review the compliance of information processing and procedures within their area of responsibility with the appropriate security policies, standards and any other security requirements. |  |  |   |
| A.18.2.3 | **Technical compliance review.** Control. Information systems shall be regularly reviewed for compliance with the organization's information security policies and standards. |  |  |   |

| **Control Objective and Controls** | **Status** | **Audit Evidence** | **No. of NC** |
| --- | --- | --- | --- |
|  |  | Findings/justification of findings/specifics/notes |  |
| **A.2 Consent and choice** |
| A.2.1 | **Obligation to co-operate regarding PII principals’ rights.** Control. The public cloud PII processor should provide the cloud service customer with the means to enable them to fulfil their obligation to facilitiate the exercise of PII principals’ rights to access, correct and/or erase PII pertaining to them |  |  |  |
| **A.3 Purpose legitimacy and specification** |
| A.3.1 | **Public cloud PII processor’s purpose.** Control. PII to be processed under a contract should not be processed for any purposes independent of the instructions of the cloud service customer |  |  |  |
| A.3.2 | **Public cloud PII processor’s commercial use.** Control. PII processed under a contract should not be used by the public cloud PII processor for the purposes of marketing and advertising without express consent. Such consent should not be a condition of receiving the service. |  |  |  |
| **A.4 Collection limitation** |
| **No additional controls are relevant to this privacy principle**. |
| **A.5 Data minimization** |
| A.5.1 | **Secure erasure of temporary files.** Control. Temporary files and documents should be erased or destroyed within a specified, documented period. |  |  |  |
| **A.6 Use, retention and disclosure limitation** |
| A.6.1 | **PII disclosure notification.** Control. The contract between the public cloud PII processor and the cloud service customer should require the public cloud PII processor to notify the cloud service customer, in accordance with any procedure and time periods agreed in the contract, of any legally binding request for disclosure of PII by a law enforcement authority, unless such a disclosure is otherwise prohibited. |  |  |  |
| A.6.2 | **Recording of PII disclosures.** Control.Disclosures of PII to third parties should be recorded, including what PII has been disclosed, to whom and at what time. |  |  |  |
| **A.7 Accuracy and quality** |
| **No additional controls are relevant to this privacy principle.** |
| **A.8 Opennes, transparency and notice** |
| A.8.1 | **Disclosure of sub-contracted PII processing.** Control.The use of sub-contractors by the public cloud PII processor to process PII should be disclosed to the relevant cloud service customers before their use. |  |  |  |
| **A.9 Individual participation and access** |
| **No additional controls are relevant to this privacy principle.** |
| **A.10 Accountability** |
| A.10.1 | **Notification of a data breach involving PII.** Control. The public cloud PII processor should promptly notify the relevant cloud service customer in the eventof any unauthorized access to PII or unauthorized access to processing equipment or facilities resulting in loss, disclosure or alteration of PII. |  |  |  |
| A.10.2 | **Retention period for administrative security policies and guidelines.** Control. Copies of security policies and operating procedures should be retained for a specified, documented period upon replacement (including updating). |  |  |  |
| A.10.3 | **PII return, transfer and disposal.** Control. The public cloud PII processor should have a policy in respect of the return, transfer and/or disposal of PII and should make this policy available to the cloud service customer. |  |  |  |
| **A.11 Information security** |
| A.11.1 | **Confidentiality or non-disclosure agreements.** Control. Individuals under the public cloud PII processor’s with access to PII should be subject to a confidentiality obligation. |  |  |  |
| A.11.2 | **Restriction of the creation of hardcopy material.** Control. The creation of hardcopy material displaying PII should be restricted. |  |  |  |
| A.11.3 | **Control and logging of data restoration.** Control. There should a procedure for, and a log of, data restoration efforts. |  |  |  |
| A.11.4 | **Protecting data on storage media leaving the premises.** Control. PII on media leaving the organization’s premises should be subject to an authorization procedure and should not be accessible to anyone other than authorized personnel (e.g. by encrypting the data concerned). |  |  |  |
| A.11.5 | **Use of unencrypted portable storage media and devices.** Control. Portable physical media and portable devices that do not permit encryption should not be used except where it is unavoidable, and any use of such portable media and devices should be documented. |  |  |  |
| A.11.6 | **Encryption of PII transmitted over public data-transmission networks.** Control. PII that is transmitted over public data-transmission networks should be encrypted prior to transmission. |  |  |  |
| A.11.7 | **Secure disposal of hardcopy materials.** Control. Where hardcopy materials are destroyed, they should be destroyed securely using mechanisms such as cross-cutting, shredding, incinerating, pulping, etc. |  |  |  |
| A.11.8 | **Unique use of user IDs.** Control. If more than one individual has access to stored PII, then they should each have a distinct user ID for identification, authentication and authorization purposes. |  |  |  |
| A.11.9 | **Records of authorized users.** Control. An up-to-date record of the users or profiles of users who have authorized access to the information system should be maintained. |  |  |  |
| A.11.10 | **User ID management.** Control. De-activated or expired user IDs should not be granted to other individuals. |  |  |  |
| A.11.11 | **Contract measures.** Control. Contracts between the cloud service customer and the public cloud PII processor should specify minimum technical and organizational measures to ensure that the contracted security arrangements are in place and that data are not processed for any purpose independent of the instructions of the controller. Such measures should not be subject to unilateral reduction by the public cloud PII processor. |  |  |  |
| A.11.12 | **Sub-contracted PII processing.** Control. Contracts between the public cloud PII processor and any sub-contractors that process PII should specify minimum technical and organizational measures that meet the information security and PII protection obligations of the public cloud PII processor. Such measures should not be subject to unilateral reduction by the sub-contractor. |  |  |  |
| A.11.13 | **Access to data on pre-used data storage space.** Control. The public cloud PII processor should ensure that whenever data storage space is assigned to a cloud service customer, any data previously residing on that storage space is not visible to that cloud service customer. |  |  |  |
| **A.12 Privacy compliance** |
| A.12.1 | **Geographical location of PII.** Control. The public cloud PII processor should specify and document the countries in which PII might possibly be stored. |  |  |  |
| A.12.2 | **Intended destination of PII.** Control. PII transmitted using a data-transmission network should be subject to appropriate controls designed to ensure that data reaches its intended destination. |  |  |  |

# Audit findings

The audit findings were communicated to the senior management of the organization during the closing meeting. The final conclusion of the audit results and recommendation by the audit team was also communicated to the management during the meeting.

## Audit finding definition

The evaluation of the audit findings is based on the following definitions:

**Major Nonconformities (MaNC)**

The **absence** or **total failure** of a **system** to meet a requirement. It may be either:

* A number of minor nonconformities against one requirement can represent a total failure of the system and thus be considered a major nonconformance; or
* Any nonconformance that would result in the probable shipment of a nonconforming product. A condition that may result in the failure or materially reduce the usability of the products or services for their intended purpose; or
* A nonconformance that judgment and experience indicate is likely either to result in the failure of the ISMS system or to materially reduce its ability to assure controlled processes and products.

**Minor Nonconformities (MiNC)**

A **nonconformance** that judgment and experience **indicate is not likely to result in the failure** of the ISMS system or **reduce its ability** to assure controlled processes or products. It may be either:

* A failure in some part of the supplier's documented ISMS system relative to a requirement; or
* A single observed lapse in following one item of a company’s ISMS system.

**Observations (OBS)**

Any issues which are **likely to become a NC,** if not treated until the next audit are marked as observations (OBS). No response is required.

**Opportunities for Improvement (OFI)**

If **certain aspects** which generally comply with the requirements of the standard should be improved, then they are marked as opportunities for improvement (OFI). These OFIs help to **improve the management system** as a whole or named processes. No response is required.

## Major nonconformities (see also Annex A)

Please explain if there are major non-conformities found during the audit.

## Minor nonconformities (see also Annex A)

Please explain if there are minor non-conformities found during the audit.

## Observations

Please list any noted observations or issues that can possibly turn to non-conformities.

## Opportunities for improvement

*Please list any noted opportunities for improvement without any specific recommendations for correction.*

## Agreed follow-up activities

Nonconformities detailed here need to be addressed through the organization’s corrective action process, in accordance with the relevant corrective action requirements of the audit standard, including actions to analyze the cause of the nonconformity, prevent recurrence, and complete the maintained records.

Corrective actions to address the identified major nonconformities, shall be carried out immediately and MSECB shall be notified of the actions taken within 30 days. To confirm the actions taken, evaluate their effectiveness, and determine whether certification can be granted or continued, a MSECB auditor will perform a follow up visit within 90 days.

Corrective actions to address the identified minor nonconformities shall be documented on an action plan and be sent for review by the client to the auditor within 30 days. If the actions are deemed to be satisfactory, they will be followed up during the next scheduled visit.

Nonconformities shall be addressed through the client’s corrective action process, including:

* Actions taken to determine the extent of and contain the specific nonconformance.
* Root Cause (results of an investigation to determine the most basic cause(s) of the nonconformance.).
* Actions taken to correct the nonconformance and, in response to the root cause, to eliminate recurrence of the nonconformance.
* Corrective action response shall be submitted to the MSECB Lead Auditor.
* Client must maintain corrective action records, including objective evidence, for at least three (3) years.

## Uncertainty / obstacles that could affect the reliability of audit conclusions

Please specify.

## Unresolved diverging opinions between the audit team & auditee

Please specify.

# Audit conclusions and audit recommendation

## System management conformance and capability

*[Please describe if the management system has proven conformity with the requirements of the audit standard and provided adequate structure to support implementation and maintenance of the management system*

*i.e:*

* *demonstration of effective implementation and maintenance of MS*
* *demonstration of established and tracking of proper key performance objectives and targets*
* *implementation of internal audit programme etc. ]*

## Audit conclusions

|  |  |
| --- | --- |
| Has there been any serious deviation from the audit plan? (If yes, please specify) | Yes [ ]  No [ ]  |
| Are there any significant issues impacting the audit program? (If yes, please specify) | Yes [ ]  No [ ]  |
| Are there any significant changes affecting the management system since last audit took place? (If yes, please list the significant changes) | Yes [ ]  No [ ]  N/A [ ]  |
| Are there any unresolved issues affecting the management system since last audit took place? (If yes, please list the unresolved issues) | Yes [ ]  No [ ]  N/A [ ]  |
| The verification of the effectiveness of the corrective action taken regarding previously identified nonconformities has been performed and is satisfactory (please list any comments if needed) | Yes [ ]  No [ ]  N/A [ ]  |
| The management system is designed to achieve the organization’s policy objectives | Yes [ ]  No [ ]  |
| The management system is designed to meet statutory, regulatory and contractual requirements | Yes [ ]  No [ ]  |
| The internal audit and management review processes are in place and adequate | Yes [ ]  No [ ]  |
| The audit was successful in meeting the stated objectives | Yes [ ]  No [ ]  |

## Recommendation

*Lead Auditor Recommendation:*

*[Please recommend whether the management system of the organization being audited, should be certified or not certified)*.

# Annex A: Nonconformity report

## Nonconformity Report

Note: If more than one nonconformity identified, please add additional nonconformity reports

|  |
| --- |
| **NON CONFORMITY REPORT** |
| **TO BE COMPLETED BY AUDITOR** | **DATE** | **ORGANIZATION** | **NC ID** |
|  |  |  |
| **STANDARD:** ISO/IEC 27001:2013 |
| **NON CONFORMITY OBSERVED IN PROCESS/AREA** |  |
| **REQUIREMENT OF THE STANDARD:**  | **CLAUSE:**  |
| **NON CONFORMITY – DESCRIPTION OF OBJECTIVE EVIDENCE** |
|  |
| **GRADE (Major/Minor)** | **LEAD AUDITOR** | **AUDITOR** | **BUSINESS PROCESS REP.** |
|  |  |  |  |
| **TO BE COMPLETED BEFORE** |
|  |
| **TO BE COMPLETED BY THE ORGANIZATION** | **ROOT CAUSE ANALYSIS (What failed in the system to allow this NC to occur ?)** |
|  |
| **CORRECTION & CORRECTIVE ACTION (What is done to solve this problem and to prevent recurrence)** |
| CORRECTION: CORRECTIVE ACTION:  |
| **VERIFICATION OF CORRECTIVE ACTIONS** | **DATE OF COMPLETION** |  |
| **ORGANIZATION REPRESENTATIVE** |  |
| **TO BE COMPLETED BY AUDITOR**  | **VERIFICATION OF CORRECTIONS / CORRECTIVE ACTIONS** | **DATE** | **STATUS** | **LEAD AUDITOR** |
|  |  |  |
| **AUDITOR COMMENTS (including evidences verified to accept the corrections/ correcive actions)** |  |

# Annex B: Certification Information

|  |
| --- |
| **GENERAL INFORMATION** |
| **Number of Certificates** (for hardcopy) |  |
| **Languages** | [ ]  English | [ ]  French |
| **Name of the company** (to be put in the certificate) |  |
| **Address** (to be put in the certificate) |  |
| **Certification Scope Statement** (to be put in the certificate)**Important Note\*** Scope Statement should be concise and shall indicate **only** the processes and procedures within the management system that were assessed during the audit. Company’s name or address should not be written in this statement as they are mentioned in dedicated spaces.For ISO 27001, it is obligatory to put SoA version as well.  |  |
| **Excluded clauses in the audited Management System** (to be put in the certificate) |  |
| **DELIVERY ADDRESS**  |
| Title (Mr., Ms.) |  |
| First name |  |
| Last name |  |
| Address |  |
| City |  |
| Country |  |
| Province/State/Region |  |
| ZIP/Postal code |  |
| Email address |  |

# Annex C: Surveillance Plan

|  |
| --- |
| **Surveillance PlanISO/IEC 27001:2013, ISO/IEC 27018:2019, ISO 9001:2015** |
| **1**: Initial Audit**2:** Surveillance 1 Audit**3**: Surveillance 2 Audit**4**: Recertification Audit | **Plan** |
| **1****(202X)** | **2** **(202X)** | **3****(202X)** | **4****(202X)** |
| **ISO/IEC 27001:2013, ISO/IEC 27018:2019, ISO 9001:2015 Clauses** |
| **4 Context of the organization** |
| **4.1** | Understanding the organization and its context |  |  |  |  |
| **4.2** | Understanding the needs and expectations of interested parties |  |  |  |  |
| **4.3** | Determining the scope of the information security management system |  |  |  |  |
| **4.4** | Information security management system |  |  |  |  |
| **5 Leadership** |
| **5.1** | Leadership and commitment |  |  |  |  |
| **5.2** | Policy |  |  |  |  |
| **5.3** | Organizational roles, responsibilities and authorities |  |  |  |  |
| **6 Planning** |
| **6.1** | Actions to address risks and opportunities |  |  |  |  |
| **6.2** | Information security objectives and planning to achieve them |  |  |  |  |
| **7 Support** |
| **7.1** | Resources |  |  |  |  |
| **7.2** | Competence |  |  |  |  |
| **7.3** | Awareness |  |  |  |  |
| **7.4** | Communication |  |  |  |  |
| **7.5** | Documented information |  |  |  |  |
| **8 Operation** |
| **8.1** | Operational planning and control |  |  |  |  |
| **8.2** | Information security risk assessment |  |  |  |  |
| **8.3** | Information security risk treatment |  |  |  |  |
| **9 Performance evaluation** |
| **9.1** | Monitoring, measurement, analysis and evaluation |  |  |  |  |
| **9.2** | Internal audit |  |  |  |  |
| **9.3** | Management review |  |  |  |  |
| **10 Improvement** |
| **10.1** | Nonconformity and corrective action |  |  |  |  |
| **10.2** | Continual improvement |  |  |  |  |
| **Control objectives and controls** |
| **A.5** | Information security policies |  |  |  |  |
| **A.6** | Organization of information security |  |  |  |  |
| **A.7** | Human resource security |  |  |  |  |
| **A.8** | Asset management |  |  |  |  |
| **A.9** | Access control |  |  |  |  |
| **A.10** | Cryptography |  |  |  |  |
| **A.11** | Physical and environmental security |  |  |  |  |
| **A.12** | Operations security |  |  |  |  |
| **A.13** | Communications security |  |  |  |  |
| **A.14** | System acquisition, development and maintenance |  |  |  |  |
| **A.15** | Supplier relationships |  |  |  |  |
| **A.16** | Information security incident management |  |  |  |  |
| **A.17** | Information security aspects of business continuity management |  |  |  |  |
| **A.18** | Compliance |  |  |  |  |
| **11. Additional requirements** |  |  |  |  |
|  | Use of Logo |  |  |  |  |
|  | List of documents included in the audited MS |  |  |  |  |
| **Notes and comments:** |  |

*For completed visits, mark “X” in the box for each clause/process covered.*

*For planned visits, mark “O” in the box for each clause/process to be covered.*