**Southern Illinois University**

**Service Organization Controls (SOC) Report Review Checklist**

**Campus:** [ ] University Wide [ ] Carbondale [ ] Edwardsville [ ] Springfield [ ] Alton [ ] ESL

**Department:** Enter Department name here.

**Name of Responsible Party Completing this Checklist:** Enter preparer’s name here.

**Date of Completion of Review:** Enter the date of the review here.

**Name of Third Party Service Organization:** Enter name of service provider here.

**Description of Service Being Provided:** Describe services here.

**About the Report**

**Report Type:** [ ]  SOC 1 [ ]  SOC 2 [ ]  SOC 3

**Name of Audit Firm:** Enter name of audit firm here.

**Period Covered by Report:** Enter name of audit firm here.

**Date of Report:** Enter name of audit firm here.

**Does the report cover the services being contracted?**

[ ]  Yes. The report covers the services that were contracted for. See the description of services above.

[ ]  No. The report does not cover the services contracted for. Describe below the measures taken to assess the controls in place at the Third Party Service Provider in the absence of a SOC report that covers the services being provided.

Comments (required if “No” is checked above): Click here to enter text.

**Evidence of Review**

**Are complementary user entity controls necessary to achieve the control objectives?**

[ ]  No. The report does not identify any necessary user entity controls.

[ ]  Yes. The report identifies necessary complementary user entity controls. Summarize the required complementary user entity controls below.

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): Enter a summary of required complimentary user entity controls here.

**Are the required complementary user entity controls in place?**

[ ]  N/A. Complementary user entity controls are not required.

Enter any necessary descriptive notes here.

[ ]  Yes. The required complementary user entity controls are in place.

Enter any necessary descriptive notes here.

[ ]  No. Complementary user entity controls are required but are not in place.

Enter any necessary descriptive notes here.

**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.

Enter any necessary descriptive notes here.

[ ]  N/A. Checklist was completed by the ultimate end-user department.

Enter any necessary descriptive notes here.

[ ]  No. A review of CUEC by the ultimate end-user department is not necessary.

Enter any necessary descriptive notes here.

[ ]  Yes. A review of CUEC by the ultimate end-user department is necessary and was performed.

Enter any necessary descriptive notes here.

**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.

[ ]  No. The report does not identify any subservice organizations.

[ ]  Yes. The report identifies subservice organizations. Name the subservice organization below and check the box that best describes the further action taken.

Name of Subservice Organization: Enter Name of Subservice Organization here.

 [ ]  A SOC Report Review Checklist was completed for the subservice organization.

 [ ]  It was determined that the SOC report of the subservice organization contained a clean audit opinion and no further review was considered necessary.

 [ ]  Other: Explain.

**What is the Auditor’s Opinion of the Organization’s assertions?**

[ ]  The auditor’s opinion does not identify any exceptions of concern. Also known as “unqualified”.

[ ]  The auditor’s opinion identifies significant exceptions of concern. Also known as “qualified”. See description of the concerns below.

[ ]  The auditor could not express an opinion due to a scope limitation.

Concerns: Enter concerns here.

**Preparer Conclusions and Attestations**

I, Enter Preparer’s Name here. , 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:

[ ]  Appropriate to continue with a contractual relationship with this provider.

[ ]  Appropriate to continue with a contractual relationship with this provider, with the following cautions: Explain.

[ ]  Not appropriate to continue with a contractual relationship with this provider. Explain.

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.

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.