

**Vendor:**

Include name, address, key contact information

**Service/Product Overview:**

Include a brief overview of what the product provides for your organization.

**Criteria Assessed:**

<input type="checkbox"/> Security	<input type="checkbox"/> Processing Integrity	<input type="checkbox"/> Availability	<input type="checkbox"/> Confidentiality	<input type="checkbox"/> Privacy
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**Time-Period:**

Period Start Date:	MM/DD/YYYY	Period End Date:	MM/DD/YYYY
Continuous Coverage from Prior Year: <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Coverage:**

State the services/product(s) reviewed here.

**Opinion:**

<input type="checkbox"/> Unqualified	<input type="checkbox"/> Qualified
Is this a repeat qualified opinion? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Complimentary User Entity Control (CUEC) Review:**

List the CUEC Needing Further Review: CUEC XXX – Control Description

Organization Control Review: (state review here – add rows as needed)

**Vendor and Subservice Organization Review:**

List Vendors/Vendors with Concerns:
Vendor Comments:
List Sub-Service/Sub-Service with Concerns:
Sub-Service Comments:

**Control Review:**

List the Control Needing Further Review: Control XXX – Control Description & Exception
Management Response:
Exception/Control Assessment Notes: (state review here – add rows as needed)

**Review Conclusion:**

[Summary of analysis here]

Example: Based on procedures performed and the outcome of testing, no significant concerns were noted. Vendor will be included in next annual review.