| **Section 1: Vendor Information** | | | |
| --- | --- | --- | --- |
| **Vendor Company Name** |  | | |
| **Vendor Contact** |  | | |
| **MWA Relationship Manager** |  | | |
| **SOC report** |  | | |
| **Reporting Period** |  | | |
| *Please select the Service provided (Select all that apply).* | | | |
| Brokerage Agreement | | Corporate | Lease |
| Outsourcing | | Purchase Goods | Purchase Services |
| Software | | Trust Agreement | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Directions:** Please review the supplied vendor SOC report for any “client control or complementary user control considerations” or similar terminology and the chart in Section 2 on the following page(s) along with any other sections pertaining to your area. It is MWA’s responsibility to review the reports and any findings and address those findings. Each reviewer should also be looking at any significant control findings that are the vendor’s responsibility and determine if further conversation needs to take place related to those risks.

Once you have completed your review, please check out this form, sign-off in Section 3, save the review form in the SOC reporting library and check it back in.

If you have any questions, please contact Enterprise Services.

| **Section 2: Client Controls/Complementary User Control Considerations** | |  |
| --- | --- | --- |
| **Client Control** | **MWA’s Control to address (If control is not relevant, document rationale.)** | **Responsible Department** |
| **Objective Control** |  |  |
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| **Section 3: Review(s)** | |
| **Financial Accounting Review** | |
| **Date of Review** |  |
| **Reviewer** |  |
| **Reviewer Opinion** |  |
| **IT Security Review** | |
| **Date of Review** |  |
| **Reviewer** |  |
| **Reviewer Opinion** |  |
| **Internal Audit Review** | |
| **Date of Review** |  |
| **Reviewer** |  |
| **Reviewer Opinion** |  |
| **Operating Department(s) Review** | |
| **Date of Review** |  |
| **Reviewer** |  |
| **Reviewer Opinion** |  |

|  |  |
| --- | --- |
| **Form Completed by** |  |
| **Date** |  |