Vendor Name SOC Review

|  |  |
| --- | --- |
| Service Organization Name |  |
| System or Function Covered |  |
| Report Type |  |
| Period Covered |  |
| Auditor |  |
| Report Date |  |
| Opinion |  |
| Locations |  |
| Subservice Organizations |  |
| Controls |  |
| End User Controls |  |
| Bridge Letter |  |
|  |  |
| Overall Comments: |  |

Control Objectives:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Objective | Exceptions  Yes/No | Comments (exception impact, management response and/or subsequent action) |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |