

HITRUST CSF® Assessor Quality Checklist for r2 Assessments

No.	Procedure	Signoff (Initials)	
		Engagement Executive	QA Reviewer
1	Test plan is documented consistent with HITRUST Assurance Program Requirements		
2	All workpapers have been reviewed by appropriate team members and contain the required information as documented in the HITRUST CSF Assurance Program Requirements.		
3	Testing exceptions were appropriately documented in MyCSF's assessor comment fields and reflected in the scoring.		
4	All testing was performed within 90 days of submission date.		
5	All items tested had been approved and/or implemented for 90 days prior to being tested.		
6	At least 50% of the validation and 100% of QA work was performed by HITRUST CCSFPs who are current on their certifications.		
7	Appropriate sampling guidance was followed when HITRUST Illustrative Procedures suggest testing a sample to validate the operation of a control requirement.		
8	If the client has chosen to include subscriber comments in the report, the subscriber comments have been reviewed and determined to be appropriate for inclusion in the final report.		
9	Where reliance was placed on testing performed by a third party, the timing of when the tests were performed was considered per the HITRUST CSF Assurance Program Requirements.		
10	The timesheet accurately reflects the hours spent performing scoring validation.		
11	The QA Reviewer has reviewed and approved the scoring and HITRUST CSF Assessor commenting entered in MyCSF.		
12	N/A scoring and associated comments entered in MyCSF are appropriate based upon the scope and risk factors of the engagement.		
13	Resources performing the HITRUST validated assessment procedures were not involved in operating the controls that were tested and validated.		

I have performed the above procedures where indicated by my initials and in compliance with the HITRUST CSF Assurance Program requirements.

Signature of Engagement Executive

Signature of QA Reviewer