

# Appendix Materials - Nov. 2017 Board Meeting

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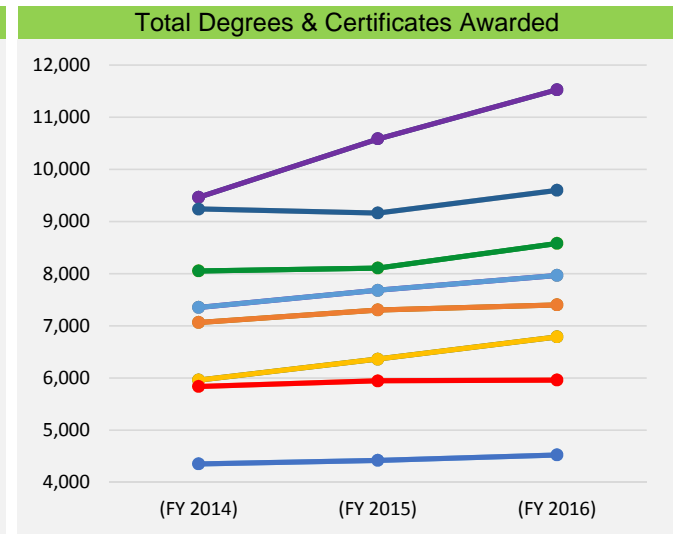
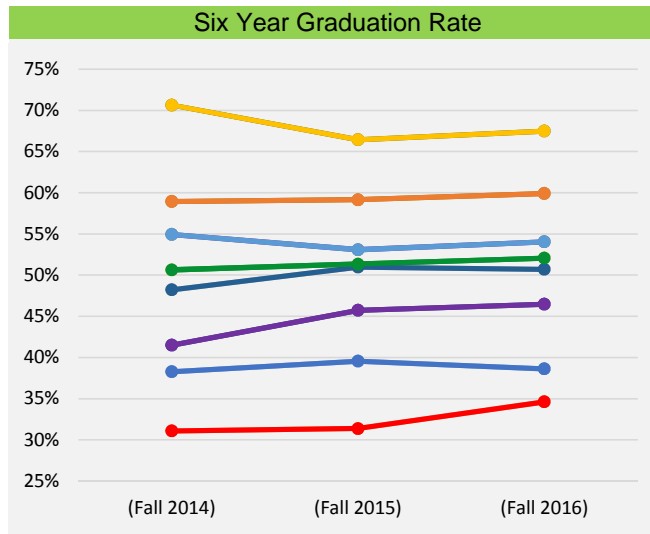
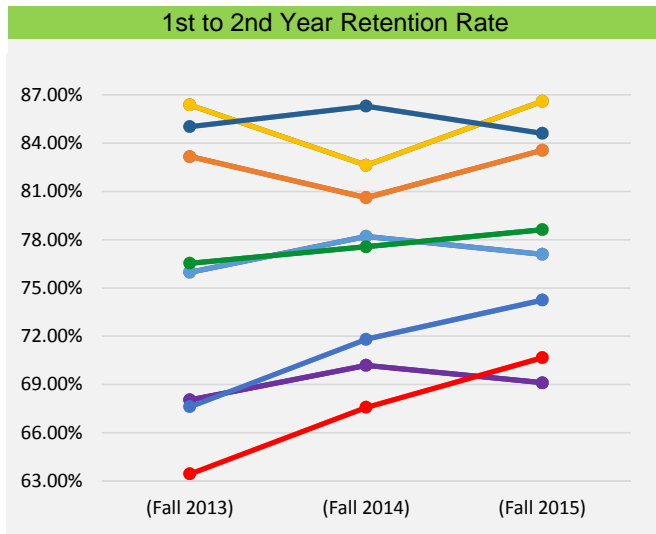
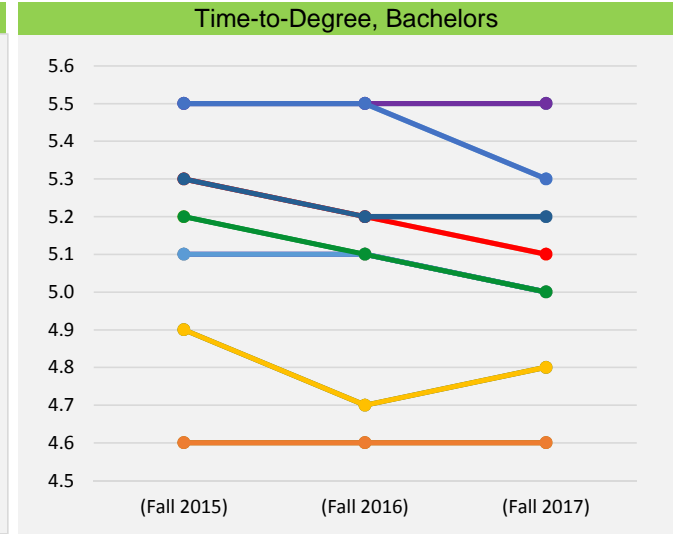
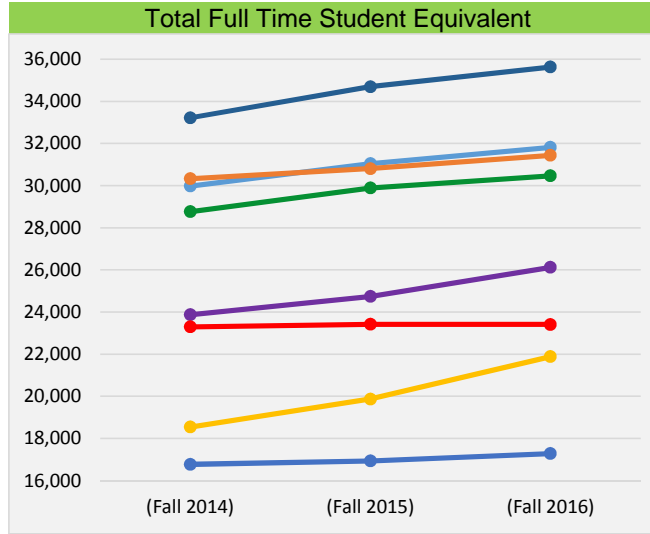
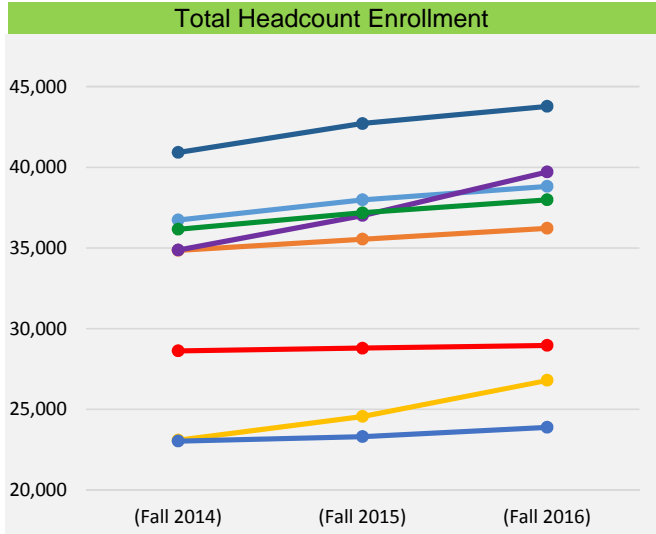
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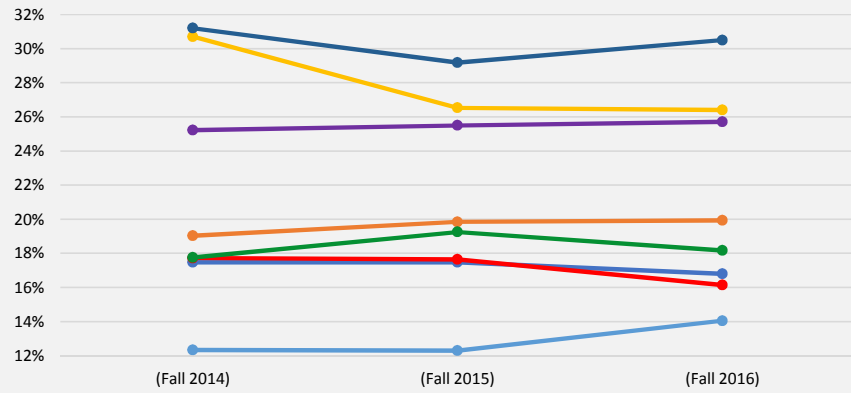
# Student Access & Success Metrics



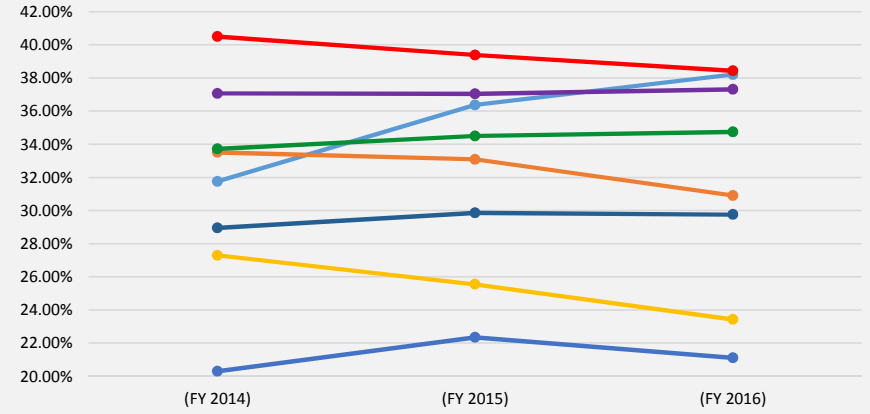
- Texas State University
- Texas Tech University
- The University of Texas at Arlington
- The University of Texas at Dallas
- The University of Texas at El Paso
- The University of Texas at San Antonio
- University of Houston
- University of North Texas

# Academic Quality Metrics

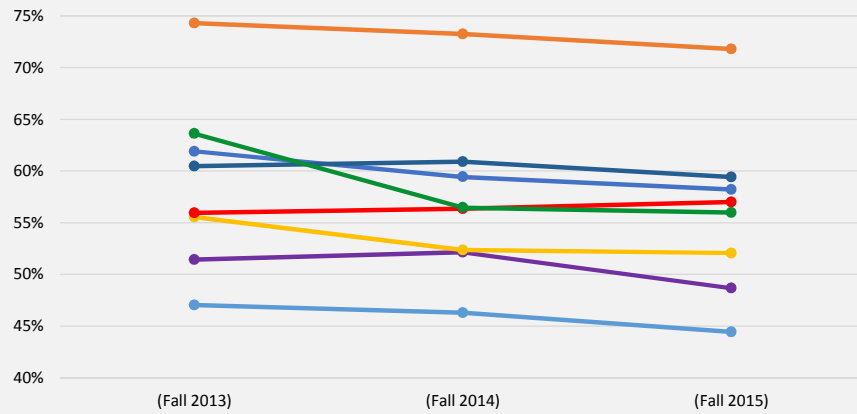
First Time Students in Top 10% of High School Class



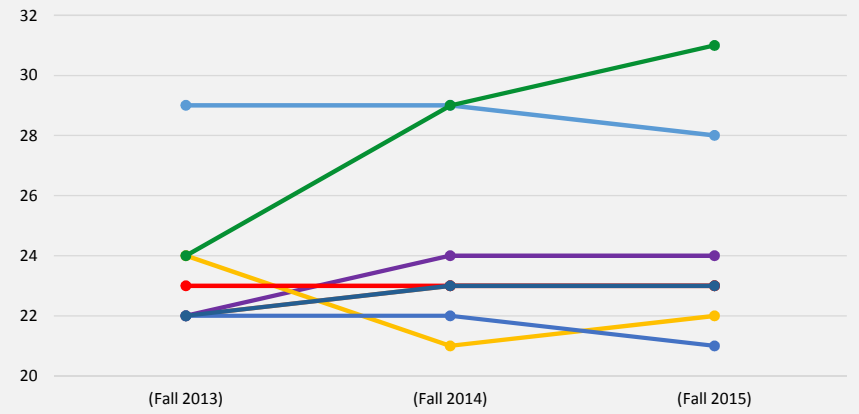
First Time Students in Top 11-25% of High School Class



Percentage FTE Teaching Faculty Who Are Tenured/Tenure Track

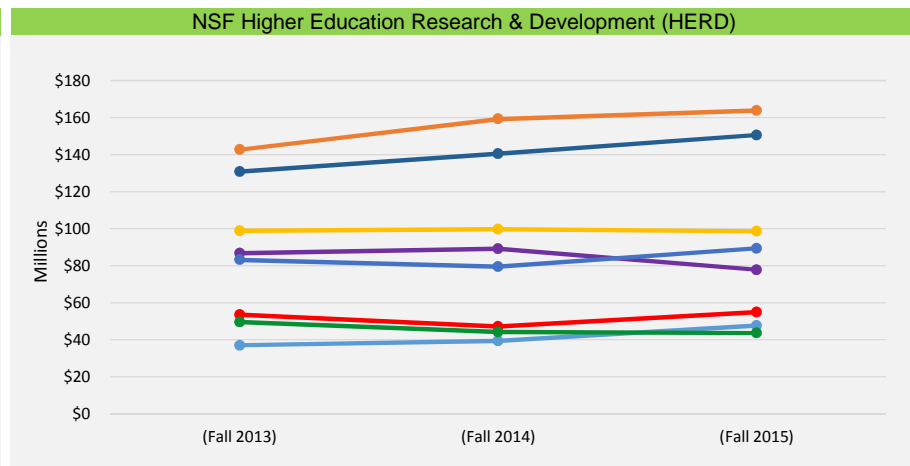
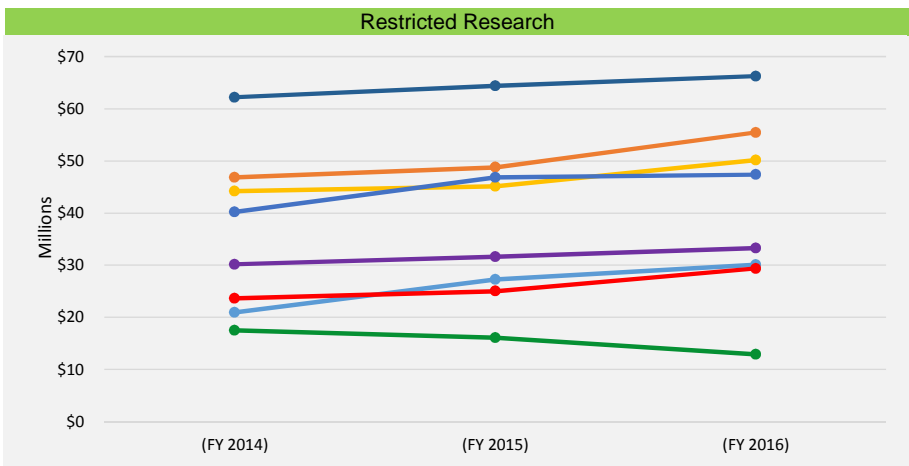
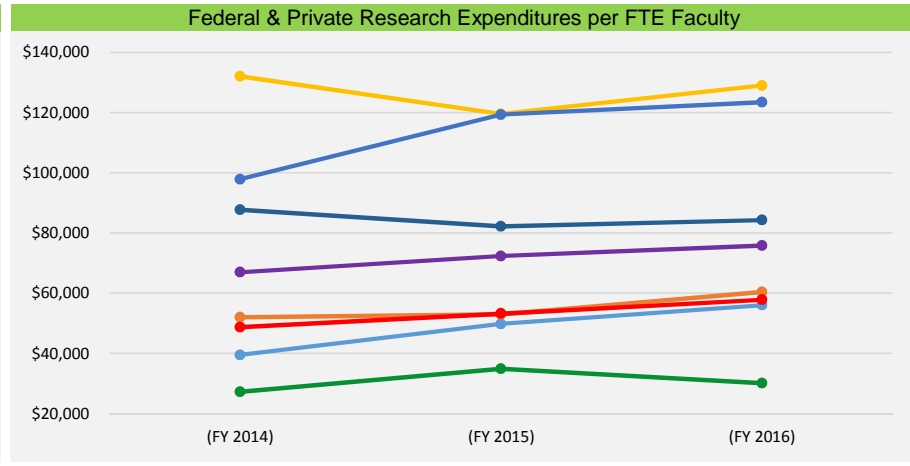
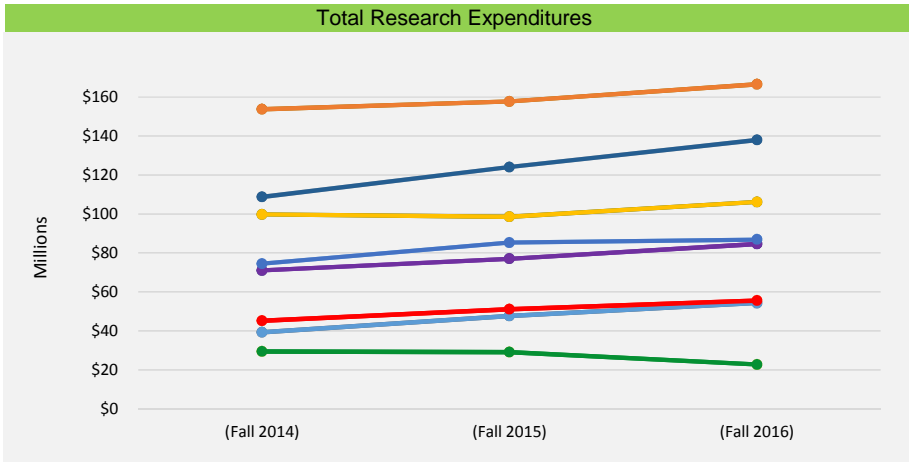


Full Time Student Equivalent per Full Time Faculty Equivalent



- Texas State University
- Texas Tech University
- The University of Texas at Arlington
- The University of Texas at Dallas
- The University of Texas at El Paso
- The University of Texas at San Antonio
- University of Houston
- University of North Texas

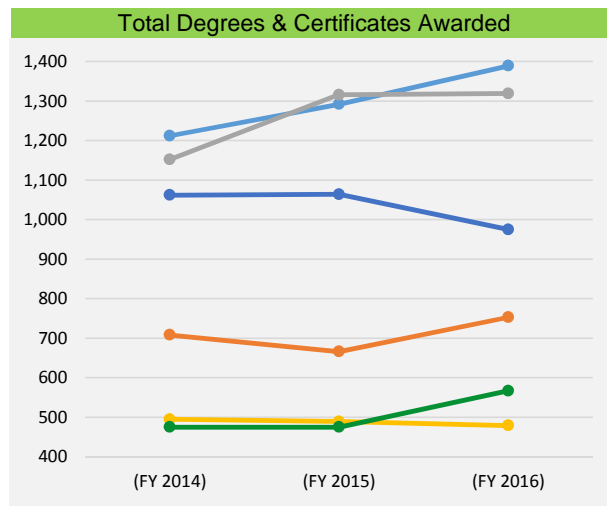
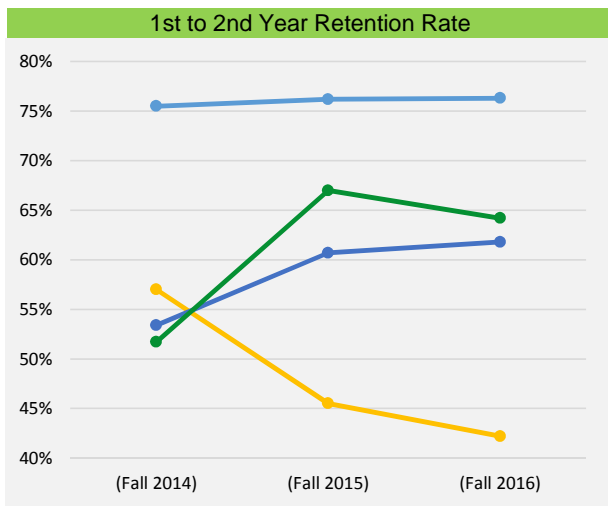
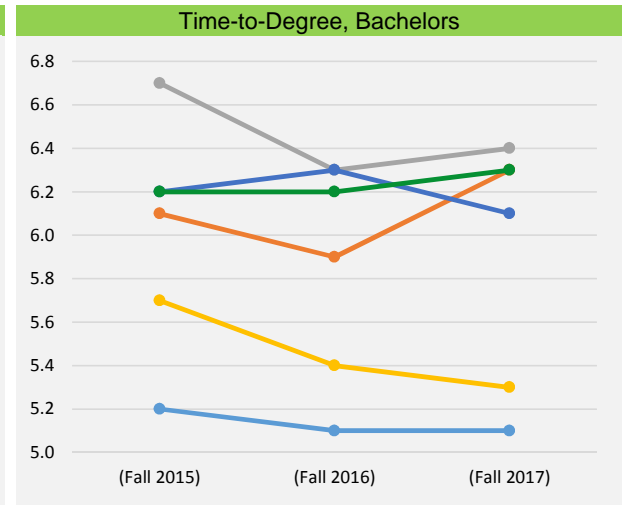
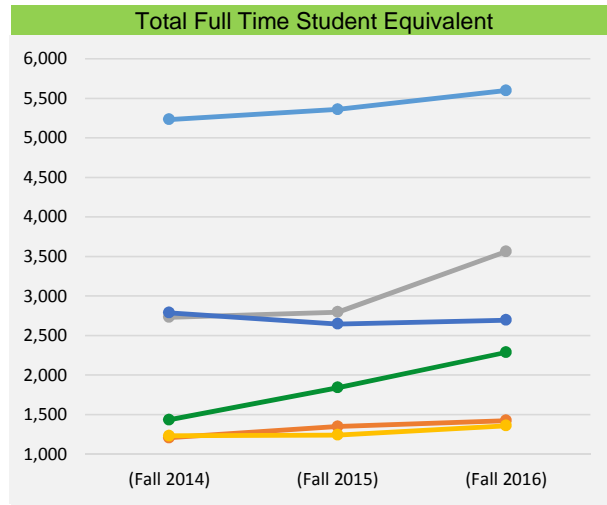
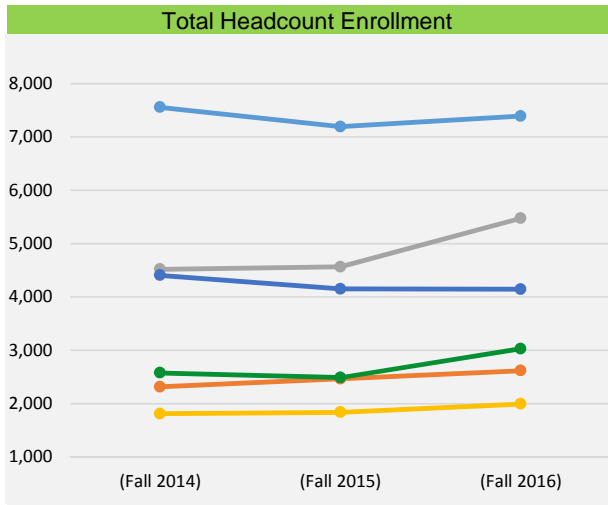
# Research Metrics



- Texas State University
- Texas Tech University
- The University of Texas at Arlington
- The University of Texas at Dallas
- The University of Texas at El Paso
- The University of Texas at San Antonio
- University of Houston
- University of North Texas

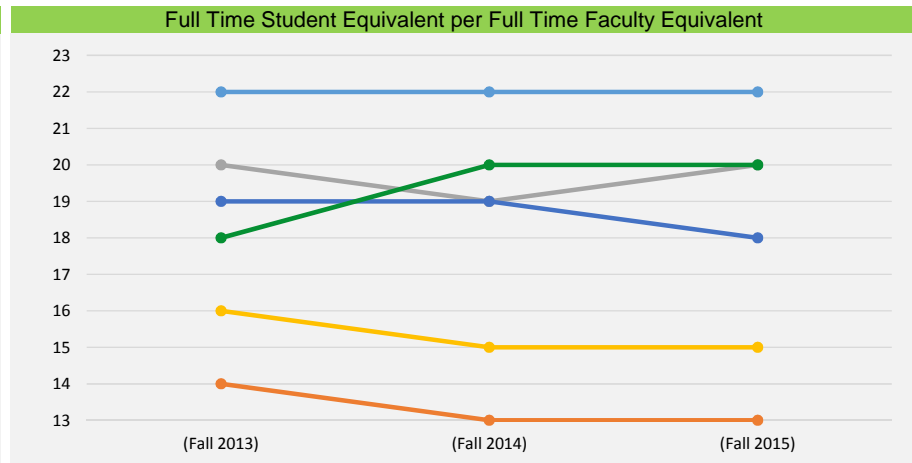
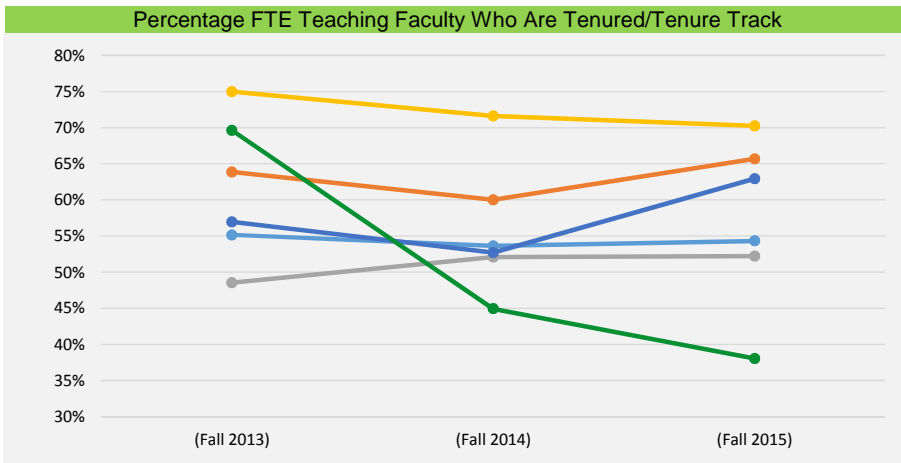
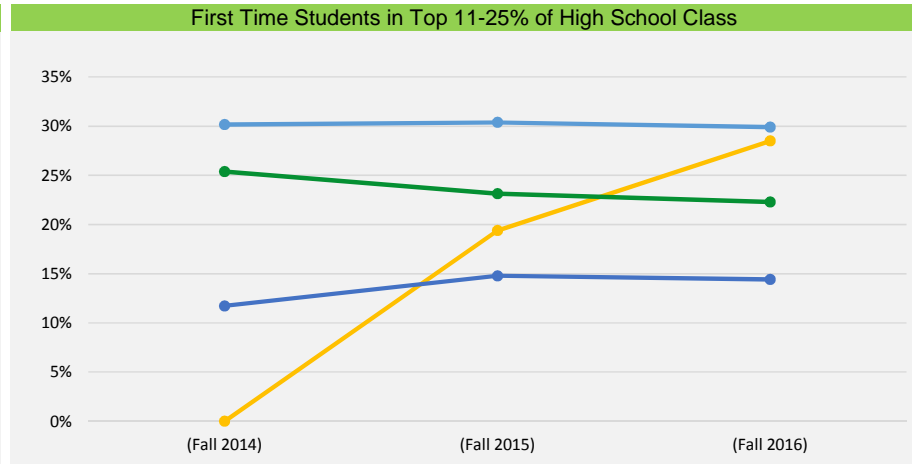
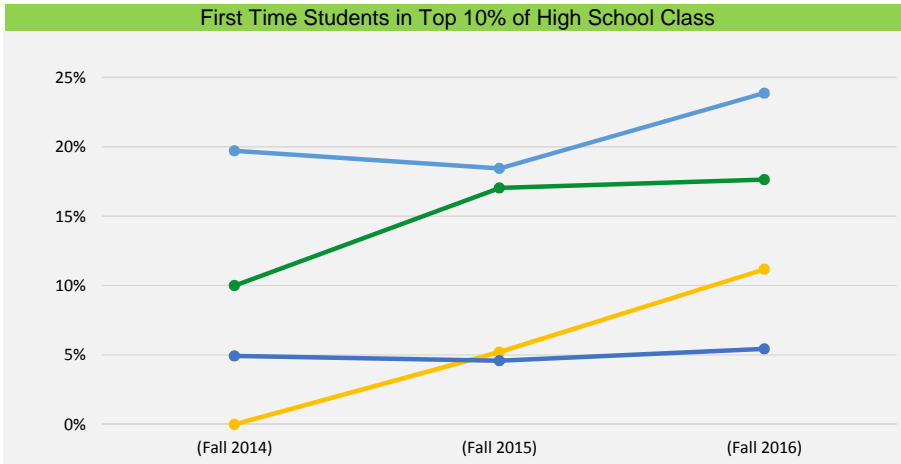


# Student Access & Success Metrics



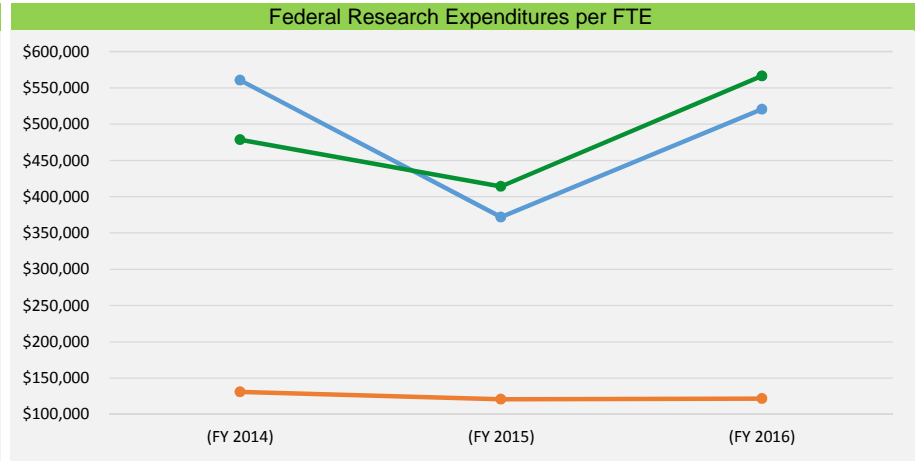
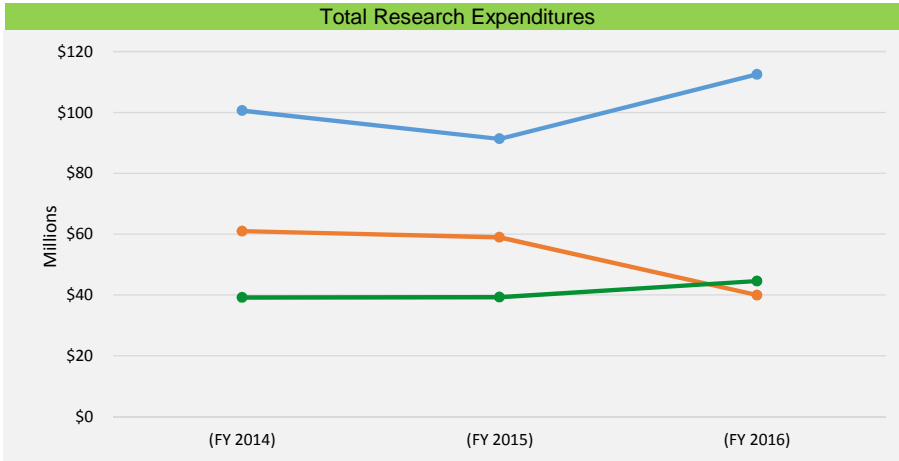
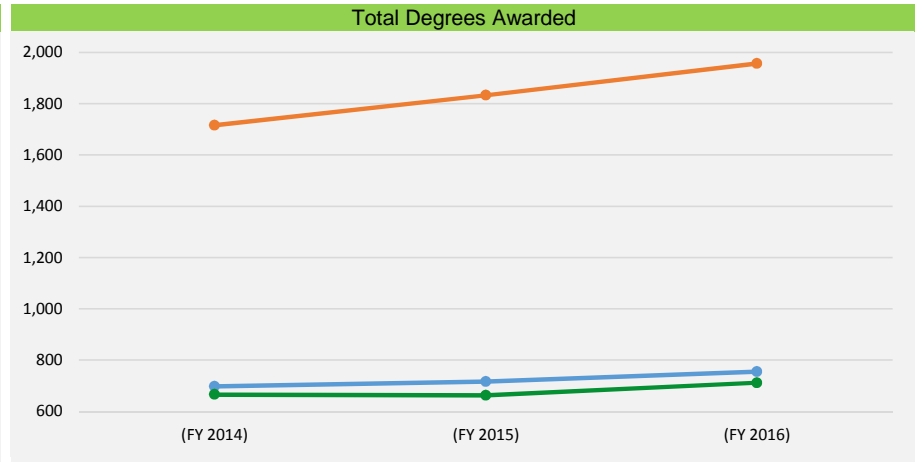
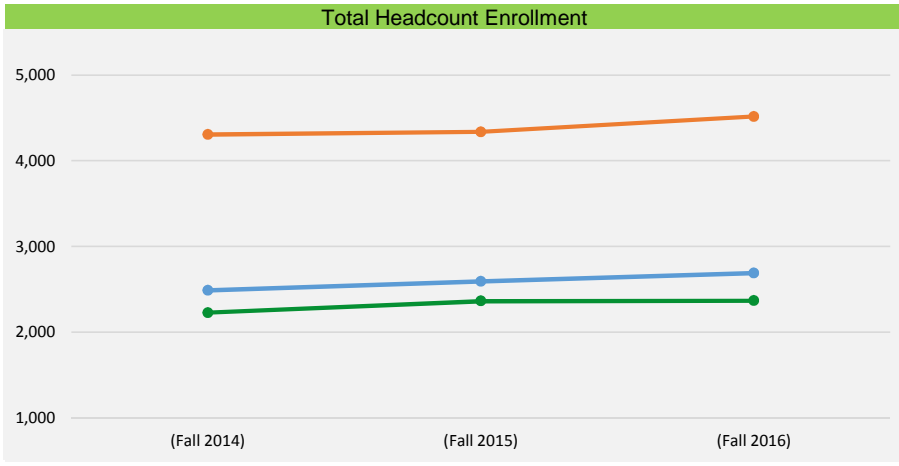
- Texas A&M International University
- Texas A&M University-Central Texas
- Texas A&M University-San Antonio
- Texas A&M University-Texarkana
- University of Houston-Victoria
- University of North Texas at Dallas

# Academic Quality Metrics



- Texas A&M International University
- Texas A&M University-Central Texas
- Texas A&M University-San Antonio
- Texas A&M University-Texarkana
- University of Houston-Victoria
- University of North Texas at Dallas

# Student Success and Research Metrics



● Texas A&M Health Science Center 
 ● Texas Tech University Health Sciences Center 
 ● University of North Texas Health Science Center

## UNT SYSTEM ACADEMIC METRIC DEFINITIONS

### Academic Quality:

#### **First Time Students in Top 10% of High School Class**

Definition: Percent of first-time undergraduates entering summer/fall class who ranked in the top 10 percent of their Texas public high school classes.

Source: THECB Accountability System

#### **First Time Students in Top 11-25% of High School Class**

Definition: Percent of first-time undergraduates entering summer/fall class who ranked in the top 11-25 percent of their Texas public high school classes.

Source: THECB Accountability System

#### **Percentage FTE Teaching Faculty Who Are Tenured/Tenure Track**

Definition: Percent of all FTE faculty with teaching responsibility who are tenured or tenure-track. Faculty of all FTE faculty, rank codes 1 through 5, with teaching responsibility (appointment codes 01 and 02 and are reported during the fall semester as the teacher of record on the CBM004) who are tenured or tenure-track. Teaching assistants are not included, to match LBB measure.

Source: THECB Accountability System

#### **Full Time Student Equivalent per Full Time Faculty Equivalent**

Definition: Full-time student equivalents (FTSE) divided by full-time equivalent (FTE) faculty. Undergraduate full-time-student-equivalents (FTSE's) are calculated on 15 semester credit hours; master's, pharmacy, law, and other special profession FTSEs are calculated on 12 semester credit hours; optometry is calculated on 17 semester credit hours; and doctoral FTSEs are calculated on 9 semester credit hours. All semester credit hours, not just state-funded hours, are included. FTE (full-time equivalent) faculty are instructional faculty with rank codes 1-5 and appointment codes 01 and 02. Faculty must be teaching a course reported on the CBM004. Only the percent time in appointment codes 01 and 02 are counted. Faculty members without a salary are included. Teaching assistants are not included to match LBB measure.

Source: THECB Accountability System

## UNT SYSTEM ACADEMIC METRIC DEFINITIONS

### Student Access & Success

#### **Total Headcount Enrollment**

Definition: Unduplicated fall enrollment. Dual credit students are included in the total; flex entry students are not.

Source: THECB Accountability System

#### **Total Full Time Student Equivalent**

Definition: Fall semester credit hours (SCH), includes (funded and non-state-funded) calculated by dividing undergraduate/15, master's/12, doctoral/9, special-professional/12, and optometry/17.

Source: THECB Accountability System

#### **Time-to-Degree, Bachelors**

Definition: Average time in years spent to earn bachelor's degree.

Source: THECB Higher Education Almanac

#### **First to Second Year Retention Rate**

Definition: Percent of first-time entering, degree-seeking undergraduates enrolled in at least 12 SCH in the fall semester who are still enrolled at the same institution the following fall. All public and independent institutions are included in the persistence rate.

This metric includes Social Security Number (SSN) changes submitted on the CBM00N.

Source: THECB Accountability System

#### **Six Year Graduation Rate**

Definition: First-time, full-time entering degree-seeking students who enrolled in a minimum of 12 SCH their first fall semester who graduated from the same institution after six academic years. This metric includes Social Security Number (SSN) changes submitted on the CBM00N. First-time determined by the "first-time student flag" on CBM001.

Source: THECB Accountability System

#### **Total Degrees & Certificates Awarded**

Definition: Number of degrees and certificates awarded, not including graduate certificates.

Source: THECB Accountability System

## UNT SYSTEM ACADEMIC METRIC DEFINITIONS

### Research:

#### **Total Research Expenditures**

Definition: Total research expenditures, including all subcategories of sources of funds (federal, state, private, and institutional). Restricted research expenditures are a subset of total research expenditures. To qualify as research, the primary purpose of the contract, gift, or grant must be research.

Source: THECB Accountability System

#### **Restricted Research Expenditures**

Definition: Restricted research expenditures are a subset of total research expenditures. They are expenditures of funds on which an external entity (such as government agencies, philanthropic organizations, or individuals) has placed limitations and for which the use of the funds qualifies as research and development. To qualify as research, the primary purpose of the contract, gift, or grant must be research. The Coordinating Board collects restricted research expenditures for formula distribution or Research Development Funds (RDF) and as criterion for the National Research Universities Fund (NRUF). The collection of restricted research expenditures includes a public procedure assuring transparency and commonality between institutions. The definition of restricted research expenditures is more narrowly defined than restricted research expenditures that are listed in institutions' Annual Financial Reports (AFRs). Accountability system estimates for restricted research expenditures for institutions that are not participating in RDF or NRUF (e.g. Texas A&M University, The University of Texas at Austin, and health-related institutions) are research expenditures minus state appropriated funds, institutional funds, and indirect cost. Estimated restricted research expenditures and data from institutions AFR must not be compared directly with restricted research expenditures collected for RDF and NRUF.

Source: THECB Accountability System

#### **Federal and Private Research Expenditures per FTE Faculty**

Definition: Federal and private research expenditures divided by the number of fall tenured/tenure-track full-time-equivalent faculty (ranks 1-5) with teaching responsibilities (01 and 02).

Source: THECB Accountability System



# EXHIBIT A



# PSA High School Transcript Evaluation



NAME: \_\_\_\_\_ SPORT: \_\_\_\_\_

Eligibility Center No.: \_\_\_\_\_ High School: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Evaluation Date: \_\_\_\_\_

| ENGLISH |       |          |            |                | 4 UNITS REQUIRED |
|---------|-------|----------|------------|----------------|------------------|
|         | Grade | Gr. Pts. | Core Units | Quality Points |                  |
| 1       |       | 0        | 0.00       | 0              |                  |
| 2       |       | 0        | 0.00       | 0              |                  |
| 3       |       | 0        | 0.00       | 0              |                  |
| 4       |       | 0        | 0.00       | 0              |                  |
| 5       |       | 0        | 0.00       | 0              |                  |
| 6       |       | 0        | 0.00       | 0              |                  |
| 7       |       | 0        | 0.00       | 0              |                  |
| 8       |       | 0        | 0.00       | 0              |                  |
|         |       |          |            | 0.0            | 0                |

## CORE GPA - CORE UNITS

Core GPA based on 16 core units: #DIV/0! ←  
 Minimum SAT score with current GPA: #DIV/0!  
 Minimum ACT Sum with current GPA: #DIV/0!

Units completed toward 16 required: 0.0

| SOCIAL SCIENCE |       |          |            |                | 2 UNITS REQUIRED |
|----------------|-------|----------|------------|----------------|------------------|
|                | Grade | Gr. Pts. | Core Units | Quality Points |                  |
| 1              |       | 0        | 0.00       | 0              |                  |
| 2              |       | 0        | 0.00       | 0              |                  |
| 3              |       | 0        | 0.00       | 0              |                  |
| 4              |       | 0        | 0.00       | 0              |                  |
|                |       |          |            | 0.0            | 0                |

## ELIGIBILITY NOTES

| MATH |       |          |            |                | 3 UNITS REQUIRED |
|------|-------|----------|------------|----------------|------------------|
|      | Grade | Gr. Pts. | Core Units | Quality Points |                  |
| 1    |       | 0        | 0.00       | 0              |                  |
| 2    |       | 0        | 0.00       | 0              |                  |
| 3    |       | 0        | 0.00       | 0              |                  |
| 4    |       | 0        | 0.00       | 0              |                  |
| 5    |       | 0        | 0.00       | 0              |                  |
| 6    |       | 0        | 0.00       | 0              |                  |
|      |       |          |            | 0.0            | 0                |

## TEST SCORES

| ACT sub scores & test date | Date Taken                   |
|----------------------------|------------------------------|
| - English                  |                              |
| - Math                     |                              |
| - Reading                  |                              |
| - Science Reasoning        |                              |
| 0                          | - ACT total                  |
| #N/A                       | - Minimum GPA with ACT score |

| SAT scores & test date | Date Taken                   |
|------------------------|------------------------------|
| - Critical Reading     |                              |
| - Math                 |                              |
| 0                      | - SAT total                  |
| #N/A                   | - Minimum GPA with SAT score |

| NATURAL SCIENCE |       |          |            |                | 2 UNITS REQUIRED |
|-----------------|-------|----------|------------|----------------|------------------|
|                 | Grade | Gr. Pts. | Core Units | Quality Points |                  |
| 1               |       | 0        | 0.00       | 0              |                  |
| 2               |       | 0        | 0.00       | 0              |                  |
| 3               |       | 0        | 0.00       | 0              |                  |
| 4               |       | 0        | 0.00       | 0              |                  |
|                 |       |          |            | 0.0            | 0                |

| Additional English-Math-Natural Science |       |          |            |                | 1 UNIT REQUIRED |
|---|-------|----------|------------|----------------|-----------------|
|   | Grade | Gr. Pts. | Core Units | Quality Points |                 |
| 1                                       |       | 0        | 0.00       | 0              |                 |
| 2                                       |       | 0        | 0.00       | 0              |                 |
|   |       |          |            | 0.0            | 0               |

## CORE COURSES NOT USED

| Course | Grade | Units |
|--------|-------|-------|
|        |       |       |
|        |       |       |
|        |       |       |
|        |       |       |
|        |       |       |
|        |       |       |
|        |       |       |

| ADDITIONAL CORE |       |          |            |                | 4 UNITS REQUIRED |
|-----------------|-------|----------|------------|----------------|------------------|
|                 | Grade | Gr. Pts. | Core Units | Quality Points |                  |
| 1               |       | 0        | 0.00       | 0              |                  |
| 2               |       | 0        | 0.00       | 0              |                  |
| 3               |       | 0        | 0.00       | 0              |                  |
| 4               |       | 0        | 0.00       | 0              |                  |
| 5               |       | 0        | 0.00       | 0              |                  |
| 6               |       | 0        | 0.00       | 0              |                  |
| 7               |       | 0        | 0.00       | 0              |                  |
| 8               |       | 0        | 0.00       | 0              |                  |
|                 |       |          |            | 0.0            | 0                |



## **Mean Green Athletic Eligibility & Participation Contract**

To qualify to participate or for renewal of an athletic scholarship (if applicable) compliance with academic, athletic, and financial aid requirements is mandatory.

The following areas will be included in the scope of this contract:

### **Academics**

1. Daily punctual class attendance.
2. Punctual study hall attendance as required.
3. Prior approval from athletic academic adviser for class schedule (including adding and dropping a class during the semester).
4. Maintain earned degree credit hours and GPA to satisfy NCAA, Big West Conference, and the University requirements.
5. Honor roll grades may be released for publication.

### **Athletics**

1. Punctuality & Attendance for meetings with coaches.
2. Punctuality & Attendance for practice and off-season training sessions.
3. Punctuality & Attendance for rehabilitation as required for injury.

### **Financial Aid**

1. Appropriate financial aid papers to be completed (when applicable) no later than July 1st annually.
2. Quitting the team whether for voluntary, disciplinary, or compliance reasons, may result in immediate termination of athletic aid, off-campus housing checks or stipends.

### **Personal Conduct**

1. As a personal representative of the UNT Mean Green Department of Intercollegiate Athletics, the student/student-athlete must abide by a code of conduct that projects a positive image on behalf of the team represented.

I have read the requirements, fully understand what is expected of me, and I agree to abide by the guidelines. I also understand that failure to comply could jeopardize my opportunity to participate, or renewal of my athletic scholarship (if applicable). I may appeal decisions affecting my scholarship through the Scholarship Office.

\_\_\_\_\_  
print name

\_\_\_\_\_  
date

\_\_\_\_\_  
signature

\_\_\_\_\_  
sport



MEAN GREEN ATHLETIC COMPLIANCE OFFICE

# On-Campus Evaluation Approval Form

## Prospective Student-Athlete (PSA) Information

Name: \_\_\_\_\_ Tryout date: \_\_\_\_\_ Start/end time: \_\_\_\_\_

Check one of the following and answer the subsequent questions:

\_\_\_ A) The prospective student-athlete is a *high school or preparatory senior*, and the evaluation is occurring after the conclusion of the prospect's season and has exhausted his high school or preparatory eligibility in basketball.

Years of eligibility used: \_\_\_\_\_ Date of final competition: \_\_\_\_\_

\_\_\_ B) The prospective student-athlete is a *two-year college student-athlete*, and the evaluation is occurring after the conclusion of the prospect's season and has exhausted his/her two-year college eligibility in basketball.

Years of eligibility used: \_\_\_\_\_ Date of final competition: \_\_\_\_\_

\_\_\_ C) The prospective student-athlete is a *four-year college student-athlete*, and the evaluation is occurring after the conclusion of the prospect's season.

Date of final competition: \_\_\_\_\_

## Athletic Training Approval

Has the above mentioned prospective student-athlete and/or coaching staff completed and submitted the following:

- 1. On-Campus Evaluation Approval Form?      \_\_\_ Yes \_\_\_ No
- 2. Assumption of Risk and Hold Harmless Agreement?      \_\_\_ Yes \_\_\_ No
- 3. Proof of a medical examination within six (6) months before the on-campus evaluation taking place or within six (6) months before the prospective student-athlete's initial participation in practice, competition, or out-of-season conditioning activities during his immediately completed season?      \_\_\_ Yes \_\_\_ No
- 4. Proof of a Sickle Cell Solubility Test (or Waiver)?      \_\_\_ Yes \_\_\_ No
- 5. Proof of Medical Insurance?      \_\_\_ Yes \_\_\_ No

*By signing below, I certify that the above mentioned prospective student-athlete has been clear for an on-campus evaluation.*

\_\_\_\_\_  
Athletic Training Signature

\_\_\_\_\_  
Date

## Compliance Office Certification

Official Visit Approved \_\_\_      PSA Schedule \_\_\_      PSA's last date of competition: \_\_\_\_\_

*By signing below, I certify that the above mentioned prospective student-athlete has been cleared for an on-campus evaluation.*

\_\_\_\_\_  
Compliance Office Signature

\_\_\_\_\_  
Date



## NCAA Eligibility Center Checklist



Name \_\_\_\_\_

NCAA ID \_\_\_\_\_

High-School \_\_\_\_\_

Sport \_\_\_\_\_

### Amateurism Certification

Yes \_\_\_\_\_ No \_\_\_\_\_ Completed Preliminary Amateurism Questionnaire

Yes \_\_\_\_\_ No \_\_\_\_\_ Completed Final Amateurism Certification

\_\_\_\_\_ April 1<sup>st</sup> for Fall semester enrollees

\_\_\_\_\_ October 1<sup>st</sup> for Spring semester enrollees

### Academic Certification

Yes \_\_\_\_\_ No \_\_\_\_\_ Official High-School Transcript (from every high school attended)

Yes \_\_\_\_\_ No \_\_\_\_\_ Official Final High-School Transcript with Proof of Graduation

SAT \_\_\_\_\_ ACT \_\_\_\_\_ Official Test Scores (use code **9999** on the day of the test)

### NCAA Eligibility Center Mailing Addresses

#### For Transcripts sent via Regular Postal Mail

NCAA Eligibility Center  
Certification Processing  
P.O. Box 7136  
Indianapolis, IN. 46207-7136

#### For Transcripts sent Overnight/Express Mail

NCAA Eligibility Center  
Certification Processing  
1802 Alonzo Watford Sr. Drive  
Indianapolis, IN. 46202

### NCAA Eligibility Center Toll-Free Phone Number for Prospects and Parents

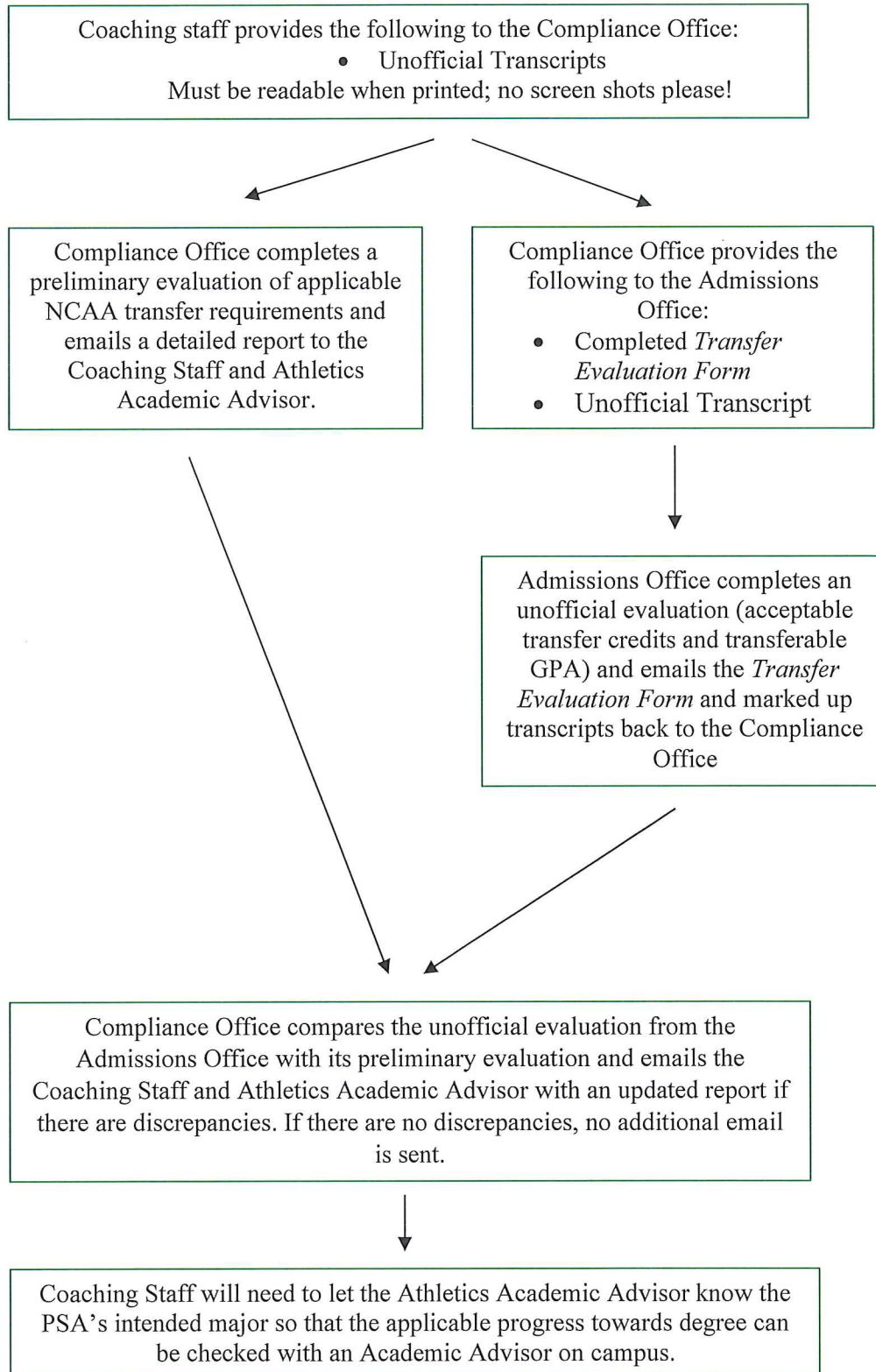
1-877-262-1492

Monday-Friday 10:00 a.m.-5:00 p.m. eastern time.





## TRANSFER ACADEMIC EVALUATIONS



Once a student-athlete has been admitted to UNT, the Registrar's Office will make the final determination regarding a student-athlete's academic eligibility, taking into account all NCAA transfer requirements including proof of degree.



Unofficial Admission/Transfer Evaluation



Step 1: To be completed by Recruiting Coach. Completed form with transcripts sent to Athletic Compliance Office.

Coach's Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Sport: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of High School: \_\_\_\_\_ HS Graduation Date: \_\_\_\_\_

Eligibility Center Number: \_\_\_\_\_

Type of transfer:  2-4  4-2-4  4-4 First Full Time Collegiate Enrollment: \_\_\_\_\_

Collegiate Enrollment History\*:

| SCHOOL | TYPE (2 or 4) | LOCATION | TERMS OF ATTENDANCE |
|--------|---------------|----------|---------------------|
|        |               |          |                     |
|        |               |          |                     |
|        |               |          |                     |

\* For every institution attended, we will need a copy of that particular transcript (unofficial transcripts accepted)

If the prospective student-athlete is at a Junior/Community College (2-Yr), will he/she graduate from this college (circle answer)? Yes No

If yes, please indicate the term of graduation or the expected term of graduation (e.g., Spring 2015): \_\_\_\_\_

Expected University of North Texas Term of Entry:  Fall  Spring  Summer Year: \_\_\_\_\_

Step 2: To be completed by Admissions Office upon review of All Transcripts from All Schools Attended.

Transfer GPA: \_\_\_\_\_ GPA needed for Admissions \_\_\_\_\_ Transcripts \_\_\_\_\_  
 Attempted \_\_\_\_\_  
 Earned \_\_\_\_\_  
 Grade Points \_\_\_\_\_  
 \_\_\_\_\_ Trsf GPA through \_\_\_\_\_ Semester \_\_\_\_\_  
 \_\_\_\_\_ Grd Pt Deficiency \_\_\_\_\_  
 \_\_\_\_\_ Originals \_\_\_\_\_  
 \_\_\_\_\_ Fax/Email Copies \_\_\_\_\_

Transfer Credit Hour Requirements:  
 English (6 hours)  Yes  No  N/A \_\_\_\_\_  
 Math (3 hours)  Yes  No  N/A \_\_\_\_\_  
 Science (3 hours)  Yes  No  N/A \_\_\_\_\_

Recommendations and/or Notes:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Admissions Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\* This evaluation is strictly **unofficial** and does not imply acceptance to UNT unless otherwise stated. In order to be considered for admission, the student needs to submit an application, the application fee, official transcripts from ALL colleges or universities attended, a high school transcript and SAT/ACT scores, if applicable. The student is also subject to admission standards as listed in the current UNT catalog.

-----  
**For Athletic Use Only**  
 -----

Prospect Name: \_\_\_\_\_  
 Sport: \_\_\_\_\_ Transfer: 2-Year \_\_\_\_\_ 4-Year \_\_\_\_\_ 4-2-4 \_\_\_\_\_

Semester/Year of initial full-time enrollment anywhere: \_\_\_\_\_

EC Status: Qualifier \_\_\_\_\_ Non-Qualifier \_\_\_\_\_ Not Registered \_\_\_\_\_ EC # \_\_\_\_\_  
 Certified \_\_\_\_\_ Non-Certified \_\_\_\_\_

\*If a 2-Yr transfer and in first year and a Non-Qualifier, then no In-person contact may be made

**Progress Towards Degree Transfer Requirements NCAA Bylaw 14.4**

Passed 6 hrs during Previous Semester of Full-Time Enrollment ? Yes \_\_\_\_\_ No \_\_\_\_\_  
 \* SA's from non-domestic institutions are not required to fulfill this requirement

|  |  |            |                             |
|--|--|------------|-----------------------------|
| <b>Enrolled Full-Time Semesters:</b><br>1 Semester = 6 Hours<br>2 Semesters = 24 Hours<br>3 Semesters = 30 Hours<br>4 or More Semesters = 6 Hours in Prev. FT Semester | <b>Degree Completion Needed before entering UNT:</b> |            |                             |
|  | 40% _____  | 80% _____  | Approx Hrs<br>Needed<br>N/A |
|  | 60% _____  | None _____ |                             |
|  | _____  |            |                             |

**2-Year Transfer**

Full-Time Semesters: 1-2 Semesters (Q): \_\_\_\_\_ 3 or More (N): \_\_\_\_\_  
 2.5 GPA: Yes \_\_\_\_\_ No \_\_\_\_\_ AA Degree (N): Yes \_\_\_\_\_ No \_\_\_\_\_  
 Averaged 12 Hours (Q): Yes \_\_\_\_\_ No \_\_\_\_\_ 48 Hours (N): Yes \_\_\_\_\_ No \_\_\_\_\_  
 Has PSA earned atleast 25% of AA Degree at the awarding institution? Yes \_\_\_\_\_ No \_\_\_\_\_

**4-Year Transfer**

Full-Time Semesters: 1 Semester (Q): \_\_\_\_\_ 2 or More (N): \_\_\_\_\_  
 Release on File: Yes \_\_\_\_\_ No \_\_\_\_\_ Exception Used: \_\_\_\_\_

**4-2-4 Transfers**

Average 12 Hours @ 2-Yr: Yes \_\_\_\_\_ No \_\_\_\_\_ AA Degree: Yes \_\_\_\_\_ No \_\_\_\_\_  
 1 Calendar Year Elapsed: Yes \_\_\_\_\_ No \_\_\_\_\_ 2.5 GPA: Yes \_\_\_\_\_ No \_\_\_\_\_  
 \* At the 2-Yr institution  
 Exception Used: \_\_\_\_\_  
 Has PSA earned atleast 25% of AA Degree at the awarding institution? Yes \_\_\_\_\_ No \_\_\_\_\_

Registrars Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Compliance Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# EXHIBIT B



UNIVERSITY OF NORTH TEXAS  
Official Visit  
Procedures



NCAA Bylaw: 13.6 Official (Paid) Visit. This bylaw outlines the rules and regulations regarding a prospective student-athlete taking an Official (Paid) Visit to The University of North Texas. The issues of transportation, length of the visit, academic requirements, and entertainment, as well as others are covered in depth in this legislation.

**Forms Used for Documentation:**

1. Official Visit Approval Form
2. Student-Athlete Host Instructions/Signature Page
3. Transfer Evaluation Form
4. Unofficial Transcript Evaluation

**Individuals and Departments Involved:**

1. Head Coach/Coaching Staff
2. Compliance Office
3. Prospective Student-Athlete
4. Student-Athlete Host
5. Athletic Business Office
6. Athletic Academic Advisor
7. Admissions Office (transfers only)

**Procedure:**

1. The coach sets up the preliminary arrangements for the Official Visit with the prospective student-athlete, ensuring that the visit will occur during a permissible recruiting time period.
2. For a high-school prospect, the coach needs to obtain a high-school transcript and test scores. These can be unofficial copies. For a transfer student, the coach needs to obtain transcripts from all schools attended. These can be unofficial copies.
3. The coach obtains and completes the *Official Visit Approval Form* and submits it along with transcripts and the test scores, as described above in step 2, to the Compliance Office no later than four (4) business days prior to the scheduled Official Visit.
4. The Compliance Office will add the prospect to the NCAA Eligibility Center Institutional Request List.
5. For a high school prospect, the Compliance Office will make a copy of the transcripts and test scores for its files and forward these materials to the appropriate Athletics Academic Advisor for an unofficial evaluation.
6. For transfer student-athletes, the Compliance Office will complete the *Transfer Evaluation Form* and forward this form along with transcripts to the Admissions Office for an unofficial evaluation.
7. After receiving approval, the coach will finalize travel plans for the prospective student-athlete.
8. The coach will provide the *Student-Athlete Host Instructions* and *Student-Athlete Host Signature Page* to the current student-athlete who will be hosting the prospect during the Official Visit. The *Student-Athlete Host Signature Page* must be signed by the host and the prospect and returned to the coach following the Official Visit.
9. After the Official Visit, the coach will submit all required receipts and paperwork to the Athletic Business Office.





UNIVERSITY OF NORTH TEXAS
Official Visit Approval Form



Coach Sport Date

Prospective Student-Athlete Name NCAA ID#

City/ State at the time of registering with the Eligibility Center. Country is needed if the PSA is not from the US.

Prospect Phone # Date of Birth

Prospect is a: High School Senior: 2-Year Transfer: 4- Year Transfer:

Name of High School or College, and location (city and state).

Graduation Date

Date/Time Official Visit Begins: Date/Time Official Visit Ends:

NCAA Bylaw 13.02.5.5 It is not permissible to allow official or unofficial visits by any prospects during any dead period.
NCAA Bylaw 13.6.2.2.1 First Opportunity to Visit: Men's Basketball-January 1st junior year in high school; Women's Basketball-Thursdays following the NCAA Division I Women's Basketball Championship game of the prospect's junior year in high school; all other sports-opening day of classes of the prospect's senior year in high school
NCAA Bylaw 13.6.2.3.1 A prospect who is not a qualifier and who is enrolled in the first year of a two-year college may not be provided with an official visit until the completion of one academic year of residence.
NCAA Bylaw 13.6.2.6 Institutional Limitations: Football-56 per year; Women's Basketball-12 per year; Men's Basketball-24 in a rolling 2-year period

ADVANCE AMOUNT REQUESTED:

Coach Signature Date

\*\*\*\*\*TO BE COMPLETED BY COMPLIANCE OFFICE\*\*\*\*\*

- Permissible time period [ ] Yes [ ] No
Are transcripts attached [ ] Yes [ ] No
If High School PSA, is registered with EC [ ] Yes [ ] No
Are test scores attached (SAT/ACT/PSAT) [ ] Yes [ ] No [ ] N/A
Tests Taken w/National Test Standards [ ] Yes [ ] No
If 4-year transfer, is release on file [ ] Yes [ ] No [ ] N/A
If 2-year transfer, 2nd year of Residence [ ] Yes [ ] No [ ] N/A
If no, is prospect a qualifier [ ] Yes [ ] No [ ] N/A
Visit Approved [ ] Yes [ ] No

Compliance Office Signature Date Notified Coach



UNIVERSITY OF NORTH TEXAS  
Student Host Instructions



Your role as a STUDENT HOST is very important in the recruiting process for our University of North Texas athletic teams. Student-athletes who serve as hosts must understand that they are official representatives of the Department of Athletics and the University of North Texas. Therefore, appropriate conduct is expected at all times. A prospective student-athlete's initial visit to our campus provides an opportunity for us to showcase the high standards that we hold ourselves to as ambassadors of the University of North Texas.

You have a responsibility to understand and abide by NCAA Student Host Guidelines and all University of North Texas regulations. The following list has been established to ensure that hosting of prospective student-athletes is conducted in a manner consistent with NCAA and University of North Texas regulations.

Please **carefully** review the following rules.

1. Several students may host a prospect, but only one student host per prospect may be provided a free meal if restaurant facilities are utilized. A non-qualifier may not serve as a student host in his/her first academic year in residence.
2. A maximum of \$30 for each day of the visit may be provided to cover all actual costs of entertaining the prospect (and the prospect's parents, legal guardians, or spouse), excluding the cost of meals and admission to campus athletics events. These funds may not be used for the purchase of souvenirs such as t-shirts or other institutional mementos. It is permissible to provide the student host with an additional \$15 per day for each additional prospect the host entertains.
3. **NO** cash may be given to the visiting prospective student-athlete or to any individual accompanying the prospective student-athlete.
4. You may not use vehicles provided by or arranged for by any institutional staff member or representative of our athletics interests. **Never** allow a prospective student-athlete or any individual accompanying the prospective student-athlete to use your vehicle.
5. You may not transport the prospective student-athlete, or any individual accompanying the prospective student-athlete, beyond 30 miles of the University of North Texas campus.
6. You should not allow recruiting conversations to occur on or off campus between the prospective student-athlete and a representative of our athletics interests. (If an unplanned meeting occurs, only an exchange of a greeting is permissible). It is your responsibility to ensure that such contact does not take place when they are entertaining prospective student-athletes.
7. A visiting prospective student-athlete may participate in physical workouts or other recreational activities provided such activities are not organized or observed by the coaching staff and are not designed to test the athletic abilities of the prospect.



8. You may receive a complimentary admission (no hard tickets) when accompanying a prospective student-athlete to a campus athletics event. The prospective student-athlete may receive up to three complimentary admissions to a campus athletics event (for himself and up to two individuals accompanying him.) There are exceptions to these limits in for non-traditional families and in the sport of Football.
9. Underage drinking (under the age of 21) is illegal in the State of Texas. Prospective student-athletes are not allowed to engage in this activity. It is the student host's responsibility to discourage and report transgressions of this law to the appropriate authority.
10. If a prospective student-athlete is of legal age (21) and may enter a local bar, it is the student host's responsibility to ensure that the prospective student-athlete is aware that alcohol abuse will **NOT** be tolerated.
11. Illegal drugs may not be used or provided to a prospective student-athlete or any individual accompanying the prospective student-athlete during the campus visit.
12. The prospective student-athlete and any individuals accompanying the prospective student-athlete are prohibited from participating in any form of gambling or gaming activities during the campus visit.
13. Prospective student-athletes and any individual accompanying the prospective student-athlete are prohibited from visiting a strip club, gentleman's club, or soliciting the use of a stripper during the campus visit.
14. The student host may not arrange for the prospective student-athlete or any individual accompanying the prospective student-athlete to engage in sexual activity during the campus visit.
15. The University of North Texas will **NOT** tolerate sexual harassment by anyone associated with our athletic teams. Student hosts must be aware of the University's prohibition of this type of activity and work to ensure that prospective student-athletes and the individuals accompanying the prospective student-athletes are conducting themselves appropriately.
16. It is the responsibility of the University of North Texas and those individuals associated with the University to ensure the safety and well-being of prospective student-athletes visiting our campus. At the same time, it is imperative for prospective student-athletes and their student hosts to avoid any situations or activities that would jeopardize their safety or would be against NCAA, University of North Texas, or local laws, rules and regulations.
17. Failure to abide by the above rules and regulations will be reported to the appropriate authority. Violations of NCAA rules will be reported to the NCAA National Office and Conference USA. Violations of University rules will be reported to the appropriate authority on campus. Violation of federal, state, or local laws will also be reported to the appropriate authority.



UNIVERSITY OF NORTH TEXAS

Student Host Instructions

Signature Page



Student Host Name: \_\_\_\_\_

Sport: \_\_\_\_\_

Prospect Name: \_\_\_\_\_

Visit Date: \_\_\_\_\_

These guidelines have been established to ensure that each prospective student-athlete's visit to our campus is a quality one. Your compliance with these guidelines is absolutely necessary and greatly appreciated. Incidents contrary to these guidelines may result in a decision by the University to decline to admit or grant financial aid to a prospective student-athlete and also may result in penalties to student-athletes up to and including dismissal from the team.

*I certify that I have read and understand these rules, guidelines, and instructions and hereby acknowledge the receipt of \$ \_\_\_\_\_ per day for the purpose of hosting the above named prospect(s).*

\_\_\_\_\_  
Student-Host Signature

Date: \_\_\_\_\_

*I certify that I have read and understand these rules and guidelines. I acknowledge the receipt of \$ \_\_\_\_\_ for the purpose of travel to the university.*

\_\_\_\_\_  
Prospective Student-Athlete Signature

Date: \_\_\_\_\_

*I certify that I have reviewed the rules and guidelines with the student-host and the prospective student-athlete.*

\_\_\_\_\_  
Coach's Signature

Date: \_\_\_\_\_







# EXHIBIT C



UNIVERSITY OF NORTH TEXAS  
Request Form – NLI and/or GIA



**NCAA Bylaw 13.9: Letter-of-Intent Programs, Financial Aid Agreements**

This form is to be completed by the Head Coach/Coaching Staff requesting an NLI and/or GIA for a prospective or current student-athlete. Completed form and completed academic certification should be delivered to the Athletic Compliance Office.

|  |                                       |
|--|---------------------------------------|
| Prospective or Current Student-Athlete Name  | Sport                                 |
| North Texas ID Number (8-digits; if known)   | Academic Term Starting at North Texas |
| Home Street Address                          | Date of Birth                         |
| Home City, State, Zip Code                   | Recruiting Coach                      |
| International Additional Address Information | NCAA Eligibility Center Number        |

Academic Status:

- First-time Freshman
- Two-Year Transfer (Transfer School \_\_\_\_\_)
- Four-Year Transfer (GIA Only) (Transfer School \_\_\_\_\_)
- Permission to Contact on File
- Current Student-Athlete at North Texas

Completed academic certification on file:  Yes  No  High School  Transfer

Scholarship Percentage:

- Full Grant-In-Aid (100%)
- \_\_\_\_\_% of a Full Grant-In-Aid Amount
- Walk-on – UNTLI (North Texas Letter of Intent)

Award Period:

- Full Academic Year \_\_\_\_\_
- Fall \_\_\_\_\_ Semester Only
- Spring \_\_\_\_\_ Semester Only

*By signing this form, I am acknowledging that I have fully investigated any background issues or any academic concerns with the above student. I acknowledge that I have discussed any issues with the sport supervisor and the Director of Athletics, or his designated assignee.*

|                      |      |
|----------------------|------|
| Head Coach Signature | Date |
|----------------------|------|

Athletic Compliance Office Use Only:

|   |  |
|---|--|
| <input type="checkbox"/> NLI and/or GIA Created             | <input type="checkbox"/> Student-Athlete File Folder Created |
| <input type="checkbox"/> Applicable Signatures Obtained     | <input type="checkbox"/> Sent to Conference USA Office       |
| <input type="checkbox"/> Packet Delivered to Coaching Staff | <input type="checkbox"/> Email Sent Out                      |





# EXHIBIT D





Athletic Scholarship Agreement

2017-2018 Academic Year

**TERMS OF SCHOLARSHIP**  
**% of a Full In-State Grant-in-Aid\***  
**\*(Tuition, Fees, Required Textbooks, Room and Board)**

**SUMMARY OF PRINCIPAL TERMS AND CONDITIONS**

*I understand this is my athletic scholarship award for the stated period. Any additional monies (in terms of cost of attendance or athletic support award) will be part of another financial aid agreement document as determined by the athletic department.*

**I understand that my athletics aid cannot be increased, reduced, or canceled during the period of its award on the basis of my athletics ability, performance, or contribution to my team's success; because of an injury or illness that prevents me from participating in athletics, or for any other athletics reason.**

**I am aware that the amount of this aid MAY BE REDUCED OR CANCELED during the term of this award if:**

- I become ineligible for intercollegiate competition for any portion of the season;
- I provide false information during my recruitment regarding my health, physical condition, or criminal history; on my application, national letter of intent, financial aid agreement or any NCAA, Conference, or University of North Texas forms (including eligibility forms);
- I violate team, athletic department, conference, university or NCAA rules or engage in misconduct that brings disciplinary action;
- I voluntarily withdraw from the sport;
- I receive other athletically countable aid that exceeds the specified percentage awarded herein;
- I am non-compliant with academic policies or standards (e.g., attending scheduled classes, being prepared, completing requirements, and participating at the level expected of all students);
- I fail to attend or participate in required functions (e.g., study hall, meals, community service, Life Skills).

**I am aware that this aid MUST BE REDUCED OR CANCELED if:**

- I sign a professional sports contract for this sport;
- I agree to be represented by an agent; or
- I receive other aid that exceeds my individual limits.

\_\_\_\_\_  
Director of Athletics/Associate Athletic Director

\_\_\_\_\_  
UNT Scholarship Office / Financial Aid

I understand that a full athletics financial aid award shall not exceed tuition, required university fees, room, board and course related books. Any offers of athletics financial aid in excess of cost of attendance is in violation of NCAA regulations. I agree to cooperate fully with University of North Texas, Conference USA, and the NCAA in any investigation concerning my financial aid arrangements. I have read and understand this athletic aid agreement; the Terms & Conditions as set forth on the reverse of this agreement and the conditions set forth in the National Letter of Intent (if applicable).

\_\_\_\_\_  
Signature of Prospective Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

**Terms and Conditions of Athletic Financial Aid Agreement**

The following are the principle details of Article 15 of the NCAA Manual as noted on your Athletic Financial Aid Agreement. If you have questions, please contact the Associate Athletic Director for Compliance at (940) 369-7507. We encourage applying for Federal Financial Aid ([www.fafsa.gov](http://www.fafsa.gov)).



## **ELIGIBILITY FOR ATHLETIC FINANCIAL AID**

### **15.01.2 Improper Financial Aid**

Any student-athlete who receives financial aid other than that permitted by the Association shall not be eligible for intercollegiate athletics.

### **15.01.5 Eligibility of Student-Athletes for Institutional Financial Aid**

A student-athlete must meet applicable NCAA (see Bylaw 14), conference and institutional regulations to be eligible for institutional financial aid. If these regulations are met, the student-athlete may be awarded institutional financial aid during any term in which a student-athlete is in regular attendance [was enrolled initially in a minimum full-time program of studies as defined by the certifying institution during that term (see Bylaw 14.1.8.2.1.3 for final term exception and Bylaw 15.2.8 for summer-term exception)] under the following circumstances:

- (a) The student-athlete is an undergraduate with eligibility remaining under Bylaw 14.2 (five-year rule);
- (b) The student-athlete is a graduate student eligible under Bylaw 14.1.9;

[Note: See Bylaw 13.1.1.3 for the financial aid implications in the prohibition against contacting student-athletes of another four-year collegiate institution without permission of that institution's athletics director. See Bylaw 14.5.5.4 for financial aid implications related to the academic eligibility of four-year college transfers.]

## **LIMITS ON ATHLETIC FINANCIAL AID**

### **15.01.6 Maximum Institutional Financial Aid to Individual**

An institution shall not award financial aid to a student-athlete that exceeds the cost of attendance that normally is incurred by students enrolled in a comparable program at that institution (see Bylaw 15.1)

### **15.1.2 Types of Aid Included in Limit**

In determining whether a student-athlete's financial aid exceeds the cost of attendance, all institutional financial aid (per Bylaw 15.02.4.1) and all funds received from the following and similar sources shall be included (see Bylaws 15.02.4.3, 15.02.4.4 and 15.02.4.5 for types of financial aid that are exempt from a student-athlete's individual limit):

- (a) Government grants for educational purposes, except for those listed in Bylaw 15.2.5;
- (b) Other institutional or outside scholarships or grants-in-aid;
- (c) The value of gifts given to a student-athlete following completion of eligibility in appreciation for or recognition of the student-athlete's athletics accomplishments;
- (d) Any bonus or salary (no matter when received or contracted for) from a professional sports organization;
- (e) Any other income (no matter when received or contracted for) from participation in an athletics event (except funds that are administered by the U.S. Olympic Committee pursuant to its Operation Gold Grant Program) unless eligibility has been exhausted in that sport; and
- (f) Loans, except legitimate loans that are based upon a regular repayment schedule, available to all students and administered on the same basis for all students.

## **GENERAL TERMS AND CONDITIONS**

### **15.3.2.1 Physical Condition of Student-Athlete**

Financial aid awarded to a prospect may not be conditioned on the recipient reporting in satisfactory physical condition. If a student-athlete has been accepted for admission and awarded financial aid, the institution shall be committed for the term of the original award, even if the student-athlete's physical condition prevents him or her from participating in intercollegiate athletics.

### **15.3.2.2 Written Statement Requirement**

In all cases, the institutional agency making the financial aid award shall give the recipient a written statement of the amount, duration, conditions and terms of the award. The chair of the regular committee or other agency for the awarding of financial aid to students generally, or the chair's official designee, shall sign or electronically authorize (e.g., electronic signature) the written statement. The signature of the athletics director, attesting to the committee's award, does not satisfy this requirement.

### **15.3.2.3 Hearing Opportunity**

The institution's regular financial aid authority shall notify the student-athlete in writing of the opportunity for a hearing when institutional aid based in any degree on athletics ability is reduced or cancelled during the period of the award, or is reduced or not renewed for the following academic year. The institution shall have established reasonable procedures for promptly hearing such a request and shall not delegate the responsibility for conducting the hearing to the university's athletics department or its faculty athletics committee. The written notification of the opportunity for a hearing shall include a copy of the institution's established policies and procedures for conducting the required hearing, including the deadline by which a student-athlete must request such a hearing.

### **15.3.3.1 Period of Award**

If a student's athletics ability is considered in any degree in awarding financial aid, such aid shall neither be awarded for a period less than one academic year nor for a period that would exceed the student's five-year period of eligibility (see Bylaws 12.8 and 15.01.5). One year grants-in-aid shall be awarded (as set forth in the written statement per Bylaw 15.3.2.2) in equal amounts for each term of the academic year.

### **15.3.5.1 Reduction or Cancellation Permitted**

Institutional financial aid based in any degree on athletics ability may be reduced or canceled during the period of the award if the recipient:

- (a) Renders himself or herself ineligible for intercollegiate competition;
- (b) Fraudulently misrepresents any information on an application, letter of intent or financial aid agreement (see Bylaw 15.3.4.2.3);
- (c) Engages in serious misconduct warranting substantial disciplinary penalty (see Bylaw 15.3.4.2.4);
- (d) Voluntarily (on his or her own initiative) withdraws from a sport at any time for personal reasons; however, the recipient's financial aid may not be awarded to another student-athlete in the academic term in which the aid was reduced or cancelled. A student-athlete's request for written permission to contact another four-year collegiate institution regarding a possible transfer does not constitute a voluntary withdrawal; or
- (e) Violates a non-athletically related condition outlined in the financial aid agreement or violates a documented institutional rule or policy (e.g., academic policies or standards, athletics department or team rules or policies).

### **15.3.5.1.1 Timing of Reduction or Cancellation**

Any reduction or cancellation of aid during the period of the award may occur only after the student-athlete has been provided an opportunity for a hearing per Bylaw 15.3.2.3.

### **15.3.5.1.2 Fraudulent Misrepresentation**

If a student-athlete is awarded institutional financial aid on the basis of declaring intention to participate in a particular sport by signing a letter of intent, application or tender, action on the part of the grantee not to participate (either by not reporting for practice or after making only token appearances as determined by the institution) would constitute fraudulent misrepresentation of information on the grantee's application, letter of intent or financial aid agreement.

### **15.3.5.1.3 Release of Obligation to Provide Athletically Related Financial Aid**

Before becoming a counter for an academic year pursuant to a one-year grant-in-aid, if a prospective student-athlete or student-athlete is awarded institutional financial aid unrelated to athletics that is of equal or greater value than his or her signed award of athletically related financial aid, the prospective student-athlete or student-athlete may, on his or her initiative, release the institution of its obligation to provide the athletically related financial aid.

### **15.3.5.2 Reduction or Cancellation Not Permitted - - During the Period of the Award**

Institutional financial aid based in any degree on athletics ability may not be reduced or canceled during the period of its award:

- (a) On the basis of a student's athletics ability, performance or contribution to a team's success;
- (b) Because of an injury, illness or physical or mental condition (except as permitted pursuant to Bylaw 15.3.5.1); or
- (c) For any other athletics reason.

### **15.3.5.2.1 Athletically Related Condition Prohibition**

An institution may not set forth an athletically related condition (e.g., financial aid contingent upon specified performance or playing a specific position) that would permit the institution to reduce or cancel the student-athlete's financial aid during the period of the award if the conditions are not satisfied.

### **15.3.5.2.2 Decrease Not Permitted**

An institution may not decrease a prospective student-athlete's or a student-athlete's financial aid from the time the prospective student-athlete or the student-athlete signs the financial aid letter until the conclusion of the period set forth in the financial aid agreement, except under the conditions set forth in Bylaw 15.3.5.1.

### **15.3.5.3 Reduction or Nonrenewal Not Permitted - - After the Period of the Award**

If a student-athlete receives athletically related financial aid in the academic year of his or her initial full-time enrollment at the certifying institution, the following factors shall not be considered in the reduction or nonrenewal of such aid for the following academic year of years of the student-athlete's five-year period of eligibility:

- (a) A student-athlete's athletics ability, performance or contribution to a team's success (e.g., financial aid contingent upon specified performance or playing a specific position);
- (b) An injury, illness, or physical or mental medical condition; or
- (c) Any other athletics reason.

### **15.3.6 Increase Permitted**

Institutional financial aid may be increased for any reason at any time.

### **15.3.7 Renewals and Nonrenewals**

#### **15.3.7.1 Institutional Obligation**

The renewal of institutional financial aid based in any degree on athletics ability shall be made on or before July 1 prior to the academic year in which it is to be effective. The institution shall promptly notify in writing each student-athlete who received an award the previous academic year and who has eligibility remaining in the sport in which financial aid was awarded the previous academic year (under Bylaw 12.8) whether the grant has been renewed or not renewed for the ensuing academic year. Notification of financial aid renewals and non-renewals must come from the institution's regular financial aid authority and not from the institution's athletics department.

#### **15.3.7.2 Reconsideration of Nonrenewal**

It is permissible for an institution that has notified a student-athlete that he or she will not be provided institutional financial aid for the next academic year subsequently to award financial aid to that student-athlete.

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#### **Errors**

*Any errors made by you or the University of North Texas in determining your aid amount must be corrected. Such correction may result in the reduction, cancellation or repayment of scholarship funds.*





Athletic Scholarship Agreement

2017-2018 Academic Year

TERMS OF SCHOLARSHIP
% of a Full Out-of-State Grant-in-Aid\*
\*(Tuition, Fees, Required Textbooks, Room and Board)

SUMMARY OF PRINCIPAL TERMS AND CONDITIONS

I understand this is my athletic scholarship award for the stated period. Any additional monies (in terms of cost of attendance or athletic support award) will be part of another financial aid agreement document as determined by the athletic department.

I understand that my athletics aid cannot be increased, reduced, or canceled during the period of its award on the basis of my athletics ability, performance, or contribution to my team's success; because of an injury or illness that prevents me from participating in athletics, or for any other athletics reason.

I am aware that the amount of this aid MAY BE REDUCED OR CANCELED during the term of this award if:

- I become ineligible for intercollegiate competition for any portion of the season;
I provide false information during my recruitment regarding my health, physical condition, or criminal history; on my application, national letter of intent, financial aid agreement or any NCAA, Conference, or University of North Texas forms (including eligibility forms);
I violate team, athletic department, conference, university or NCAA rules or engage in misconduct that brings disciplinary action;
I voluntarily withdraw from the sport;
I receive other athletically countable aid that exceeds the specified percentage awarded herein;
I am non-compliant with academic policies or standards (e.g., attending scheduled classes, being prepared, completing requirements, and participating at the level expected of all students);
I fail to attend or participate in required functions (e.g., study hall, meals, community service, Life Skills).

I am aware that this aid MUST BE REDUCED OR CANCELED if:

- I sign a professional sports contract for this sport;
I agree to be represented by an agent; or
I receive other aid that exceeds my individual limits.

Director of Athletics/Associate Athletic Director

UNT Scholarship Office / Financial Aid

I understand that a full athletics financial aid award shall not exceed tuition, required university fees, room, board and course related books. Any offers of athletics financial aid in excess of cost of attendance is in violation of NCAA regulations. I agree to cooperate fully with University of North Texas, Conference USA, and the NCAA in any investigation concerning my financial aid arrangements. I have read and understand this athletic aid agreement; the Terms & Conditions as set forth on the reverse of this agreement and the conditions set forth in the National Letter of Intent (if applicable).

Signature of Prospective Student-Athlete

Date

Signature of Parent/Legal Guardian

Terms and Conditions of Athletic Financial Aid Agreement

The following are the principle details of Article 15 of the NCAA Manual as noted on your Athletic Financial Aid Agreement. If you have questions, please contact the Associate Athletic Director for Compliance at (940) 369-7507. We encourage applying for Federal Financial Aid (www.fafsa.gov).



## **ELIGIBILITY FOR ATHLETIC FINANCIAL AID**

### **15.01.2 Improper Financial Aid**

Any student-athlete who receives financial aid other than that permitted by the Association shall not be eligible for intercollegiate athletics.

### **15.01.5 Eligibility of Student-Athletes for Institutional Financial Aid**

A student-athlete must meet applicable NCAA (see Bylaw 14), conference and institutional regulations to be eligible for institutional financial aid. If these regulations are met, the student-athlete may be awarded institutional financial aid during any term in which a student-athlete is in regular attendance [was enrolled initially in a minimum full-time program of studies as defined by the certifying institution during that term (see Bylaw 14.1.8.2.1.3 for final term exception and Bylaw 15.2.8 for summer-term exception)] under the following circumstances:

- (a) The student-athlete is an undergraduate with eligibility remaining under Bylaw 14.2 (five-year rule);
- (b) The student-athlete is a graduate student eligible under Bylaw 14.1.9;

[Note: See Bylaw 13.1.1.3 for the financial aid implications in the prohibition against contacting student-athletes of another four-year collegiate institution without permission of that institution's athletics director. See Bylaw 14.5.5.4 for financial aid implications related to the academic eligibility of four-year college transfers.]

## **LIMITS ON ATHLETIC FINANCIAL AID**

### **15.01.6 Maximum Institutional Financial Aid to Individual**

An institution shall not award financial aid to a student-athlete that exceeds the cost of attendance that normally is incurred by students enrolled in a comparable program at that institution (see Bylaw 15.1)

### **15.1.2 Types of Aid Included in Limit**

In determining whether a student-athlete's financial aid exceeds the cost of attendance, all institutional financial aid (per Bylaw 15.02.4.1) and all funds received from the following and similar sources shall be included (see Bylaws 15.02.4.3, 15.02.4.4 and 15.02.4.5 for types of financial aid that are exempt from a student-athlete's individual limit):

- (a) Government grants for educational purposes, except for those listed in Bylaw 15.2.5;
- (b) Other institutional or outside scholarships or grants-in-aid;
- (c) The value of gifts given to a student-athlete following completion of eligibility in appreciation for or recognition of the student-athlete's athletics accomplishments;
- (d) Any bonus or salary (no matter when received or contracted for) from a professional sports organization;
- (e) Any other income (no matter when received or contracted for) from participation in an athletics event (except funds that are administered by the U.S. Olympic Committee pursuant to its Operation Gold Grant Program) unless eligibility has been exhausted in that sport; and
- (f) Loans, except legitimate loans that are based upon a regular repayment schedule, available to all students and administered on the same basis for all students.

## **GENERAL TERMS AND CONDITIONS**

### **15.3.2.1 Physical Condition of Student-Athlete**

Financial aid awarded to a prospect may not be conditioned on the recipient reporting in satisfactory physical condition. If a student-athlete has been accepted for admission and awarded financial aid, the institution shall be committed for the term of the original award, even if the student-athlete's physical condition prevents him or her from participating in intercollegiate athletics.

### **15.3.2.2 Written Statement Requirement**

In all cases, the institutional agency making the financial aid award shall give the recipient a written statement of the amount, duration, conditions and terms of the award. The chair of the regular committee or other agency for the awarding of financial aid to students generally, or the chair's official designee, shall sign or electronically authorize (e.g., electronic signature) the written statement. The signature of the athletics director, attesting to the committee's award, does not satisfy this requirement.

### **15.3.2.3 Hearing Opportunity**

The institution's regular financial aid authority shall notify the student-athlete in writing of the opportunity for a hearing when institutional aid based in any degree on athletics ability is reduced or cancelled during the period of the award, or is reduced or not renewed for the following academic year. The institution shall have established reasonable procedures for promptly hearing such a request and shall not delegate the responsibility for conducting the hearing to the university's athletics department or its faculty athletics committee. The written notification of the opportunity for a hearing shall include a copy of the institution's established policies and procedures for conducting the required hearing, including the deadline by which a student-athlete must request such a hearing.

### **15.3.3.1 Period of Award**

If a student's athletics ability is considered in any degree in awarding financial aid, such aid shall neither be awarded for a period less than one academic year nor for a period that would exceed the student's five-year period of eligibility (see Bylaws 12.8 and 15.01.5). One year grants-in-aid shall be awarded (as set forth in the written statement per Bylaw 15.3.2.2) in equal amounts for each term of the academic year.

### **15.3.5.1 Reduction or Cancellation Permitted**

Institutional financial aid based in any degree on athletics ability may be reduced or canceled during the period of the award if the recipient:

- (a) Renders himself or herself ineligible for intercollegiate competition;
- (b) Fraudulently misrepresents any information on an application, letter of intent or financial aid agreement (see Bylaw 15.3.4.2.3);
- (c) Engages in serious misconduct warranting substantial disciplinary penalty (see Bylaw 15.3.4.2.4);
- (d) Voluntarily (on his or her own initiative) withdraws from a sport at any time for personal reasons; however, the recipient's financial aid may not be awarded to another student-athlete in the academic term in which the aid was reduced or cancelled. A student-athlete's request for written permission to contact another four-year collegiate institution regarding a possible transfer does not constitute a voluntary withdrawal; or
- (e) Violates a non-athletically related condition outlined in the financial aid agreement or violates a documented institutional rule or policy (e.g., academic policies or standards, athletics department or team rules or policies).

### **15.3.5.1.1 Timing of Reduction or Cancellation**

Any reduction or cancellation of aid during the period of the award may occur only after the student-athlete has been provided an opportunity for a hearing per Bylaw 15.3.2.3.

### **15.3.5.1.2 Fraudulent Misrepresentation**

If a student-athlete is awarded institutional financial aid on the basis of declaring intention to participate in a particular sport by signing a letter of intent, application or tender, action on the part of the grantee not to participate (either by not reporting for practice or after making only token appearances as determined by the institution) would constitute fraudulent misrepresentation of information on the grantee's application, letter of intent or financial aid agreement.

### **15.3.5.1.3 Release of Obligation to Provide Athletically Related Financial Aid**

Before becoming a counter for an academic year pursuant to a one-year grant-in-aid, if a prospective student-athlete or student-athlete is awarded institutional financial aid unrelated to athletics that is of equal or greater value than his or her signed award of athletically related financial aid, the prospective student-athlete or student-athlete may, on his or her initiative, release the institution of its obligation to provide the athletically related financial aid.

### **15.3.5.2 Reduction or Cancellation Not Permitted - - During the Period of the Award**

Institutional financial aid based in any degree on athletics ability may not be reduced or canceled during the period of its award:

- (a) On the basis of a student's athletics ability, performance or contribution to a team's success;

- (b) Because of an injury, illness or physical or mental condition (except as permitted pursuant to Bylaw 15.3.5.1); or
- (c) For any other athletics reason.

### **15.3.5.2.1 Athletically Related Condition Prohibition**

An institution may not set forth an athletically related condition (e.g., financial aid contingent upon specified performance or playing a specific position) that would permit the institution to reduce or cancel the student-athlete's financial aid during the period of the award if the conditions are not satisfied.

### **15.3.5.2.2 Decrease Not Permitted**

An institution may not decrease a prospective student-athlete's or a student-athlete's financial aid from the time the prospective student-athlete or the student-athlete signs the financial aid letter until the conclusion of the period set forth in the financial aid agreement, except under the conditions set forth in Bylaw 15.3.5.1.

### **15.3.5.3 Reduction or Nonrenewal Not Permitted - - After the Period of the Award**

If a student-athlete receives athletically related financial aid in the academic year of his or her initial full-time enrollment at the certifying institution, the following factors shall not be considered in the reduction or nonrenewal of such aid for the following academic year of years of the student-athlete's five-year period of eligibility:

- (a) A student-athlete's athletics ability, performance or contribution to a team's success (e.g., financial aid contingent upon specified performance or playing a specific position);
- (b) An injury, illness, or physical or mental medical condition; or
- (c) Any other athletics reason.

### **15.3.6 Increase Permitted**

Institutional financial aid may be increased for any reason at any time.

### **15.3.7 Renewals and Nonrenewals**

#### **15.3.7.1 Institutional Obligation**

The renewal of institutional financial aid based in any degree on athletics ability shall be made on or before July 1 prior to the academic year in which it is to be effective. The institution shall promptly notify in writing each student-athlete who received an award the previous academic year and who has eligibility remaining in the sport in which financial aid was awarded the previous academic year (under Bylaw 12.8) whether the grant has been renewed or not renewed for the ensuing academic year. Notification of financial aid renewals and non-renewals must come from the institution's regular financial aid authority and not from the institution's athletics department.

#### **15.3.7.2 Reconsideration of Nonrenewal**

It is permissible for an institution that has notified a student-athlete that he or she will not be provided institutional financial aid for the next academic year subsequently to award financial aid to that student-athlete.

#### **Errors**

*Any errors made by you or the University of North Texas in determining your aid amount must be corrected. Such correction may result in the reduction, cancellation or repayment of scholarship funds.*





# EXHIBIT E

**UCRS 1850**  
**Freshman Seminar: Developing Student-Athlete Success**  
**10WK Summer 2016**  
**Mondays & Wednesdays 10:00 – 12:00pm + Fridays 10:00am – 11:150am**  
**Wooten Hall, Room 113**

**Instructors:** David Bekker, Maia Cudhea, Chris Evans, Rachel McMullen, Cinnamon Sheffield  
**Offices:** North Texas Student-Athlete Academic Center (Mean Green Village, Building K)  
**Office Hours:** Tuesdays & Thursdays 10:00am – 12:00pm (noon) & by appointment  
**Email:** Use **ONLY** Blackboard Learn “Messages” function to email the instructors

**Course Description:**

UCRS 1850 is a Learning Strategies course designed to promote academic & social success at UNT by introducing students to new and exciting ways of becoming active and engaged citizens of the university community. This summer section of UCRS 1850 is tailored to help students understand, adapt to, and master the unique challenges of student-athletes.

**Course Goal:**

Students will develop critical thinking skills to help them as they move into a major and learn tactical ways to adapt to responsibilities of college life.

**Course Objectives:**

By the conclusion of this course, students will be able to:

1. Understand their role and responsibilities in the university learning process.
2. Identify, develop, and demonstrate specific methods to maintain effective study strategies to facilitate academic success. This includes constructively reading textbooks, note-taking techniques, test preparation, test-taking methods, constructive classroom practices, and more.
3. Develop and demonstrate college level writing and cognitive skills – specifically including logic, argumentation, and rhetoric.
4. Identify resources on campus and in the community, that can assist students with issues related to academics, athletics, career planning, health issues, substance abuse, personal relationships, and discrimination.
5. Identify their personal goals and develop plans to reach these goals.
6. Demonstrate a constructive decision making process regarding issues typically faced by college students.

**Course Format:**

Class time will include lecture/discussions, small group discussions/presentations, and guest speakers. Regular attendance and participation by all students is both expected and required. Though there is no “attendance grade” per se in this course, please do not take that to mean that attendance “doesn’t count”! Daily attendance will be taken, and attendance records will be a significant factor in any borderline grades.



## Required Materials (Textbook) & Course Readings:

- College Success 1.0 by Bruce Beirdwell, Linda F. Tse, Tom Lochhaas and Nicholas B deKanter, (2010)

A print copy of this textbook will be provided to you. While you make take notes/make necessary marks in this textbook, you are responsible to return it at the end of the summer – still in good condition! This means that if your book shows signs of excessive wear (such as water damage, torn out pages, etc.), you may be charged. You will *not* be charged for any normal use of the book (highlighting, underlining, notes in the margins, etc.).

Each class meeting will cover and expand on a selection of readings. Students are responsible for reading the assigned material *before* class and should come to class prepared to discuss, question, and build upon the assigned material. Failure to read in advance so will make preparing for and completing quizzes and assignments very difficult, as well as decreasing the quality (and fun!) of classroom discussions.

## Course Requirements/Grading:

*Your grades will be made up of the following components (detailed guidelines for each assignment will be made available on our Blackboard Learn course website):*

|                                      |                   |
|--------------------------------------|-------------------|
| In-Class Work/Homework               | 150 points        |
| Online Quizzes – 12 @10 points each  | 120 points        |
| Community Service Group Project      | 100 points        |
| Personal Logo and Motto              | 100 points        |
| Reflection Paper                     | 25 points         |
| Critical Thinking Paper              | 50 points         |
| Textual Artifact Final Project/Paper | 200 points        |
| <b>Total Possible</b>                | <b>745 points</b> |

| Grade | Points Required to Earn |
|-------|-------------------------|
| A     | 670+                    |
| B     | 595 – 669               |
| C     | 520 – 594               |
| D     | 445 – 519               |
| F     | 444 and below           |

Figuring your grade is very simple – you just add up the points. We do not average, divide, or do any “crazy math”; we just add up the points. As such, any extra credit/bonus points awarded can be added to any assignment you like; points are points are points and it does not matter how you add them up. We will simply sum your total and assign the grade as indicated in the chart to the left.

**Extra Credit:** Any and all extra credit opportunities will be offered to the class as a whole – students interested in extra credit should be sure to regularly check the “Extra Credit” folder on our course Blackboard website! Extra credit will be offered throughout the semester at the professors’ discretion and *not* upon individual request. *Requests for individual extra credit will, most often, be futile.*

## Course Policies:

### **Attendance Policy:**

Class attendance is a cornerstone of academic success. If you are not in class, your opportunities to learn are severely limited. Information covered in lectures is often different than what is in the textbook, and students are responsible for both. You will also need to be in all group meetings to gain the most from your peers. With that idea in mind, excessive unexcused absences (3 or more) will result in automatic failure of this class.

### **University-Approved/Excused Absences:**

The only absences that will be considered "excused" are university-approved absences. University-approved absences include 1) absence due to the observance of a religious holiday and 2) absences due to participation in university-sponsored activities, such as athletics (e.g. Summer Championships, All-Star Games, etc.), debate, musical organizations, AFROTC, class field trips, etc. Please note that minor illness, car malfunction, lack of transportation, family trips, and work conflicts are **NOT** university-approved absences.

Students who will be absent for university-approved reasons (as described above), **must notify the instructors during the first 48 hours of the course.** In addition, all coursework due dates missed due to university-approved absences are expected to be completed **prior** to your absence unless other arrangements have been made with the professor **in advance.** All university-approved absences will be subject to verification.

### **Academic Honesty:**

The University of North Texas is clear on this point. Students must do their own work. Cheating on exams or quizzes (this includes "sharing answers" on online exams or quizzes), plagiarism, or any other form of scholastic dishonesty *will not be tolerated and consequences for this behavior will be severe.* A detailed explanation of university policy may be found in the UNT Policy Manual at [http://www.unt.edu/policy/UNT\\_Policy/volume3/18\\_1\\_11.html](http://www.unt.edu/policy/UNT_Policy/volume3/18_1_11.html) or in the Student Handbook at <http://www.unt.edu/csrr/>.

### **Disabilities Accommodations:**

*"The University of North Texas is on record as being committed to both the spirit and letter of federal equal opportunity legislation; reference Public Law 92-112 – The Rehabilitation Act of 1973 as amended. With the passage of new federal legislation entitled Americans with Disabilities Act (ADA), pursuant to section 504 of the Rehabilitation Act, there is renewed focus on providing this population with the same opportunities enjoyed by all citizens."*

As faculty, we are both required by law and committed in principle to providing "reasonable accommodations" to students with disabilities, so as not to discriminate on the basis of that disability. Students needing accommodation **must** notify the instructor of their needs in a timely manner (ideally, within the first 48 hours of the course) and provide documentation from the Office of Disability Accommodation. If you are not sure whether you have a disability or qualify for accommodation, please contact the Office of Disability Accommodation in Sage Hall (room 167) or at (940) 565-4323 to obtain more information regarding specific diagnostic criteria and policies for obtaining academic accommodations.

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### **Late Work:**

Late work is not accepted. Ever. Not even for partial credit.



### ***Classroom Expectations:***

There are several hard and fast rules in this class:

- 1) Be here (both physically and mentally)

Show up on time and stay for the whole class. We understand that you have lives and commitments outside of this course, but tardiness appears as a sign of disrespect and disinterest (even when you don't intend it to be so). Engage with the class. If we all do this, then this semester should be pretty fun. If you are all mentally checked out during class, then this semester will be pretty boring. It's up to you.

- 2) Nix the distractions (especially that phone!)

*Turn off all electronics*, including cell phones, tablets, laptops, pagers, MP3 players, Blackberries, Palm Pilots, or any other personal device that may disrupt class. Catching students texting during class is one of our pet peeves, and if we catch you doing this, we promise it will be embarrassing!

Other disruptive behavior (including background conversations while others are talking, packing up early, or working on material for other classes) are also unacceptable.

- 3) Yes, turn off the laptop and tablet, too

Use of laptops and tablets is not permitted in the UCRS classroom. If you have a physical condition or other special circumstances requiring the use of a laptop or tablet, please see an instructor to make appropriate accommodations within the first two days of class meetings.

- 4) Speak from your own experiences, and respect that others' may be different

The nature of every college course means that we will be studying and discussing many issues that students may find personally disturbing, controversial, or otherwise difficult to handle. In discussing these "hot topics", students are expected to demonstrate an appropriate level of maturity, sensitivity, and respect in their language and behavior. Please remember that we never know exactly what life experiences each person comes from. As such, we expect all of you to work hard to listen to each other with respect and to respond with thoughtfulness and tact. Classroom discussion is an invaluable tool for increasing your understanding, so please increase this benefit by speaking up in class and showing respect for your fellow learners.

### ***Other Problems, Questions, & Concerns:***

You are strongly encouraged to talk to the instructors outside of class if you are having problems with this course, the reading material, our classroom, or if you have any other additional questions. We are agents here to help you think and learn, and expect you to take an active role in this process as well. We cannot help you to resolve a problem if we do not know that you need help! If you have read all the way here, congratulations, you are a very conscientious student. In order to receive five bonus points, you should (before 8am of Friday, 6/10), use the course Blackboard Messages (*do not* use the "Send Email" function – use the "Messages" mailbox found inside our UCRS 1850 course) to send a message to course instructor Maia Cudhea with the word "bonus" as the subject and your full name in the text of the email.



**(tentative) Course Schedule**

| DAY<br>(Date)  | Assigned Reading<br>Topic   | Assignments (in-class & <u>homework</u> )<br><b>Due Dates</b>   |
|----------------|---|---|
| MON<br>(6/6)   | -<br>Course Introduction  | In Class: Introductions & Expectations<br><u>HW:</u> Read the whole syllabus, Start planning group projects,<br>Complete STRONG/MBTI assessments<br><b>STRONG/MBTI due Tuesday (6/7) 11:59pm (online)</b>   |
| WEDS<br>(6/8)  | <i>Chapter 1</i><br>You & Your College Experience                         | In Class: Action List, Discussion<br><u>HW:</u> Continue planning for group projects  |
| FRI<br>(6/10)  | <i>Chapter 10</i><br>Life After Sports:<br>Alcohol, Drugs, & Your Health  | In Class: Guest Speaker (Tim Trall)<br><u>HW:</u> Continue planning for group projects; <b>Community Service<br/>Ideas Discussion Post due Friday (6/10) 2pm (online)</b><br><b>Chapter 1 &amp; 10 Quizzes due Sunday (6/12) 11:59pm (online)</b> |
| MON<br>(6/13)  | <i>Chapter 2</i><br>Organization  | In Class: Action List, Discussion, Study Hall Overview<br><u>HW:</u> Weekly Planner   |
| WEDS<br>(6/15) | <i>Chapter 9</i><br>Diversity, Inclusivity, & Discrimination              | <b>Weekly Planner due Wednesday (6/15) 10:00am (in class)</b><br>In Class: Guest Speaker (TBD)<br><u>HW:</u> Reflection Paper<br><b>Reflection Paper due Thursday (6/16) 11:59pm (online)</b>   |
| FRI<br>(6/17)  | -<br>Life After Sports:<br>Social Media & Self-Presentation               | In Class: Guest Speaker (TBD)<br><u>HW:</u> Personal Logo & Motto; <b>Confirmed Community Service<br/>Discussion Post due Friday (6/17) 5pm (online)</b><br><b>Chapter 2 &amp; 9 Quizzes due Sunday (6/19) 11:59pm (online)</b>                   |
| MON<br>(6/20)  | <i>Chapter 7</i><br>Interacting With Professors                           | In Class: Discussion, Videos, Top Tips<br><u>Homework:</u> None!  |
| WEDS<br>(6/22) | -<br>Presentations  | In Class: Presentations, Discussion<br><b>Personal Logo &amp; Motto Presentation<br/>due Wednesday (6/22) 10:00am (in class)</b>  |
| FRI<br>(6/24)  | <i>Chapter 11</i><br>Life After Sports:<br>Money Management               | In Class: Guest Speaker (Rod Newhouse)<br><u>HW:</u> Money Management Activity<br><b>Chapter 7 &amp; 11 Quizzes due Sunday (6/19) 11:59pm (online)</b>  |
| MON<br>(6/27)  | <i>Chapter 3</i><br>Critical Thinking                                     | In Class: Scenario/Issue Discussion<br><u>Homework:</u> Critical Thinking Paper   |
| WEDS<br>(6/29) | <i>Chapter 6</i><br>What do they want?<br>Learning & excelling in college | In Class: Discussion, Action List<br><u>Homework:</u> Continue Critical Thinking Paper<br><b>Critical Thinking Paper due Wednesday (6/29) at 11:59pm (online)</b>   |
| FRI<br>(7/1)   | <i>Chapter 12</i><br>Life After Sports:<br>Finding Your Career Path       | In Class: Review & Discuss STRONG/MBTI Results<br><u>Homework:</u> Career Research HW<br><b>Chapter 3, 6, &amp; 12 Quizzes due Sunday (6/26) 11:59pm (online)</b><br><b>Career Research Homework due Tuesday (7/5) 11:59pm (online)</b>           |

|                |  |   |
|----------------|--|---|
| MON<br>(7/4)   | <i>University Holiday – no class meeting – watch fireworks &amp; eat good food!</i>                        |   |
| WEDS<br>(7/6)  | <i>Chapter 5 + U.S. Constitution (online)</i><br>Reading to Learn  | In Class: Reading Strategies for Textbooks & Academic Articles<br><u>Homework:</u> Practice reading strategies  |
| FRI<br>(7/8)   | -<br>Life After Sports:<br>Preparing For Your Career   | <u>****class meets at the Career Center****</u><br>In Class: Activity & Discussion<br><u>Homework:</u> Individual Career Development Plan<br><b>Career Development Plan due Sunday (7/10) 11:59pm (online)</b><br><b>Chapter 5 Quiz due Sunday (7/10) 11:59pm (online)</b>  |
| MON<br>(7/11)  | <i>Chapter 4 + More Readings on the U.S. Constitution (online)</i><br>Listening, Taking Notes, Remembering | In Class: Sample Lecture, Action List<br><u>Homework:</u> Study your notes from U.S. Constitution material  |
| WEDS<br>(7/13) | <i>Chapter 8</i><br>High School vs College Writing   | In Class: Outlining, Pre-Writing, Argumentation<br><u>Homework:</u> Outline & Thesis Statement<br><b>Outline &amp; Thesis Statement due Thursday (7/14) 11:59pm (online)</b>  |
| FRI<br>(7/15)  | -<br>Introduction of Final Project<br>+ more on Argumentation/Rhetoric                                     | In Class: Discussion, Analytic Arguments, Final Project Overview<br><u>Homework:</u> Annotated Bibliography,<br>(draft) Audience Definition, Outline, & Thesis Statement<br><b>Annotated Bibliography due Sunday (7/17) 11:59pm (online)</b><br><b>Chapter 4 &amp; 8 Quizzes due Sunday (7/17) 11:59pm (online)</b>   |
| MON<br>(7/18)  | -<br>From Research to a "Point"  | <b>(draft) Audience Definition, Outline, &amp; Thesis Statement due Monday (7/18) 10:00am (in class AND online)</b><br><b>**submit online + bring 1 print copy to class**</b><br>In Class: Pre-Writing Development, Peer/Instructor Editing<br><u>Homework:</u> Revise and Draft Audience Analysis  |
| WEDS<br>(7/20) | -<br>Targeting Your Audience<br>& Shaping Your Point(s)  | <b>(draft) Audience Analysis due Wednesday (7/20) 10:00am (in class AND online) **submit online + bring 1 print copy to class**</b><br>In Class: Situational Rhetoric, Peer/Instructor Editing<br><u>Homework:</u> Finalize Outline & Audience Analysis, (draft) Artifact<br><b>Final Audience Analysis due Wednesday (7/20) 11:59pm (online)</b>   |
| FRI<br>(7/22)  | -<br>Refining Your "Artifact"  | <b>(draft) Artifact due Friday (7/22) 10:00 (in class)</b><br><b>**submit online + bring 1 print copy (with Outline) to class**</b><br>In Class: Peer/Instructor Editing<br><u>Homework:</u> Finalize Artifact  |
| MON<br>(7/25)  | -<br>Critical Reflection:<br>Learning From the Process   | <u>****class meets at the Academic Center****</u><br><b>Final Artifact due Monday (7/25) 10:00am (online)</b><br><b>**submit online + bring 1 print copy to class**</b><br>In Class: Critical Reflection<br><b>Critical Reflection due 12:00pm (end of class, online)</b><br><b>Community Service Pictures Discussion Post due Monday (7/25) 1pm (online); Community Service Presentation Visual due Monday (7/25) 11:59pm (online)</b> |

|                |  |   |
|----------------|--|---|
| WEDS<br>(7/27) | -<br>Community Service Presentations                                       | <b>Community Service Presentations<br/>due Wednesday (7/27) 10:00am (in class)</b><br>In Class: Presentations |
| FRI<br>(7/29)  | -<br>Life After Sports: Academic Integrity<br>& Your Future at North Texas | In Class: Guest Speaker (Dr. Kimi King, UNT Political Science)<br><u>Homework:</u> Go forth & succeed!        |





# EXHIBIT F





# DIVISION I ACADEMIC REQUIREMENTS

College-bound student-athletes will need to meet the following academic requirements to practice, receive athletic scholarships, and/or compete during their first year.

## Core-Course Requirement

Complete 16 core courses in the following areas:

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <div style="background-color: #004a6b; color: white; padding: 10px; border-radius: 10px 10px 0 0;"> <b>ENGLISH</b> </div> <div style="background-color: white; border: 1px solid #004a6b; padding: 5px; border-radius: 0 10px 10px 10px; margin-top: -1px;"> <b>4 years</b> </div> | <div style="background-color: #004a6b; color: white; padding: 10px; border-radius: 10px 10px 0 0;"> <b>MATH</b><br/>(Algebra I or higher)         </div> <div style="background-color: white; border: 1px solid #004a6b; padding: 5px; border-radius: 0 10px 10px 10px; margin-top: -1px;"> <b>3 years</b> </div> | <div style="background-color: #004a6b; color: white; padding: 10px; border-radius: 10px 10px 0 0;"> <b>NATURAL/<br/>PHYSICAL<br/>SCIENCE</b><br/>(One year of lab, if offered)         </div> <div style="background-color: white; border: 1px solid #004a6b; padding: 5px; border-radius: 0 10px 10px 10px; margin-top: -1px;"> <b>2 years</b> </div> | <div style="background-color: #004a6b; color: white; padding: 10px; border-radius: 10px 10px 0 0;"> <b>ADDITIONAL<br/>ENGLISH,<br/>MATH OR<br/>NATURAL/<br/>PHYSICAL<br/>SCIENCE</b> </div> <div style="background-color: white; border: 1px solid #004a6b; padding: 5px; border-radius: 0 10px 10px 10px; margin-top: -1px;"> <b>1 year</b> </div> | <div style="background-color: #004a6b; color: white; padding: 10px; border-radius: 10px 10px 0 0;"> <b>SOCIAL<br/>SCIENCE</b> </div> <div style="background-color: white; border: 1px solid #004a6b; padding: 5px; border-radius: 0 10px 10px 10px; margin-top: -1px;"> <b>2 years</b> </div> | <div style="background-color: #004a6b; color: white; padding: 10px; border-radius: 10px 10px 0 0;"> <b>ADDITIONAL<br/>COURSES</b><br/>(Any area listed to the left, foreign language or comparative religion/philosophy)         </div> <div style="background-color: white; border: 1px solid #004a6b; padding: 5px; border-radius: 0 10px 10px 10px; margin-top: -1px;"> <b>4 years</b> </div> |
|--|---|--|---|---|--|

## Full Qualifier

- Complete 16 core courses.
  - Ten of the 16 core courses must be completed before the seventh semester (senior year) of high school.
  - Seven of the 10 core courses must be in English, math or science.
- Earn a core-course GPA of at least 2.300.
- Earn the ACT/SAT score matching your core-course GPA on the Division I sliding scale (see back page).
- Graduate high school.

## Academic Redshirt

- Complete 16 core courses.
- Earn a core-course GPA of at least 2.000.
- Earn the ACT/SAT score matching your core-course GPA on the Division I sliding scale (see back page).
- Graduate high school.

## Full Qualifier:

College-bound student-athletes may practice, compete and receive athletics scholarships during their first year of enrollment at an NCAA Division I school.

## Academic Redshirt:

College-bound student-athletes may receive athletics scholarships during their first year of enrollment and may practice during their first regular academic term, but may NOT compete during their first year of enrollment.

## Nonqualifier:

College-bound student-athletes cannot practice, receive athletics scholarships or compete during their first year of enrollment at an NCAA Division I school.



# Test Scores

When a student registers for the SAT or ACT, he or she can use the NCAA Eligibility Center code of **9999** so his or her scores are sent directly to the NCAA Eligibility Center from the testing agency. Test scores on transcripts will **NOT** be used in his or her academic certification.

A combined SAT score is calculated by adding reading and math subscores. An ACT sum score is calculated by adding English, math, reading and science subscores. A student may take the SAT or ACT an unlimited number of times before he or she enrolls full time in college. If a student takes either test more than once, the best subscore from different tests are used to meet initial-eligibility requirements.

If a student took the SAT before March 2016 and then took the redesigned SAT at a later date, the NCAA Eligibility Center will not combine section scores from the old and redesigned SAT when determining his or her initial eligibility. The NCAA Eligibility Center will only combine section scores from the same version of the test. Because the redesigned SAT varies in design and measures different academic concepts than the old SAT, a numerical score on the old test may not be equivalent to the same numerical score on the redesigned test.

| DIVISION I<br>FULL QUALIFIER SLIDING SCALE |              |         |
|--|--------------|---------|
| CORE GPA                                   | SAT          | ACT SUM |
|  | READING/MATH |         |
| 3.550                                      | 400          | 37      |
| 3.525                                      | 410          | 38      |
| 3.500                                      | 420          | 39      |
| 3.475                                      | 430          | 40      |
| 3.450                                      | 440          | 41      |
| 3.425                                      | 450          | 41      |
| 3.400                                      | 460          | 42      |
| 3.375                                      | 470          | 42      |
| 3.350                                      | 480          | 43      |
| 3.325                                      | 490          | 44      |
| 3.300                                      | 500          | 44      |
| 3.275                                      | 510          | 45      |
| 3.250                                      | 520          | 46      |
| 3.225                                      | 530          | 46      |
| 3.200                                      | 540          | 47      |
| 3.175                                      | 550          | 47      |
| 3.150                                      | 560          | 48      |
| 3.125                                      | 570          | 49      |
| 3.100                                      | 580          | 49      |
| 3.075                                      | 590          | 50      |
| 3.050                                      | 600          | 50      |
| 3.025                                      | 610          | 51      |
| 3.000                                      | 620          | 52      |
| 2.975                                      | 630          | 52      |
| 2.950                                      | 640          | 53      |
| 2.925                                      | 650          | 53      |
| 2.900                                      | 660          | 54      |
| 2.875                                      | 670          | 55      |
| 2.850                                      | 680          | 56      |
| 2.825                                      | 690          | 56      |
| 2.800                                      | 700          | 57      |
| 2.775                                      | 710          | 58      |

| DIVISION I<br>FULL QUALIFIER SLIDING SCALE |              |         |
|--|--------------|---------|
| CORE GPA                                   | SAT          | ACT SUM |
|  | READING/MATH |         |
| 2.750                                      | 720          | 59      |
| 2.725                                      | 730          | 60      |
| 2.700                                      | 740          | 61      |
| 2.675                                      | 750          | 61      |
| 2.650                                      | 760          | 62      |
| 2.625                                      | 770          | 63      |
| 2.600                                      | 780          | 64      |
| 2.575                                      | 790          | 65      |
| 2.550                                      | 800          | 66      |
| 2.525                                      | 810          | 67      |
| 2.500                                      | 820          | 68      |
| 2.475                                      | 830          | 69      |
| 2.450                                      | 840          | 70      |
| 2.425                                      | 850          | 70      |
| 2.400                                      | 860          | 71      |
| 2.375                                      | 870          | 72      |
| 2.350                                      | 880          | 73      |
| 2.325                                      | 890          | 74      |
| 2.300                                      | 900          | 75      |
| 2.299                                      | 910          | 76      |
| 2.275                                      | 910          | 76      |
| 2.250                                      | 920          | 77      |
| 2.225                                      | 930          | 78      |
| 2.200                                      | 940          | 79      |
| 2.175                                      | 950          | 80      |
| 2.150                                      | 960          | 81      |
| 2.125                                      | 970          | 82      |
| 2.100                                      | 980          | 83      |
| 2.075                                      | 990          | 84      |
| 2.050                                      | 1000         | 85      |
| 2.025                                      | 1010         | 86      |
| 2.000                                      | 1020         | 86      |

**ACADEMIC REDSHIRT**





# EXHIBIT G





UNIVERSITY OF NORTH TEXAS  
Unofficial Visit  
Procedures



***NCAA Bylaw: 13.7 Unofficial (Nonpaid) Visit***

According to Bylaw 13.7, prospective student-athletes may visit the University of North Texas at their own expense as many times as they would like. A prospective student-athlete may not make an unofficial visit during a dead period unless he or she has signed a National Letter of Intent or the institution's written offer of admission or financial aid, or the institution has received a financial deposit from the prospective student-athlete in response to an offer of admission. During an unofficial visit, the University of North Texas is not permitted to pay any expenses or provide any entertainment except the maximum of three (3) complimentary admissions to home athletics contests. North Texas cannot pay for any parking expenses while the prospective student-athlete is on campus. The Athletics Department may arrange for academic interviews and provide transportation to tour institutional facilities within a 30-mile radius of campus.

***13.7.1.1. Exception-Men's Basketball.*** In men's basketball, a prospective student-athlete may not make an unofficial visit during the month of July; however, a prospective student-athlete is permitted to make an unofficial visit in July, provided he has signed a National Letter of Intent or the institution's written offer of admission or financial aid, or the institution has received a financial deposit from the prospective student-athlete in response to an offer of admission.

***13.7.1.2 Exception-Women's Basketball.*** In women's basketball, a prospective student-athlete may not make unofficial visits during the July evaluation periods (see Bylaw 13.1.5.4.2) unless the prospective student-athlete has signed a National Letter of Intent or the institution's written offer of admission and/or financial aid or the institution has received her financial deposit in response to its offer of admission.

***Forms Used for Documentation:***

1. Unofficial Visit Record Form

***Individuals and Departments Involved:***

1. Recruiting Coach
2. Prospective Student-Athlete
3. Compliance Office

***Procedure:***

1. The Recruiting Coach will complete the *Unofficial Visit Record Form* after the visit, stating that the prospective student-athlete (and any guests accompanying the prospect) paid for his or her own meals and lodging; the prospective student-athlete (and any guests accompanying the prospect) did not receive transportation off-campus to view an event outside of his or her sport; the prospective student-athlete did not receive more than three (3) complimentary admissions to a home contest; and all NCAA and North Texas rules and regulations were followed on the Unofficial Visit. Page 44 of 370
2. The Recruiting Coach and the prospective student-athlete will sign the *Unofficial Visit Record Form* and the prospect will provide a telephone number on the form.
3. The Recruiting Coach will return the signed *Unofficial Visit Record Form* to the Compliance Office within 48 hours of the conclusion of the Unofficial Visit.
4. The Compliance Office will keep a copy of the *Unofficial Visit Record Form* on file.



UNIVERSITY OF NORTH TEXAS  
Unofficial Visit Record Form



Please submit within 48 hours after conclusion of the visit

Dates of Visit: \_\_\_\_\_ to \_\_\_\_\_ Sport: \_\_\_\_\_

Name of Prospective Student-Athlete: \_\_\_\_\_

I certify by signing below that this visit can be classified as an unofficial visit:

(1) Did the PSA (and any guests) eat a meal with the coaching staff while on the visit?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where was the meal and who paid for the meal? \_\_\_\_\_

(2) Did the PSA (and any guests) utilize lodging while on the visit?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where did they stay and who paid for the lodging? \_\_\_\_\_

(3) Did the PSA see off-campus practice and/or competition sites while on the visit?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where did the PSA go and who transported the PSA off-campus? \_\_\_\_\_

(4) Did the PSA attend a home contest while on the visit?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many complimentary admissions did PSA (and any guests) receive? \_\_\_\_\_

(5) All NCAA rules and regulations and institutional policies were followed during the visit.

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Recruiting Coach Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prospective Student-Athlete Signature/Phone Number

\_\_\_\_\_  
Date

\* If the prospective student-athlete will be staying overnight on campus with a current student-athlete, the Compliance Office needs to approve the housing arrangement prior to the visit. Page 45 of 370

Name of Dormitory or Off-Campus Address: \_\_\_\_\_

Name of Student-Athlete: \_\_\_\_\_

## **Recruiting Process for Incoming Freshmen**

Coach submits transcript evaluation to advisor

Advisor completes evaluation submits to coach and stores in folder in the SHARED drive

Coach submits paperwork for Official Visit to Compliance (what all does that entail)

Coach consults with Student Services to set up itinerary

Requests at least 48 hr advanced notice and 72 hr for weekend and after hours

Major or career aspirations

Coach submits paperwork for NLI/Scholarship agreement

Compliance completes paperwork and obtains all necessary signatures

Paperwork is emailed to prospective student-athlete

Students and parents sign forms and return via fax or email

Student completes Texas Common application

Admission update is provided through Admissions and Compliance

*\*When a student-athlete does not meet the regular admissions standards, there is a talent admit process*

Once a student is admitted, the university sends information regarding housing and orientation

Football, basketball, soccer and volleyball are provided funds for summer school.

Depending on the students' major, hours completed prior to enrollment at UNT (dual credit, AP, IB) and team practice schedule, the majority of the freshman student-athletes are enrolled in the Student Success Course.

## **\*Talent Admit Process**

Regular/Domestic student

- denied once, sent to individual review

Individual review: student submits essay and 3 letters of recommendation from core teachers

- denied twice, request for Talent Admit

Talent Admit Approval form submitted to Director of Student Services

Advisor completes the required Academic Plan

All paperwork is submitted to COO and is forwarded to Admissions

Admissions requires the following from athletics: proof of scholarship and Eligibility Center certification





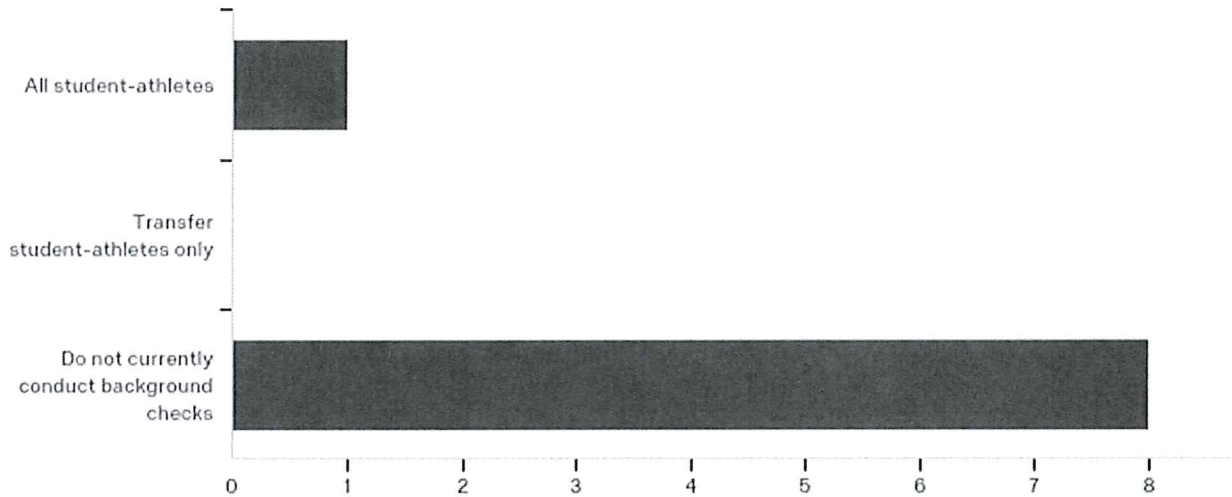
# EXHIBIT H

# Default Report

Student Athlete Survey

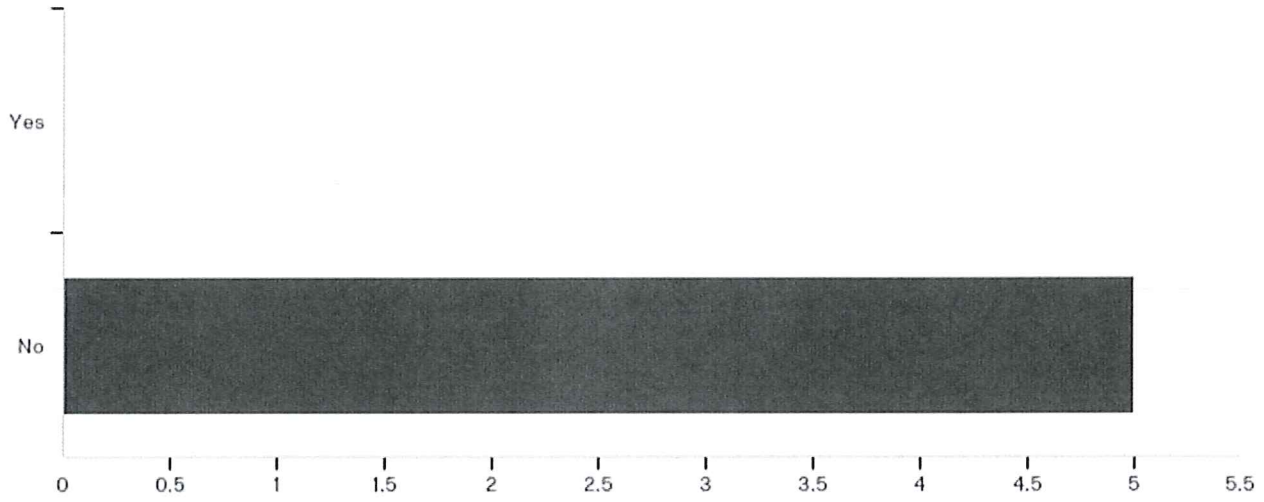
September 18th 2017, 9:54 am MDT

## Q1 - Use of criminal background checks with student-athletes



| # | Answer                                     | %      | Count |
|---|--|--------|-------|
| 1 | All student-athletes                       | 11.11% | 1     |
| 2 | Transfer student-athletes only             | 0.00%  | 0     |
| 3 | Do not currently conduct background checks | 88.89% | 8     |
|   | Total                                      | 100%   | 9     |

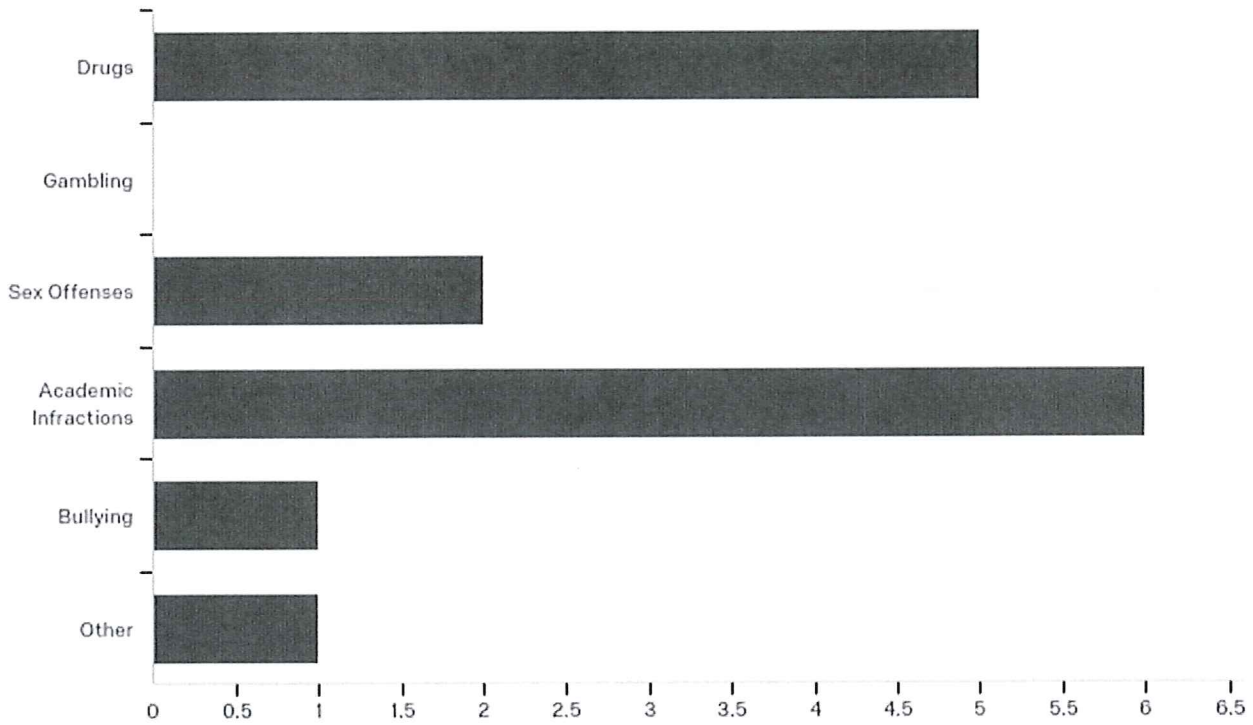
**Q2 - Use of background checks in the admissions process for all students**



| # | Answer | %       | Count |
|---|--------|---------|-------|
| 1 | Yes    | 0.00%   | 0     |
| 2 | No     | 100.00% | 5     |
|   | Total  | 100%    | 5     |

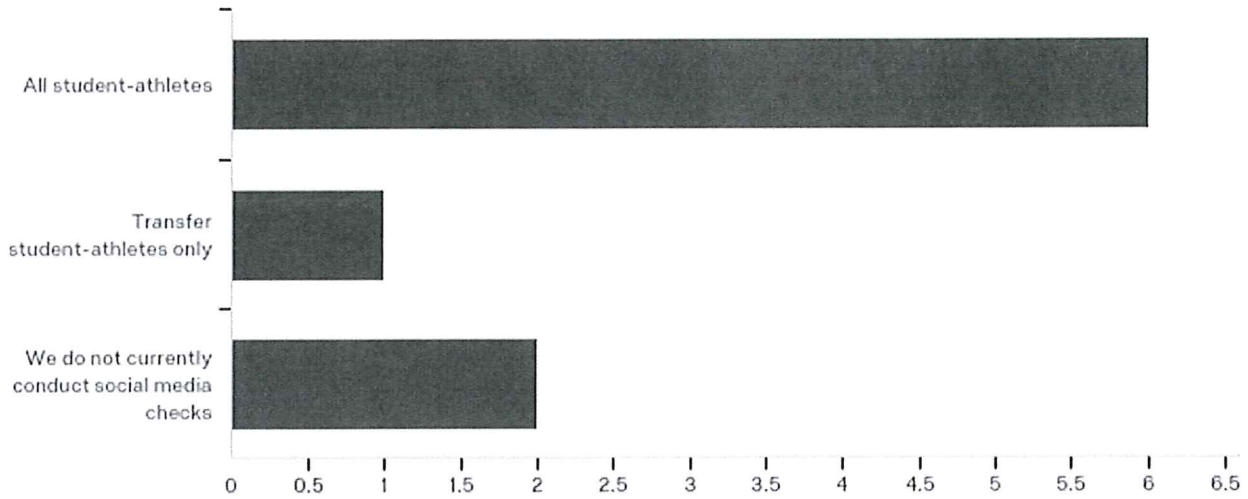


**Q3 - Internal investigations of student-athletes in the past year related to the following**



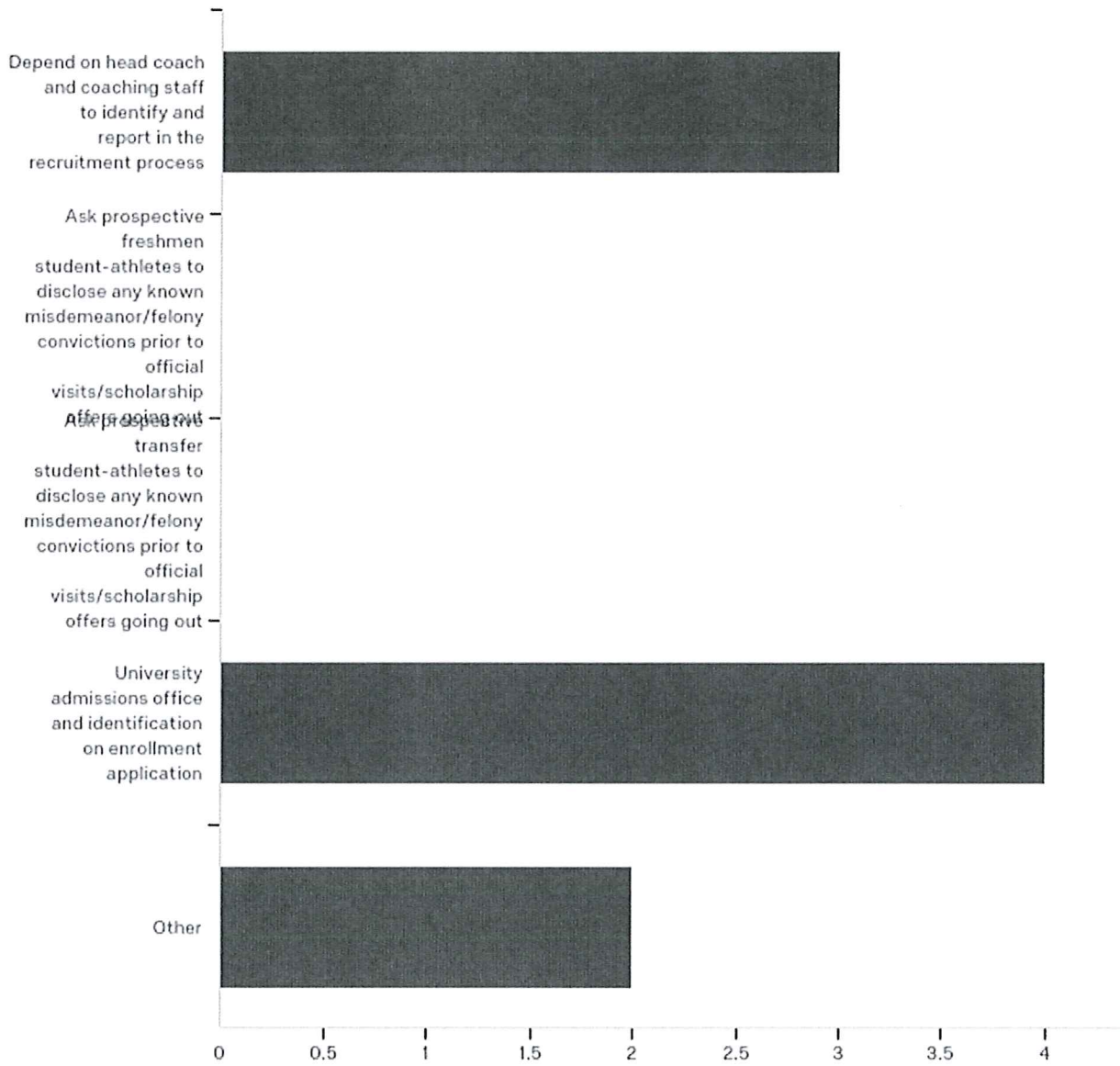
| # | Answer               | %      | Count |
|---|----------------------|--------|-------|
| 1 | Drugs                | 33.33% | 5     |
| 2 | Gambling             | 0.00%  | 0     |
| 3 | Sex Offenses         | 13.33% | 2     |
| 4 | Academic Infractions | 40.00% | 6     |
| 5 | Bullying             | 6.67%  | 1     |
| 6 | Other                | 6.67%  | 1     |
|   | Total                | 100%   | 15    |

## Q4 - Use of social media checks in the recruitment process



| # | Answer  | %      | Count |
|---|---|--------|-------|
| 1 | All student-athletes                            | 66.67% | 6     |
| 2 | Transfer student-athletes only                  | 11.11% | 1     |
| 3 | We do not currently conduct social media checks | 22.22% | 2     |
|   | Total   | 100%   | 9     |

**Q5 - How does your campus identify potential criminal/legal issues with incoming student-athletes**



| # | Answer   | %      | Count |
|---|--|--------|-------|
| 1 | Depend on head coach and coaching staff to identify and report in the recruitment process  | 33.33% | 3     |
| 2 | Ask prospective freshmen student-athletes to disclose any known misdemeanor/felony convictions prior to official visits/scholarship offers going out | 0.00%  | 0     |
| 3 | Ask prospective transfer student-athletes to disclose any known misdemeanor/felony convictions prior to official visits/scholarship offers going out | 0.00%  | 0     |
| 4 | University admissions office and identification on enrollment application  | 44.44% | 4     |
| 5 | Other  | 22.22% | 2     |



## Other

Other

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Yes, to the first 3

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SDASDF

# UNTS Enterprise Audit Report Inventory

The repository represents the detailed audit activity supporting the “UNTS Enterprise Audit Report Inventory” presentation listed on the Schedule of Events for the Board of Regents Meeting November 16, 2017.

The repository includes audit activity from UNT System Internal Audit, Texas State Auditor’s Office and other external agencies from Fiscal Year 2013 through the current timeframe.

**UNTS Enterprise Audit Report Inventory**

| Internal / External | Reporting Agency          | Fiscal Year Report was Issued | Report Number | Audit Category         | Report Name  | Component Institution | Key Observations   | Risk Level | Recommendation Details  | Management Response   | Individual Responsible for Implementation  | Expected Implementation Date                      | Recommendation Status |
|---------------------|---------------------------|-------------------------------|---------------|------------------------|--|-----------------------|--|------------|---|---|--|---|-----------------------|
| Internal            | UNT System Internal Audit | Fiscal Year 2009              | 09-011 HSC    | Finance                | Advancement Office Follow-Up Review                              | UNT System            | The written agreement between the Center and the UNTHSC Foundation has not been revised or reaffirmed since September 1994.  | Low        | Review and update the agreement between the Center and the Foundation including a "right to audit clause." Refer to Legal Counsel and the AGB-CASE model agreement for guidance.  | Management agrees. In process. The Vice President for Development will raise this topic at the April 2009 Foundation Board meeting and complete by the June meeting. The updated agreement will be distributed upon approval of appropriate Center and Foundation Administrators.   | Doug White, VP of Institutional Advancement  | Original Date 11/30/2012<br>Revised Date 12/31/16 | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2009              | 09-011 HSC    | Finance                | Advancement Office Follow-Up Review                              | UNT System            | The written agreement between the Center and the UNTHSC Foundation has not been revised or reaffirmed since September 1994.  | Low        | Distribute or make available the reaffirmed agreement to stakeholders including Center administrators, Advancement Office employees, and the Foundation Board of Directors.   | Management agrees. In process. The Vice President for Development will raise this topic at the April 2009 Foundation Board meeting and complete by the June meeting. The updated agreement will be distributed upon approval of appropriate Center and Foundation Administrators.   | Doug White, VP of Institutional Advancement  | Original Date 11/30/2012<br>Revised Date 12/31/16 | Closed                |
| External            | EXPERIS                   | Fiscal Year 2013              | NA            | Information Technology | UNT Health Science Center (UNT HSC) Change Management Assessment | UNTHSC                | <b>1. Current Change Management Practices</b> - Based on the documentation provided (e.g., documents listed in Appendix A, email, etc...), it was determined that for the ten applications/services that meet the criteria of being both high risk and institutional in scope(impact), a population of changes could not be evidenced and that Change Management practices were found to be minimal, general in nature and less than expected. Change Management procedures do not include the following:<br>-Standardized procedures to handle requests (including maintenance and patches) for changes to applications, procedures, processes, system and service parameters, and the underlying platforms<br>-Structured way to determine the impact on the operational system(and overall infrastructure) and its functionality for each request for change<br>-Process to ensure changes are categorized, prioritized, assigned, and authorized<br>-Process for pre-implementation and post-implementation testing protocols/requirements<br>-Process for defining, raising, testing, documenting, assessing and authorizing emergency changes (outside of the 'normal' change process)<br>-Tracking and reporting systems to document and communicate rejected changes, communicate the status of approved and in-process changes, and completion of approved changes (e.g. a spreadsheet)<br>-Procedures to update associated system and user documentation | High       | <b>Recommendations/Activities to Consider for Observations 1 through 4:</b> The following are considered suggests and not mandates for the applications/services that meet the criteria of being both high risk and institutional in scope (impact):<br>-Establish a tracking and reporting system (e.g. spreadsheet) to document approved/rejected changes, communicate the status of requests (e.g. in-process, in testing, approved, completed). Make certain that approved changes are implemented as planned (or document explanations where changes deviate from original plan).                            | ITS management agrees with these best practice recommendations and will complete the steps listed below to ensure that all changes to IT systems at UNTHSC are assessed, categorized, comply with TAC guidelines, and as appropriate, follow a formal change process. Formal change processes will be applied to systems or applications that have been classified as high risk (contains or processes private and/or regulated data), and high impact (institutional wide use).<br>-Classification and evaluation of high risk/high impact systems and applications will be conducted and reviewed by ITS management, CIO, and stakeholders annually.<br>-ITS has begun a pilot of Microsoft System Center Service Manager(SCSM), a tool for IT service and change management that will hold system and application information, and allow for the tracking and reporting of changes made to those systems and applications identified as high risk/high impact. Estimated completion date for pilot is within the next 6 months.<br>-Change management procedures will be formalized at the completion of the pilot, and with adoption of SCSM or similar tool. Procedures will include approval processes, pre and post testing, and emergency change protocols, and will be reviewed annually by ITS management.<br>-ITS is currently in the process of updating our institutional and internal policies, including Systems Change Control. | ITS management team - Lynley Dungan, Executive Director of Information Technology Services, Anthony Tissera, Director of Infrastructure and Security, Woody Hagar, Director of Information Services, and Renee Drabier, Vice Provost for Academic Affairs and Development/CIO. | 8/31/2014   | NA                    |
| External            | EXPERIS                   | Fiscal Year 2013              | NA            | Information Technology | UNT Health Science Center (UNT HSC) Change Management Assessment | UNTHSC                | <b>1. Current Change Management Practices</b> - Based on the documentation provided (e.g., documents listed in Appendix A, email, etc...), it was determined that for the ten applications/services that meet the criteria of being both high risk and institutional in scope(impact), a population of changes could not be evidenced and that Change Management practices were found to be minimal, general in nature and less than expected. Change Management procedures do not include the following:<br>-Standardized procedures to handle requests (including maintenance and patches) for changes to applications, procedures, processes, system and service parameters, and the underlying platforms<br>-Structured way to determine the impact on the operational system(and overall infrastructure) and its functionality for each request for change<br>-Process to ensure changes are categorized, prioritized, assigned, and authorized<br>-Process for pre-implementation and post-implementation testing protocols/requirements<br>-Process for defining, raising, testing, documenting, assessing and authorizing emergency changes (outside of the 'normal' change process)<br>-Tracking and reporting systems to document and communicate rejected changes, communicate the status of approved and in-process changes, and completion of approved changes (e.g. a spreadsheet)<br>-Procedures to update associated system and user documentation | High       | <b>Recommendations/Activities to Consider for Observations 1 through 4:</b> The following are considered suggests and not mandates for the applications/services that meet the criteria of being both high risk and institutional in scope (impact):<br>-Establish formal, standardized, Change Management procedures to administer all change requests for those applications/services that are both high risk and institutional in scope/impact (e.g. maintenance and patches, changes to hardware, networks, applications, procedures, processes, system and service parameters, and the underlying platforms) | ITS management agrees with these best practice recommendations and will complete the steps listed below to ensure that all changes to IT systems at UNTHSC are assessed, categorized, comply with TAC guidelines, and as appropriate, follow a formal change process. Formal change processes will be applied to systems or applications that have been classified as high risk (contains or processes private and/or regulated data), and high impact (institutional wide use).<br>-Classification and evaluation of high risk/high impact systems and applications will be conducted and reviewed by ITS management, CIO, and stakeholders annually.<br>-ITS has begun a pilot of Microsoft System Center Service Manager(SCSM), a tool for IT service and change management that will hold system and application information, and allow for the tracking and reporting of changes made to those systems and applications identified as high risk/high impact. Estimated completion date for pilot is within the next 6 months.<br>-Change management procedures will be formalized at the completion of the pilot, and with adoption of SCSM or similar tool. Procedures will include approval processes, pre and post testing, and emergency change protocols, and will be reviewed annually by ITS management.<br>-ITS is currently in the process of updating our institutional and internal policies, including Systems Change Control. | ITS management team - Lynley Dungan, Executive Director of Information Technology Services, Anthony Tissera, Director of Infrastructure and Security, Woody Hagar, Director of Information Services, and Renee Drabier, Vice Provost for Academic Affairs and Development/CIO. | 8/31/2014   | NA                    |



UNTS Enterprise Audit Report Inventory

| Internal / External | Reporting Agency | Fiscal Year Report was Issued | Report Number | Audit Category         | Report Name  | Component Institution | Key Observations   | Risk Level | Recommendation Details  | Management Response   | Individual Responsible for Implementation  | Expected Implementation Date | Recommendation Status |
|---------------------|------------------|-------------------------------|---------------|------------------------|--|-----------------------|--|------------|---|---|--|------------------------------|-----------------------|
| External            | EXPERIS          | Fiscal Year 2013              | NA            | Information Technology | UNT Health Science Center (UNT HSC) Change Management Assessment | UNTHSC                | <p><b>1. Current Change Management Practices</b> - Based on the documentation provided (e.g., documents listed in Appendix A, email, etc...), it was determined that for the ten applications/services that meet the criteria of being both high risk and institutional in scope(impact), a population of changes could not be evidenced and that Change Management practices were found to be minimal, general in nature and less than expected. Change Management procedures do not include the following:</p> <ul style="list-style-type: none"> <li>-Standardized procedures to handle requests (including maintenance and patches) for changes to applications, procedures, processes, system and service parameters, and the underlying platforms</li> <li>-Structured way to determine the impact on the operational system(and overall infrastructure) and its functionality for each request for change</li> <li>-Process to ensure changes are categorized, prioritized, assigned, and authorized</li> <li>-Process for pre-implementation and post-implementation testing protocols/requirements</li> <li>-Process for defining, raising, testing, documenting, assessing and authorizing emergency changes (outside of the 'normal' change process)</li> <li>-Tracking and reporting systems to document and communicate rejected changes, communicate the status of approved and in-process changes, and completion of approved changes (e.g. a spreadsheet)</li> <li>-Procedures to update associated system and user documentation</li> </ul> | High       | <p>Recommendations/Activities to Consider for Observations 1 through 4: The following are considered suggests and not mandates for the applications/services that meet the criteria of being both high risk and institutional in scope (impact):</p> <ul style="list-style-type: none"> <li>-Establish a process for defining, initiating, testing, documenting, assessing and authorizing emergency changes that do not follow the established change process</li> </ul> | <p>ITS management agrees with these best practice recommendations and will complete the steps listed below to ensure that all changes to IT systems at UNTHSC are assessed, categorized, comply with TAC guidelines, and as appropriate, follow a formal change process. Formal change processes will be applied to systems or applications that have been classified as high risk (contains or processes private and/or regulated data), and high impact (institutional wide use). -Classification and evaluation of high risk/high impact systems and applications will be conducted and reviewed by ITS management, stakeholders annually. -ITS has begun a pilot of Microsoft System Center Service Manager(SCSM), a tool for IT service and change management that will hold system and application information, and allow for the tracking and reporting of changes made to those systems and applications identified as high risk/high impact. Estimated completion date for pilot is within the next 6 months. -Change management procedures will be formalized at the completion of the pilot, and with adoption of SCSM or similar tool. Procedures will include approval processes, pre and post testing, and emergency change protocols, and will be reviewed annually by ITS management. -ITS is currently in the process of updating our institutional and internal policies, including Systems Change Control.</p> | ITS management team - Lynley Dungan, Executive Director of Information Technology Services, Anthony Tissera, Director of Infrastructure and Security, Woody Hagar, Director of Information Services, and Renee Drabier, Vice Provost for Academic Affairs and Development/CIO. | 8/31/2014                    | NA                    |
| External            | EXPERIS          | Fiscal Year 2013              | NA            | Information Technology | UNT Health Science Center (UNT HSC) Change Management Assessment | UNTHSC                | <p><b>1. Current Change Management Practices</b> - Based on the documentation provided (e.g., documents listed in Appendix A, email, etc...), it was determined that for the ten applications/services that meet the criteria of being both high risk and institutional in scope(impact), a population of changes could not be evidenced and that Change Management practices were found to be minimal, general in nature and less than expected. Change Management procedures do not include the following:</p> <ul style="list-style-type: none"> <li>-Standardized procedures to handle requests (including maintenance and patches) for changes to applications, procedures, processes, system and service parameters, and the underlying platforms</li> <li>-Structured way to determine the impact on the operational system(and overall infrastructure) and its functionality for each request for change</li> <li>-Process to ensure changes are categorized, prioritized, assigned, and authorized</li> <li>-Process for pre-implementation and post-implementation testing protocols/requirements</li> <li>-Process for defining, raising, testing, documenting, assessing and authorizing emergency changes (outside of the 'normal' change process)</li> <li>-Tracking and reporting systems to document and communicate rejected changes, communicate the status of approved and in-process changes, and completion of approved changes (e.g. a spreadsheet)</li> <li>-Procedures to update associated system and user documentation</li> </ul> | High       | <p>Recommendations/Activities to Consider for Observations 1 through 4: The following are considered suggests and not mandates for the applications/services that meet the criteria of being both high risk and institutional in scope (impact):</p>  | <p>ITS management agrees with these best practice recommendations and will complete the steps listed below to ensure that all changes to IT systems at UNTHSC are assessed, categorized, comply with TAC guidelines, and as appropriate, follow a formal change process. Formal change processes will be applied to systems or applications that have been classified as high risk (contains or processes private and/or regulated data), and high impact (institutional wide use). -Classification and evaluation of high risk/high impact systems and applications will be conducted and reviewed by ITS management, stakeholders annually. -ITS has begun a pilot of Microsoft System Center Service Manager(SCSM), a tool for IT service and change management that will hold system and application information, and allow for the tracking and reporting of changes made to those systems and applications identified as high risk/high impact. Estimated completion date for pilot is within the next 6 months. -Change management procedures will be formalized at the completion of the pilot, and with adoption of SCSM or similar tool. Procedures will include approval processes, pre and post testing, and emergency change protocols, and will be reviewed annually by ITS management. -ITS is currently in the process of updating our institutional and internal policies, including Systems Change Control.</p> | ITS management team - Lynley Dungan, Executive Director of Information Technology Services, Anthony Tissera, Director of   | 8/31/2014                    | NA                    |
| External            | EXPERIS          | Fiscal Year 2013              | NA            | Information Technology | UNT Health Science Center (UNT HSC) Change Management Assessment | UNTHSC                | <p><b>1. Current Change Management Practices</b> - Based on the documentation provided (e.g., documents listed in Appendix A, email, etc...), it was determined that for the ten applications/services that meet the criteria of being both high risk and institutional in scope(impact), a population of changes could not be evidenced and that Change Management practices were found to be minimal, general in nature and less than expected. Change Management procedures do not include the following:</p> <ul style="list-style-type: none"> <li>-Standardized procedures to handle requests (including maintenance and patches) for changes to applications, procedures, processes, system and service parameters, and the underlying platforms</li> <li>-Structured way to determine the impact on the operational system(and overall infrastructure) and its functionality for each request for change</li> <li>-Process to ensure changes are categorized, prioritized, assigned, and authorized</li> <li>-Process for pre-implementation and post-implementation testing protocols/requirements</li> <li>-Process for defining, raising, testing, documenting, assessing and authorizing emergency changes (outside of the 'normal' change process)</li> <li>-Tracking and reporting systems to document and communicate rejected changes, communicate the status of approved and in-process changes, and completion of approved changes (e.g. a spreadsheet)</li> <li>-Procedures to update associated system and user documentation</li> </ul> | High       | <p>Recommendations/Activities to Consider for Observations 1 through 4: The following are considered suggests and not mandates for the applications/services that meet the criteria of being both high risk and institutional in scope (impact):</p> <ul style="list-style-type: none"> <li>-Upon the implementation of changes, update the associated Change Management tracking tool, the system and user documentation and procedures accordingly.</li> </ul>          | <p>ITS management agrees with these best practice recommendations and will complete the steps listed below to ensure that all changes to IT systems at UNTHSC are assessed, categorized, comply with TAC guidelines, and as appropriate, follow a formal change process. Formal change processes will be applied to systems or applications that have been classified as high risk (contains or processes private and/or regulated data), and high impact (institutional wide use). -Classification and evaluation of high risk/high impact systems and applications will be conducted and reviewed by ITS management, stakeholders annually. -ITS has begun a pilot of Microsoft System Center Service Manager(SCSM), a tool for IT service and change management that will hold system and application information, and allow for the tracking and reporting of changes made to those systems and applications identified as high risk/high impact. Estimated completion date for pilot is within the next 6 months. -Change management procedures will be formalized at the completion of the pilot, and with adoption of SCSM or similar tool. Procedures will include approval processes, pre and post testing, and emergency change protocols, and will be reviewed annually by ITS management. -ITS is currently in the process of updating our institutional and internal policies, including Systems Change Control.</p> | ITS management team - Lynley Dungan, Executive Director of Information Technology Services, Anthony Tissera, Director of Infrastructure and Security, Woody Hagar, Director of Information Services, and Renee Drabier, Vice Provost for Academic Affairs and Development/CIO. | 8/31/2014                    | NA                    |

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| External            | EXPERIS          | Fiscal Year 2013              | NA            | Information Technology | UNT Health Science Center (UNT HSC) HSC Change Management Assessment | UNTHSC                | <p><b>1. Current Change Management Practices</b> - Based on the documentation provided (e.g., documents listed in Appendix A, email, etc...), it was determined that for the ten applications/services that meet the criteria of being both high risk and institutional in scope(impact), a population of changes could not be evidenced and that Change Management practices were found to be minimal, general in nature and less than expected. Change Management procedures do not include the following:</p> <ul style="list-style-type: none"> <li>-Standardized procedures to handle requests (including maintenance and patches) for changes to applications, procedures, processes, system and service parameters, and the underlying platforms</li> <li>-Structured way to determine the impact on the operational system(and overall infrastructure) and its functionality for each request for change</li> <li>-Process to ensure changes are categorized, prioritized, assigned, and authorized</li> <li>-Process for pre-implementation and post-implementation testing protocols/requirements</li> <li>-Process for defining, raising, testing, documenting, assessing and authorizing emergency changes (outside of the 'normal' change process)</li> <li>-Tracking and reporting systems to document and communicate rejected changes, communicate the status of approved and in-process changes, and completion of approved changes (e.g. a spreadsheet)</li> <li>-Procedures to update associated system and user documentation</li> </ul> | High       | <p>Recommendations/Activities to Consider for Observations 1 through 4: The following are considered suggests and not mandates for the applications/services that meet the criteria of being both high risk and institutional in scope (impact):</p> <ul style="list-style-type: none"> <li>-Where support responsibilities are shared with other organizations(e.g. ITSS, vendors, other departments), document the roles and responsibilities for each and capture how all stakeholders and support teams are kept update</li> </ul> | <p>ITS management agrees with these best practice recommendations and will complete the steps listed below to ensure that all changes to IT systems at UNTHSC are assessed, categorized, comply with TAC guidelines, and as appropriate, follow a formal change process. Formal change processes will be applied to systems or applications that have been classified as high risk (contains or processes private and/or regulated data), and high impact (institutional wide use). -Classification and evaluation of high risk/high impact systems and applications will be conducted and reviewed by ITS management, stakeholders annually. -ITS has begun a pilot of Microsoft System Center Service Manager(SCSM), a tool for IT service and change management that will hold system and application information, and allow for the tracking and reporting of changes made to those systems and applications identified as high risk/high impact. Estimated completion date for pilot is within the next 6 months. -Change management procedures will be formalized at the completion of the pilot, and with adoption of SCSM or similar tool. Procedures will include approval processes, pre and post testing, and emergency change protocols, and will be reviewed annually by ITS management. -ITS is currently in the process of updating our institutional and internal policies, including Systems Change Control.</p> | ITS management team - Lynley Dungan, Executive Director of Information Technology Services, Anthony Tissera, Director of Infrastructure and Security, Woody Hagar, Director of Information Services, and Renee Drabier, Vice Provost for Academic Affairs and Development/CIO. | 8/31/2014                    | NA                    |
| External            | EXPERIS          | Fiscal Year 2013              | NA            | Information Technology | UNT Health Science Center (UNT HSC) HSC Change Management Assessment | UNTHSC                | <p><b>1. Current Change Management Practices</b> - Based on the documentation provided (e.g., documents listed in Appendix A, email, etc...), it was determined that for the ten applications/services that meet the criteria of being both high risk and institutional in scope(impact), a population of changes could not be evidenced and that Change Management practices were found to be minimal, general in nature and less than expected. Change Management procedures do not include the following:</p> <ul style="list-style-type: none"> <li>-Standardized procedures to handle requests (including maintenance and patches) for changes to applications, procedures, processes, system and service parameters, and the underlying platforms</li> <li>-Structured way to determine the impact on the operational system(and overall infrastructure) and its functionality for each request for change</li> <li>-Process to ensure changes are categorized, prioritized, assigned, and authorized</li> <li>-Process for pre-implementation and post-implementation testing protocols/requirements</li> <li>-Process for defining, raising, testing, documenting, assessing and authorizing emergency changes (outside of the 'normal' change process)</li> <li>-Tracking and reporting systems to document and communicate rejected changes, communicate the status of approved and in-process changes, and completion of approved changes (e.g. a spreadsheet)</li> <li>-Procedures to update associated system and user documentation</li> </ul> | High       | <p>Recommendations/Activities to Consider for Observations 1 through 4: The following are considered suggests and not mandates for the applications/services that meet the criteria of being both high risk and institutional in scope (impact):</p> <ul style="list-style-type: none"> <li>-Include a method to periodically review, update (including appropriate version control), and disseminate Change Management practices (e.g.at least annually).</li> </ul>  | <p>ITS management agrees with these best practice recommendations and will complete the steps listed below to ensure that all changes to IT systems at UNTHSC are assessed, categorized, comply with TAC guidelines, and as appropriate, follow a formal change process. Formal change processes will be applied to systems or applications that have been classified as high risk (contains or processes private and/or regulated data), and high impact (institutional wide use). -Classification and evaluation of high risk/high impact systems and applications will be conducted and reviewed by ITS management, stakeholders annually. -ITS has begun a pilot of Microsoft System Center Service Manager(SCSM), a tool for IT service and change management that will hold system and application information, and allow for the tracking and reporting of changes made to those systems and applications identified as high risk/high impact. Estimated completion date for pilot is within the next 6 months. -Change management procedures will be formalized at the completion of the pilot, and with adoption of SCSM or similar tool. Procedures will include approval processes, pre and post testing, and emergency change protocols, and will be reviewed annually by ITS management. -ITS is currently in the process of updating our institutional and internal policies, including Systems Change Control.</p> | ITS management team - Lynley Dungan, Executive Director of Information Technology Services, Anthony Tissera, Director of Infrastructure and Security, Woody Hagar, Director of Information Services, and Renee Drabier, Vice Provost for Academic Affairs and Development/CIO. | 8/31/2014                    | NA                    |

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| External            | EXPERIS          | Fiscal Year 2013              | NA            | Information Technology | UNT Health Science Center (UNT HSC) HSC Change Management Assessment | UNTHSC                | <p><b>1. Current Change Management Practices</b> - Based on the documentation provided (e.g., documents listed in Appendix A, email, etc...), it was determined that for the ten applications/services that meet the criteria of being both high risk and institutional in scope(impact), a population of changes could not be evidenced and that Change Management practices were found to be minimal, general in nature and less than expected. Change Management procedures do not include the following:</p> <ul style="list-style-type: none"> <li>-Standardized procedures to handle requests (including maintenance and patches) for changes to applications, procedures, processes, system and service parameters, and the underlying platforms</li> <li>-Structured way to determine the impact on the operational system(and overall infrastructure) and its functionality for each request for change</li> <li>-Process to ensure changes are categorized, prioritized, assigned, and authorized</li> <li>-Process for pre-implementation and post-implementation testing protocols/requirements</li> <li>-Process for defining, raising, testing, documenting, assessing and authorizing emergency changes (outside of the 'normal' change process)</li> <li>-Tracking and reporting systems to document and communicate rejected changes, communicate the status of approved and in-process changes, and completion of approved changes (e.g. a spreadsheet)</li> <li>-Procedures to update associated system and user documentation</li> </ul> | High       | <p>Recommendations/Activities to Consider for Observations 1 through 4: The following are considered suggests and not mandates for the applications/services that meet the criteria of being both high risk and institutional in scope (impact):</p> <ul style="list-style-type: none"> <li>-Ensure the user community agrees with the Risk and Scope assigned to each application/service.</li> </ul>  | <p>ITS management agrees with these best practice recommendations and will complete the steps listed below to ensure that all changes to IT systems at UNTHSC are assessed, categorized, comply with TAC guidelines, and as appropriate, follow a formal change process. Formal change processes will be applied to systems or applications that have been classified as high risk (contains or processes private and/or regulated data), and high impact (institutional wide use). -Classification and evaluation of high risk/high impact systems and applications will be conducted and reviewed by ITS management, stakeholders annually. -ITS has begun a pilot of Microsoft System Center Service Manager(SCSM), a tool for IT service and change management that will hold system and application information, and allow for the tracking and reporting of changes made to those systems and applications identified as high risk/high impact. Estimated completion date for pilot is within the next 6 months. -Change management procedures will be formalized at the completion of the pilot, and with adoption of SCSM or similar tool. Procedures will include approval processes, pre and post testing, and emergency change protocols, and will be reviewed annually by ITS management. -ITS is currently in the process of updating our institutional and internal policies, including Systems Change Control.</p> | ITS management team - Lynley Dungan, Executive Director of Information Technology Services, Anthony Tissera, Director of Infrastructure and Security, Woody Hagar, Director of Information Services, and Renee Drabier, Vice Provost for Academic Affairs and Development/CIO. | 8/31/2014                    | NA                    |
| External            | EXPERIS          | Fiscal Year 2013              | NA            | Information Technology | UNT Health Science Center (UNT HSC) HSC Change Management Assessment | UNTHSC                | <p><b>1. Current Change Management Practices</b> - Based on the documentation provided (e.g., documents listed in Appendix A, email, etc...), it was determined that for the ten applications/services that meet the criteria of being both high risk and institutional in scope(impact), a population of changes could not be evidenced and that Change Management practices were found to be minimal, general in nature and less than expected. Change Management procedures do not include the following:</p> <ul style="list-style-type: none"> <li>-Standardized procedures to handle requests (including maintenance and patches) for changes to applications, procedures, processes, system and service parameters, and the underlying platforms</li> <li>-Structured way to determine the impact on the operational system(and overall infrastructure) and its functionality for each request for change</li> <li>-Process to ensure changes are categorized, prioritized, assigned, and authorized</li> <li>-Process for pre-implementation and post-implementation testing protocols/requirements</li> <li>-Process for defining, raising, testing, documenting, assessing and authorizing emergency changes (outside of the 'normal' change process)</li> <li>-Tracking and reporting systems to document and communicate rejected changes, communicate the status of approved and in-process changes, and completion of approved changes (e.g. a spreadsheet)</li> <li>-Procedures to update associated system and user documentation</li> </ul> | High       | <p>Recommendations/Activities to Consider for Observations 1 through 4: The following are considered suggests and not mandates for the applications/services that meet the criteria of being both high risk and institutional in scope (impact):</p> <ul style="list-style-type: none"> <li>-Assess all requests for those applications/services that are both high risk and institutional in scope/impact, in a structured way to determine the impact on the operational system, overall infrastructure, and functionality. Ensure that changes are categorized, prioritized and authorized and supporting evidentiary documentation is archived</li> </ul> | <p>ITS management agrees with these best practice recommendations and will complete the steps listed below to ensure that all changes to IT systems at UNTHSC are assessed, categorized, comply with TAC guidelines, and as appropriate, follow a formal change process. Formal change processes will be applied to systems or applications that have been classified as high risk (contains or processes private and/or regulated data), and high impact (institutional wide use). -Classification and evaluation of high risk/high impact systems and applications will be conducted and reviewed by ITS management, stakeholders annually. -ITS has begun a pilot of Microsoft System Center Service Manager(SCSM), a tool for IT service and change management that will hold system and application information, and allow for the tracking and reporting of changes made to those systems and applications identified as high risk/high impact. Estimated completion date for pilot is within the next 6 months. -Change management procedures will be formalized at the completion of the pilot, and with adoption of SCSM or similar tool. Procedures will include approval processes, pre and post testing, and emergency change protocols, and will be reviewed annually by ITS management. -ITS is currently in the process of updating our institutional and internal policies, including Systems Change Control.</p> | ITS management team - Lynley Dungan, Executive Director of Information Technology Services, Anthony Tissera, Director of Infrastructure and Security, Woody Hagar, Director of Information Services, and Renee Drabier, Vice Provost for Academic Affairs and Development/CIO. | 8/31/2014                    | NA                    |



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| External            | EXPERIS                | Fiscal Year 2013              | NA            | Information Technology | UNT Health Science Center (UNT HSC) Change Management Assessment   | UNTHSC                | <p><b>1. Current Change Management Practices</b> - Based on the documentation provided (e.g., documents listed in Appendix A, email, etc...), it was determined that for the ten applications/services that meet the criteria of being both high risk and institutional in scope(impact), a population of changes could not be evidenced and that Change Management practices were found to be minimal, general in nature and less than expected. Change Management procedures do not include the following:</p> <ul style="list-style-type: none"> <li>-Standardized procedures to handle requests (including maintenance and patches) for changes to applications, procedures, processes, system and service parameters, and the underlying platforms</li> <li>-Structured way to determine the impact on the operational system(and overall infrastructure) and its functionality for each request for change</li> <li>-Process to ensure changes are categorized, prioritized, assigned, and authorized</li> <li>-Process for pre-implementation and post-implementation testing protocols/requirements</li> <li>-Process for defining, raising, testing, documenting, assessing and authorizing emergency changes (outside of the 'normal' change process)</li> <li>-Tracking and reporting systems to document and communicate rejected changes, communicate the status of approved and in-process changes, and completion of approved changes (e.g. a spreadsheet)</li> <li>-Procedures to update associated system and user documentation</li> </ul> | High       | <p>Recommendations/Activities to Consider for Observations 1 through 4: The following are considered suggests and not mandates for the applications/services that meet the criteria of being both high risk and institutional in scope (impact):</p> <ul style="list-style-type: none"> <li>-Define and document approval procedures, as well as those individuals that are authorized to act as approvers for each system.</li> </ul> | <p>ITS management agrees with these best practice recommendations and will complete the steps listed below to ensure that all changes to IT systems at UNTHSC are assessed, categorized, comply with TAC guidelines, and as appropriate, follow a formal change process. Formal change processes will be applied to systems or applications that have been classified as high risk (contains or processes private and/or regulated data), and high impact (institutional wide use). -Classification and evaluation of high risk/high impact systems and applications will be conducted and reviewed by ITS management, stakeholders annually.</p> <ul style="list-style-type: none"> <li>-ITS has begun a pilot of Microsoft System Center Service Manager(SCSM), a tool for IT service and change management that will hold system and application information, and allow for the tracking and reporting of changes made to those systems and applications identified as high risk/high impact. Estimated completion date for pilot is within the next 6 months.</li> <li>-Change management procedures will be formalized at the completion of the pilot, and with adoption of SCSM or similar tool. Procedures will include approval processes, pre and post testing, and emergency change protocols, and will be reviewed annually by ITS management.</li> <li>-ITS is currently in the process of updating our institutional and internal policies, including Systems Change Control.</li> </ul> | ITS management team - Lynley Dungan, Executive Director of Information Technology Services, Anthony Tissera, Director of Infrastructure and Security, Woody Hagar, Director of Information Services, and Renee Drabier, Vice Provost for Academic Affairs and Development/CIO. | 8/31/2014                    | NA                    |
| External            | State Auditor's Office | Fiscal Year 2013              | 13-019        | Finance                | State of Texas Compliance with Federal Requirements for the Student Financial Assistance Cluster of Federal Programs for the Fiscal Year Ended August 31, 2012 | UNT                   | During the Fall 2011 term, the University of North Texas (University) used full-time budgets to determine COA for all students receiving financial assistance who applied for Title IV assistance prior to the Fall 2011 census date, regardless of each student's actual or anticipated enrollment. In addition, for 1 (2 percent) of 60 students tested, the University incorrectly over awarded the student \$8,776 in Direct Loans associated with award P268K122293 as part of the student's Spring 2012 assistance.  | NA         | The University should:<br><br>Develop a process to determine each student's COA and financial need based on the student's expected or actual enrollment.   | Management has developed a process to determine each student's COA and financial need based on the student's expected enrollment.   | Zelma DeLeon and Lacey Thompson  | 1/1/2012                     | Closed                |
| External            | State Auditor's Office | Fiscal Year 2013              | 13-019        | Finance                | State of Texas Compliance with Federal Requirements for the Student Financial Assistance Cluster of Federal Programs for the Fiscal Year Ended August 31, 2012 | UNT                   | During the Fall 2011 term, the University of North Texas (University) used full-time budgets to determine COA for all students receiving financial assistance who applied for Title IV assistance prior to the Fall 2011 census date, regardless of each student's actual or anticipated enrollment. In addition, for 1 (2 percent) of 60 students tested, the University incorrectly over awarded the student \$8,776 in Direct Loans associated with award P268K122293 as part of the student's Spring 2012 assistance.  | NA         | The University should:<br><br>Make adjustments to assistance when students attend only one semester to help ensure that it does not award assistance to students who are not eligible to receive that assistance.  | Management has addressed the over award with the employee responsible for making the error for the student in question. The over award is being corrected.  | Zelma DeLeon and Lacey Thompson  | 12/1/2012                    | Closed                |
| External            | State Auditor's Office | Fiscal Year 2013              | 13-020        | Finance                | State of Texas Compliance with Federal Requirements for the Research and Development Cluster of Federal Programs for the Fiscal Year Ended August 31, 2012     | UNT                   | One (1 percent) of 70 direct cost transactions tested at the University of North Texas (University) was unallowable. For 1 (1 percent) of 70 direct cost transactions tested, the University incorrectly calculated the amount of the federal expenditure.   | NA         | The University should establish and implement procedures to ensure that it does not charge unallowable or incorrect costs to federal awards.   | The UNT Business Service Center (BSC) agrees. The BSC has corrected the travel reimbursement and the payroll underpayment. The BSC has established business practices to address the recommendation, which include:<br>Management Response and Corrective Action Plan:<br>- Provided additional training to Travel staff regarding unallowable expenses on federal funds.<br>- Will participate in ongoing collaboration with the UNT Office of Research Services to enhance the audit process of travel expenditures to avoid unallowable charges to federal funds.<br>- ERP (PeopleSoft) system now calculates partial months using an annualized hourly rate of pay (2,080 hours). The manual calculation is no longer necessary.  | Susan Sims and Connie Ross   | 2/1/2013                     | Closed                |
| External            | State Auditor's Office | Fiscal Year 2013              | 13-020        | Finance                | State of Texas Compliance with Federal Requirements for the Research and Development Cluster of Federal Programs for the Fiscal Year Ended August 31, 2012     | UNT                   | The University of North Texas (University) did not ensure that vendors associated with 4 (40 percent) of 10 procurements tested that exceeded \$25,000 were not suspended or debarred.   | NA         | The University should document its vendor suspension and debarment verifications for all procurements of at least \$25,000.  | The UNT System Business Service Center (BSC) agrees. The BSC has established business practices to address the recommendation, which include:<br>Management Response and Corrective Action Plan:<br>- Added a clause/condition to the UNT System Purchase Order Terms and Conditions on 10/26/12.<br>- Provided additional training to Purchasing staff on EPLS Search and documentation requirements on 1/16/13.<br>- Created a procedure to ensure all procurements of at least \$25,000 are documented appropriately and are audited by management daily on 1/22/13.   | Carolyn Cross  | 2/1/2013                     | Closed                |

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| External            | State Auditor's Office    | Fiscal Year 2013              | 13-020        | Finance        | State of Texas Compliance with Federal Requirements for the Research and Development Cluster of Federal Programs for the Fiscal Year Ended August 31, 2012 | UNT                   | The University of North Texas (University) did not send the required notification of Recovery Act information at the time of disbursement of funds to its one Recovery Act sub recipient.  | NA         | The University should establish and implement procedures to help ensure that it makes required notifications when it disburses Recovery Act funds to sub recipients.                    | The UNT Office of Research Services agrees. The sub recipient vendor record in PeopleSoft has been enhanced so that check stubs of future payments, if any, will include the following:<br>Management Response and Corrective Action Plan:<br>- Federal award number.<br>-CFDA number.<br>-Amount of ARRA recovery funds.  | Britt Khovjak   | 2/1/2013                     | Closed                |
| External            | State Auditor's Office    | Fiscal Year 2013              | 13-322        | Finance        | Federal Portion of the Statewide Single Audit Report for the Year Ended August 31, 2012  | UNT                   | NA   | NA         | None  | NA   | NA  | NA                           | NA                    |
| External            | State Auditor's Office    | Fiscal Year 2013              | 13-555        | Finance        | Statewide Single Audit Report for the Year Ended August 31, 2012   | UNT                   | On its SEFA, the University of North Texas (UNT):<br>- Incorrectly reported expenditures for four CFDA's in the Student Financial Assistance Cluster of federal programs using award year instead of fiscal year. As a result, UNT (1) incorrectly included \$6,257,520 and (2) incorrectly excluded \$278,738 in expenditures on its SEFA. UNT also incorrectly included \$6,255,520 of those expenditures in the notes to its SEFA and understated federal revenue by \$276,738 in the notes to its SEFA.<br>- Could not provide adequate support for excluding \$361,374 in expenditures from its SEFA. UNT asserted that it excluded those expenditures because it had a vendor relationship with other state entities; however, UNT could not provide support for that assertion. | NA         | UNT should:<br><br>-Strengthen its review process to help ensure that it prepares its SEFA correctly and that the SEFA it submits to the Comptroller's Office is complete and accurate. | We concur with the auditor's findings and recommendations. Financial aid reporting procedures will be modified to ensure compliance with GASB 33 and the State Comptroller's reporting requirements for SEFA. Pass-thru confirmation processes will be modified to ensure the collection and retention of documentary evidence supporting our reporting assertions   | Associate Vice President for Finance and Controller   | 8/31/2013                    | Closed                |
| External            | State Auditor's Office    | Fiscal Year 2013              | 13-555        | Finance        | Statewide Single Audit Report for the Year Ended August 31, 2012   | UNT                   | On its SEFA, the University of North Texas (UNT):<br>- Incorrectly reported expenditures for four CFDA's in the Student Financial Assistance Cluster of federal programs using award year instead of fiscal year. As a result, UNT (1) incorrectly included \$6,257,520 and (2) incorrectly excluded \$278,738 in expenditures on its SEFA. UNT also incorrectly included \$6,255,520 of those expenditures in the notes to its SEFA and understated federal revenue by \$276,738 in the notes to its SEFA.<br>- Could not provide adequate support for excluding \$361,374 in expenditures from its SEFA. UNT asserted that it excluded those expenditures because it had a vendor relationship with other state entities; however, UNT could not provide support for that assertion. | NA         | UNT should:<br><br>-Confirm all pass-through and vendor relationships with other state entities and maintain documentation of those pass-through and vendor relationships.              | We concur with the auditor's findings and recommendations. Financial aid reporting procedures will be modified to ensure compliance with GASB 33 and the State Comptroller's reporting requirements for SEFA. Pass-thru confirmation processes will be modified to ensure the collection and retention of documentary evidence supporting our reporting assertions   | Associate Vice President for Finance and Controller   | 8/31/2013                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 11-038 UNT    | Finance        | Salary Adjustments Review  | UNT                   | Equity Adjustments - Documentation did not consistently, sufficiently, and clearly demonstrate how the equity adjustments were determined.   | High       | Maintain documentation that demonstrates the process was followed and validates how the determination was made for the compensation decision/salary adjustment.                         | Human Resources has developed a written standard operating procedure on this process and provided that to Internal Audit. Additionally, Human Resources now creates a written report for each equity adjustment request that outlines the data reviewed, the findings and the recommendation. This is in addition to the information Human Resources has always provided on the Equity Adjustment Request Form. The recommendation to add the term equity adjustment to the Salary Administration Procedures, Policy 1.6.2 will be moved forward by Human Resources to administration. | Marci Bailey, Human Resources Director, Denton Campus | 3/19/2013                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 11-038 UNT    | Finance        | Salary Adjustments Review  | UNT                   | Equity Adjustments - Documentation did not consistently, sufficiently, and clearly demonstrate how the equity adjustments were determined.   | High       | Document internal procedures for reviewing equity adjustments.  | Human Resources has developed a written standard operating procedure on this process and provided that to Internal Audit. Additionally, Human Resources now creates a written report for each equity adjustment request that outlines the data reviewed, the findings and the recommendation. This is in addition to the information Human Resources has always provided on the Equity Adjustment Request Form. The recommendation to add the term equity adjustment to the Salary Administration Procedures, Policy 1.6.2 will be moved forward by Human Resources to administration. | Marci Bailey, Human Resources Director, Denton Campus | 3/19/2013                    | Closed                |

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|---------------------|---------------------------|-------------------------------|---------------|-----------------------|---|-----------------------|--|------------|--|--|--|------------------------------|-----------------------|
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 11-038 UNT    | Finance               | Salary Adjustments Review                     | UNT                   | Equity Adjustments - Documentation did not consistently, sufficiently, and clearly demonstrate how the equity adjustments were determined.   | High       | Include the definition of equity adjustment in administrative procedures for policy 1.6.2  | Human Resources has developed a written standard operating procedure on this process and provided that to Internal Audit. Additionally, Human Resources now creates a written report for each equity adjustment request that outlines the data reviewed, the findings and the recommendation. This is in addition to the information Human Resources has always provided on the Equity Adjustment Request Form. The recommendation to add the term equity adjustment to the Salary Administration Procedures, Policy 1.6.2 will be moved forward by Human Resources to administration. | Marci Bailey, Human Resources Director, Denton Campus                            | 1/1/2013                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 11-038 UNT    | Finance               | Salary Adjustments Review                     | UNT                   | Position Reclasses – The Annual Position Classification Review Recommendation report did not consistently and clearly document the analysis related to how all of the position reclasses were determined.                      | Moderate   | Maintain documentation that demonstrates the process was followed and validates how the determination was made for the compensation decision/salary adjustment.                                      | Human Resources has discussed with Internal Audit the expectations of what they consider appropriate documentation and asked for suggestions or a recommended model and is awaiting that feedback. During the next reclassification review process, Human Resources will tweak documentation procedures to incorporate recommendations from this audit. Human Resources will ensure that any position that needs addressed after the formal 'call' for requests, has a completed position information questionnaire. The 28 data entry errors have been corrected in EIS.              | Marci Bailey, Human Resources Director, Denton Campus                            | 3/19/2013                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-001 SYS    | Finance               | UNT Stadium Construction Review               | UNT System            | No Detail Review Of Invoice Support Documentation – UNT System Facilities performs only a high-level review of the monthly invoice (progress billing) including supporting documentation received from the primary contractor. | Moderate   | Conduct periodic, sample based reviews of invoice support documentation to ensure the accuracy of the detail information and calculations pertaining to the category totals including labor charges. | UNT System Facilities will revise and implement payment application review procedures. For large projects, UNT System Facilities may utilize an independent Construction Auditing firm to review the multiple payment applications. For smaller projects, Departmental resources may be utilized. A project size threshold to determine large and small projects will be established in the procedures.  | Don Lynch, Director of System Facilities Administration                          | 12/31/2012                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-001 SYS    | Finance               | UNT Stadium Construction Review               | UNT System            | No Detail Review Of Invoice Support Documentation – UNT System Facilities performs only a high-level review of the monthly invoice (progress billing) including supporting documentation received from the primary contractor. | Moderate   | Ensure primary contractors provide adequate labor expense support documentation for future construction projects.  | UNT System Facilities will revise and implement payment application review procedures. For large projects, UNT System Facilities may utilize an independent Construction Auditing firm to review the multiple payment applications. For smaller projects, Departmental resources may be utilized. A project size threshold to determine large and small projects will be established in the procedures.  | Don Lynch, Director of System Facilities Administration                          | 12/31/2012                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-001 SYS    | Finance               | UNT Stadium Construction Review               | UNT System            | No Detail Review Of Invoice Support Documentation – UNT System Facilities performs only a high-level review of the monthly invoice (progress billing) including supporting documentation received from the primary contractor. | Moderate   | Consider utilizing the services of a third party company that specializes in reviewing contractor construction documentation.  | UNT System Facilities will revise and implement payment application review procedures. For large projects, UNT System Facilities may utilize an independent Construction Auditing firm to review the multiple payment applications. For smaller projects, Departmental resources may be utilized. A project size threshold to determine large and small projects will be established in the procedures.  | Don Lynch, Director of System Facilities Administration                          | 12/31/2012                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-001 SYS    | Finance               | UNT Stadium Construction Review               | UNT System            | Incorrect Retainage Amount – The primary contractor did not apply the retainage percentage to contractor fees as required by the contract terms  | Moderate   | Review Application and Certificate for Payment forms and supporting documentation to verify that dollar amounts, including retainage, are accurate and in compliance with contract terms.            | UNT System Facilities agrees with the report finding. UNT System Facilities will revise and implement payment application review procedures. For large projects, UNT System Facilities may utilize an independent Construction Auditing firm to review the multiple payment applications. For smaller projects, Departmental resources may be utilized. A project size threshold to determine large and small projects will be established in the procedures.  | Don Lynch, Director of System Facilities Administration                          | 12/31/2012                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-002 SYS    | Finance               | Annual Investments/Commercial Paper           | UNT System            | Non-Compliance with Yield Percentages of Investment Policy   | Moderate   | Reviewing the Investment yields and re-balancing the investments to comply with UNT System Investment Policy 04.100, Objective 6; and  | Investment yields have been and continue to be at historically low levels. We do not anticipate that this condition will persist in the long term. However, please note that UNT System policy 8.20, which was adopted in August 2012, supersedes 10.007 for UNTD, 4.100 for UNT System and successfully resolves the finding noted above. As such, at this point, we feel that no further management action is required.  | Allen Clemson, Vice Chancellor for Administration and Chief of Staff             | 8/1/2012                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-002 SYS    | Finance               | Annual Investments/Commercial Paper           | UNT System            | Non-Compliance with Yield Percentages of Investment Policy   | Moderate   | Reviewing the Investment yields and re-balancing the investments to comply with UNT Dallas Investment Policy 10.007, Objective 6.  | Investment yields have been and continue to be at historically low levels. We do not anticipate that this condition will persist in the long term. However, please note that UNT System policy 8.20, which was adopted in August 2012, supersedes 10.007 for UNTD, 4.100 for UNT System and successfully resolves the finding noted above. As such, at this point, we feel that no further management action is required.  | Carlos Hernandez, Vice President for Finance and Administration/CFO – UNT Dallas | 8/1/2012                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-007 HSC    | Academic and Students | Graduate School of Biomedical Sciences Review | UNTHSC                | Of the 17 cardholders reviewed, 15 (88%) were not in full compliance with purchasing card policies.  | High       | Require all personnel in the GSBS be retrained on purchasing card policies and procedures.   | Management agrees. The Dean's office will ensure that all Purchasing Card holders in GSBS complete a refresher training course of the Purchasing Card requirements.  | Aleta Wheeler, Senior Executive Assistant  | 11/30/2012                   | Closed                |



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| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-007 HSC    | Academic and Students                | Graduate School of Biomedical Sciences Review | UNTHSC                | Of the 17 cardholders reviewed, 15 (88%) were not in full compliance with purchasing card policies.   | High       | Follow procurement card program policies and procedures.  | GSBS Dean's office does not authorize P-Cards and authorization and training is handled by BSC. Based on our correspondence with BSC, we were told that training and refresher training are required and offered by the BSC. It should be noted that beginning in 2009, refresher training was required every other year. However, with the creation of the BSC and subsequent move, that has not been tracked. The BSC goal is to start with 2013 and have every participant take refresher training annually.                                      | Aleta Wheeler, Senior Executive Assistant   | 11/30/2012                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-007 HSC    | Academic and Students                | Graduate School of Biomedical Sciences Review | UNTHSC                | ProjID charges for equipment usage by the Department of Molecular Biology & Immunology had inconsistent rates, duplicate charges and lacked documentation.                                    | Moderate   | Work with the Office of Grant and Contract Management, and Office of Financial Planning and Budget to establish a service center                      | Management agrees. The Acting Chair will work with the Lab Director and Office of Grant and Contract Management, and Office of Financial Planning and Budget to establish a service center.  | Johnny He, Acting Chair   | 12/31/2012                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-007 HSC    | Academic and Students                | Graduate School of Biomedical Sciences Review | UNTHSC                | Of the 102 travel vouchers reviewed, 53 were not in full compliance with travel policy.   | Moderate   | Request reimbursement of overpayments from traveler unless you determine it is not cost effective to do so.   | Management Agrees. Management requested reimbursement of overpayments from traveler on October 5, 2012.  | Thomas Yorio, Provost and Executive Vice President For Academic Affairs   | 12/31/2012                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-007 HSC    | Academic and Students                | Graduate School of Biomedical Sciences Review | UNTHSC                | Of the 102 travel vouchers reviewed, 53 were not in full compliance with travel policy.   | Moderate   | Establish a travel monitoring process to ensure that travel is properly approved, and that vouchers are submitted with supporting documentation.      | Management Agrees. All administrative staff that prepare travel documents should complete a refresher course (from the BSC) within the next 6 months. Additionally, each department chair should discuss travel policies and procedures with their faculty   | Anuja Ghorpade, Chair; Steve Mifflin, Chair; Art Eisenberg, Chair; Meharvan Singh, Chair; Johnny He, Chair; and Jamboor Vishwanatha, Dean.  | 12/31/2012                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-007 HSC    | Academic and Students                | Graduate School of Biomedical Sciences Review | UNTHSC                | Of the 102 travel vouchers reviewed, 53 were not in full compliance with travel policy.   | Moderate   | Provide training to faculty and staff on travel policies.   | Management Agrees. All administrative staff that prepare travel documents should complete a refresher course (from the BSC) within the next 6 months. Additionally, each department chair should discuss travel policies and procedures with their faculty   | Anuja Ghorpade, Chair; Steve Mifflin, Chair; Art Eisenberg, Chair; Meharvan Singh, Chair; Johnny He, Chair; and Jamboor Vishwanatha, Dean.  | 12/31/2012                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-007 HSC    | Academic and Students                | Graduate School of Biomedical Sciences Review | UNTHSC                | Personal reimbursements to deptID holders did not have supervisor approval.   | Low        | Establish a process to ensure that personal reimbursements to the deptID/projID holders are properly approved.  | Management Agrees. Each Chair and Dean's Office will work with their administrative staff to ensure that step by step procedures are followed.   | Anuja Ghorpade, Chair; Steve Mifflin, Chair; Art Eisenberg, Chair; Meharvan Singh, Chair; Johnny He, Chair; and Jamboor Vishwanatha, Dean.  | 12/31/2012                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-007 HSC    | Academic and Students                | Graduate School of Biomedical Sciences Review | UNTHSC                | Cash handling is not properly segregated or safeguarded in the Department of Forensic & Investigative Genetics, and cash receipts are not all deposited within one day as required by policy. | Low        | Develop and implement cash handling procedures that ensure cash is protected and deposited in a timely manner.  | Management agrees. The Chair will work with staff to develop and implement cash handling procedures that ensure cash is protected and deposited in a timely manner.  | Art Eisenberg, Chair  | 10/1/2012                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-007 HSC    | Academic and Students                | Graduate School of Biomedical Sciences Review | UNTHSC                | Three projIDs were overspent and deficits were not cleared within the 90 day close out period.  | Low        | Require all PIs to submit a default deptID (i.e. the PIs F&A deptID) at the time a projID is established that will be used if the grant is overspent. | Management agrees. OGCM is working with management to implement a process which utilizes the applicable F&A recovery deptID as the default funding source for all projID's.  | LeAnn Forsberg, Executive Director, Office of Grant and Contract Management   | 12/21/2012                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-007 HSC    | Academic and Students                | Graduate School of Biomedical Sciences Review | UNTHSC                | UNTHSC travel policy regarding partial day meal rates is unclear.   | Low        | Develop in coordination with the Office of Financial Planning and Budget a clear partial day meal policy for UNTHSC.                                  | Management Agrees. The Business Service Center will submit recommendations to the BSC Operations Committee for standardizing travel policy and procedure across the UNT System. The issue identified above will be addressed.  | Susan Sims, BSC Director of Payments  | 1/31/2013                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-008 HSC    | Finance                              | Cost Transfer Process Review                  | UNTHSC                | Cost Transfers – Of the 28 transfers reviewed, 12 transfers had no explanation for why the correction was made over 90 days after the original charges.                                       | Low        | Develop a cost transfer form that collects all required information including reason for transfers occurring 90 days after the original charge.       | Office of Grant and Contract Management (OGCM) agrees with the suggestion to develop a cost transfer form. However, we have reviewed federal regulations which state, "cost transfers should be accomplished within... 90 days from discovery of the error." Our current policy statement of 90 days from transaction date is not in line with federal regulations and will be updated to reflect the language of the federal compliance documents. The cost transfer form will be in line with our modified policy and current federal regulations. | LeAnn Forsberg, Executive Director of the Office of Grant And Contract Management and Mazen Barakat, Manager, Grant and Contract Accounting | 5/31/2013                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-008 HSC    | Finance                              | Cost Transfer Process Review                  | UNTHSC                | Cost Transfers – Of the 28 transfers reviewed, 12 transfers had no explanation for why the correction was made over 90 days after the original charges.                                       | Low        | Require all principal investigators to complete the cost transfer form prior to making the transfer.  | We have developed a cost transfer form and will post on the OGCM website for use by faculty and staff.   | LeAnn Forsberg, Executive Director of the Office of Grant And Contract Management and Mazen Barakat, Manager, Grant and Contract Accounting | 5/31/2013                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-008 UNT    | Governance and Regulatory Compliance | NCAA APR Reporting Review                     | UNT                   | Based on the review, Internal Audit found the methods used by the Athletics Compliance Office and the NCAA Certifying Official in the Registrar's Office to be effective.                     | NA         | None  | None   | NA  | NA                           | NA                    |

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| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-009 HSC    | Governance and Regulatory Compliance | Compliance Program Review                                  | UNTHSC                | Audit work completed by the former Director for Research Compliance was not available.   | Moderate   | Retain research compliance documentation in accordance with the UNTHSC Records Retention Schedule. Documentation should include, but not limited to: documentation of work performed, findings noted, and solutions implemented. | Management agrees. The Office for Research Compliance will maintain complete  | Brian Gladue, Ph.D., Executive Director for Research Compliance  | 1/25/2013                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-009 HSC    | Governance and Regulatory Compliance | Compliance Program Review                                  | UNTHSC                | The Institutional Compliance Office is not made aware of all compliance issues in research.  | Moderate   | Modify the reporting structure in the Office of Research to ensure that all compliance issues are reported to the Institutional Compliance Office.   | Management agrees. Dr. Brian Gladue has joined the UNTHSC Compliance Council to ensure that research compliance matters and updates are communicated regularly to William LeMaistre and other members of the university compliance team.  | Brian Gladue, Ph.D., Executive Director for Research Compliance  | 1/25/2013                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-010 UNT    | Academic and Students                | Academic Programs Review                                   | UNT                   | Based on results of the procedures performed, all new degree programs established during fiscal year 2011 and 2012 appeared to be in compliance with THECB requirements and University policy. | NA         | None   | NA  | NA   | NA                           | NA                    |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-011 HSC    | Finance                              | Texas College of Osteopathic Medicine Dean Expenses Review | UNTHSC                | Only one individual is managing cash payments to individuals participating in training exercises for TCOM students.  | Moderate   | Develop and implement procedures that ensure cash handling is properly segregated.   | Management agrees. TCOM will add a second individual to the distribution process separating the responsibilities of verification of eligibility from distribution   | D. Thomas Dayberry, Associate Dean for Academic Affairs  | 10/1/2012                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-011 HSC    | Finance                              | Texas College of Osteopathic Medicine Dean Expenses Review | UNTHSC                | Of 12 personal reimbursements to the Dean, 11 were not in full compliance with purchasing policy related to documentation requirements.  | Moderate   | Ensure personal reimbursements for meals include a list of attendees by name and designation as well as the business purpose.  | Management agrees. TCOM will assure full compliance with policy.  | Don Peska, Dean of TCOM  | 10/1/2012                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-011 HSC    | Finance                              | Texas College of Osteopathic Medicine Dean Expenses Review | UNTHSC                | Of 31 travel vouchers for the Dean, 23 did not have prior approval of travel or support for mileage reimbursements.  | Low        | Submit Requests for Approval of Travel prior to travel as required by policy.  | Management agrees. TCOM will assure full compliance with policy.  | Don Peska, Dean of TCOM  | 10/1/2012                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-011 HSC    | Finance                              | Texas College of Osteopathic Medicine Dean Expenses Review | UNTHSC                | Of 31 travel vouchers for the Dean, 23 did not have prior approval of travel or support for mileage reimbursements.  | Low        | Submit mileage documentation with travel vouchers as required by policy.   | Management agrees. TCOM will assure full compliance with policy.  | Don Peska, Dean of TCOM  | 10/1/2012                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-012 UNT    | Academic and Students                | Intra-System/Interagency Review                            | UNT                   | Documentation related to the Intra System Agreements between UNT and UNT Dallas does not meet best practice standards:   | Moderate   | Document amendments to Agreements with signature authorizations; and   | Document all FY agreements before the beginning of the fiscal year. Agreements will include signature authorization.  | Jean Bush, Senior Associate Vice President for Finance UNT<br>Carlos Hernandez, CFO and Vice President for Finance and Administration UNT Dallas   | 8/31/2013                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-012 UNT    | Academic and Students                | Intra-System/Interagency Review                            | UNT                   | Documentation related to the Intra System Agreements between UNT and UNT Dallas does not meet best practice standards:   | Moderate   | Discuss and document future Agreements before the beginning of the fiscal year.  | Document all FY agreements before the beginning of the fiscal year. Agreements will include signature authorization.  | Jean Bush, Senior Associate Vice President for Finance UNT<br>Carlos Hernandez, CFO and Vice President for Finance and Administration UNT Dallas   | 8/31/2013                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-014 UNT    | Governance and Regulatory Compliance | Mean Green Club Review                                     | UNT                   | Non-Compliance with UNT Policy 7.2 – The procedure for accepting and processing Mean Green Club donations is not in compliance with UNT policy 7.2, Fundraising and Private Support.           | Moderate   | Coordinate with the Office of Development to be in compliance with UNT policy 7.2, Fundraising and Private Support.  | Four years ago the Athletic Department met with Advancement to develop a system to handle Mean Green Club (MGC) Donations. The crux of the problem is two-fold. First most MGC members send in their ticket renewals and MGC renewals in the same envelope utilizing the same credit card or check. The current process was agreed upon to alleviate ticket orders from being sent to the foundation where there was no method of processing. Secondly, a large majority of our MGC members renew in August. With the need to immediately process MGC credit so that parking passes and tickets can be distributed, we cannot afford the lag time of those orders first going to advancement. This process was streamlined almost four years ago with the agreement of both parties. My remedy would be to modify the policy and I would agree with that recommendation. Management will meet with University Advancement to create a policy revision to be submitted for adoption. | Dan Johnston, Athletic Advancement, Director of Advancement, Mike Ashbaugh, Senior Associate Athletics Director for Business Operations, and Troy Taylor, Assistant Athletic Director Business Operations. | 9/1/2013                     | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-014 UNT    | Governance and Regulatory Compliance | Mean Green Club Review                            | UNT                   | Inappropriately Retaining Credit Card Information – The Mean Green Club is inappropriately retaining credit card information.  | Moderate   | Dispose of credit card information in a secure manner when there is no longer an immediate need for the information.  | As discussed with the Audit staff, all but the last four digits of the credit card number submitted on Mean Green Club renewal forms will be redacted so as to protect the information. Currently stored data will be corrected beginning immediately.  | Troy Taylor, Assistant Athletic Director, Business Operations and Jessica Hulsebosch, Mean Green Club Director.                               | 7/30/2013                            | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-015 UNT    | Finance                              | Endowment Review                                  | UNT                   | Non-Compliance with Memorandum of Understanding (MOU) Requirements of The Lupe Murchison Foundation Scholarship Endowment – A report, containing academic year ending information about the fund, was not prepared and distributed to the Donor.   | Low        | Develop a process to ensure annual reports are prepared and distributed to the donor. In addition, monitor the process for effectiveness to ensure compliance with MOU requirements.                                      | The Division of Advancement will generate endowment reports for all organizations in their annual reporting process.  | Rachel Kimball, Assistant Director of Donor Relations under the management of Kim Wendt, Senior Director of Annual Giving and Donor Relations | 3/15/2013                            | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-015 UNT    | Finance                              | Endowment Review                                  | UNT                   | Non-Compliance with Memorandum of Understanding (MOU) Requirements of The J.C. Penney Lectureship in Merchandising Endowment – Faculty development expenditures for FY 2011 exceeded the MOU provision that up to fifty percent (50%) of the annual distribution may be used to support faculty development. | Low        | Develop a process to ensure Faculty development expenditures do not exceed fifty percent (50%) of the annual distribution. In addition, monitor the process for effectiveness to ensure compliance with MOU requirements. | CMHT has opened a new disbursement deptID 77851 so it will be easier to monitor spending. The percent of expense for faculty development is documented on a spreadsheet and maintained for this deptID.   | Judith Forney, Ph.D., Dean of CMHT  | 12/31/2012                           | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-018 DAL    | Academic and Students                | UNT Dallas Work-Study Student Mentorship Contract | UNT Dallas            | Three student workers were paid under the Work-Study Student Mentorship Program without meeting the eligibility requirements. Specifically, two students did not meet the enrollment requirement and one student did not meet the financial need requirement.  | Moderate   | Discuss with the Office of Research Services how to proceed with the sponsor regarding the funds already disbursed to ineligible students.  | PI will discuss with the Office of Research Services how to proceed with the sponsor regarding funds disbursed to ineligible students follow sponsor's instructions.  | Gloria B. Bahamon, Assistant Provost for College Readiness  | 2/28/2013                            | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-018 DAL    | Academic and Students                | UNT Dallas Work-Study Student Mentorship Contract | UNT Dallas            | Three student workers were paid under the Work-Study Student Mentorship Program without meeting the eligibility requirements. Specifically, two students did not meet the enrollment requirement and one student did not meet the financial need requirement.  | Moderate   | Develop a consistent process for verifying student eligibility each semester.   | Although there is a process in place to determine eligibility before mentors are hired, there is a need to improve the process and modify guidelines. Eligibility will be verified in EIS every semester after the 12th day of class (census day). Mentors will be required to inform the PI of changes in their academic status that may affect their eligibility to continue in the program. They will be required to report the change as soon as it occurs. Mentors will sign an acknowledgment to document that they received the guidelines and agree to follow those guidelines.<br>The financial aid office will continue to determine financial need. The financial aid administrator verifying eligibility will take screen shots of the students need to document their financial aid eligibility. | Gloria B. Bahamon, Assistant Provost for College Readiness  | 2/28/2013                            | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-020 UNT    | Governance and Regulatory Compliance | Animal Care Review                                | UNT                   | Animal care and use training is not sufficiently documented or monitored.  | Moderate   | Develop a System for monitoring and documenting the type of animal care and use training personnel have received.   | ORED and the IACUC Chair will implement requirements for completion of online training for all personnel involved in an animal care and use protocol before the protocol can be approved by the IACUC. This training will be offered through the Collaborative Institutional Training Initiative (CITI) program administered by the University of Miami School of Medicine. Completion of both a CITI basic IACUC course and a species-specific course (as available) will be required.   | Dr. Kenneth Sewell, Associate Vice President for Research   | By the end of the fall 2012 semester | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-020 UNT    | Governance and Regulatory Compliance | Animal Care Review                                | UNT                   | The key pad entry code to the Science Research Building's Animal Care Facility is not changed periodically, or when personnel change.  | Moderate   | Develop a process and procedure for changing the entry codes into the Animal Care Facility of the Science Research Building.  | The Office of Research & Economic Development will work with the Facility Manager for UNT's primary animal facility in the Science Research Building to implement a procedure under which the security code for the facility will be changed at least every three months.   | Dr. Kenneth Sewell, Associate Vice President for Research   | By the end of the fall 2012 semester | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-021 UNT    | Finance                              | Employment Waiver Review                          | UNT                   | Incorrectly Reporting Employment Waivers – Student Accounting and University Cashiering Services is incorrectly reporting the number of Employment Waivers awarded.  | Moderate   | Modify the process for Employment Waivers to ensure waivers are properly coded.   | Management has modified the business process to ensure Employment Waivers are properly classified and accurately reported in IFRS reporting.  | Kayle Godinez, Sr. Director Student Accounting and University Cashiering Services   | 12/1/2012                            | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-021 UNT    | Finance                              | Employment Waiver Review                          | UNT                   | Incorrectly Reporting Employment Waivers – Student Accounting and University Cashiering Services is incorrectly reporting the number of Employment Waivers awarded.  | Moderate   | Modify the process for IFRS reporting to ensure Employment Waivers are reported in the correct category, either TEC 54.211 or TEC 54.212.   | Management has modified the business process to ensure Employment Waivers are properly classified and accurately reported in IFRS reporting.  | Kayle Godinez, Sr. Director Student Accounting and University Cashiering Services   | 12/1/2012                            | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-021 UNT    | Finance                              | Employment Waiver Review                          | UNT                   | Insufficient Review and Approval – There is not sufficient, independent review and approval of Employment Waivers prior to processing.   | Moderate   | SAUCS, the Graduate School, and the Provost's Office should coordinate to identify a process for independent review/approval of Employment Waivers; and   | Change wording of the Section 2.2.10 of the UNT Policy Manual to reflect the Employment Waiver must be signed by dean of the graduate school or "her or his designee."  | Mark Wardell, Dean, The Toulouse Graduate School  | 8/1/2013                             | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-021 UNT    | Finance                              | Employment Waiver Review                          | UNT                   | Insufficient Review and Approval – There is not sufficient, independent review and approval of Employment Waivers prior to processing.   | Moderate   | The designated independent reviewer/approver should ensure that Employment Waivers are awarded in accordance with eligibility requirements.   | Change Employment Waiver form to include three questions to help programs determine eligibility. Change Employment Waiver form to include graduate dean's signature.  | Mark Wardell, Dean, The Toulouse Graduate School  | 8/1/2013                             | Closed                |



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| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-021 UNT    | Finance               | Employment Waiver Review               | UNT                   | Insufficient Review and Approval – There is not sufficient, independent review and approval of Employment Waivers prior to processing.  | Moderate   | Either comply with UNT Policy 2.2.10 by requiring approval by the dean of the graduate school or revise the policy to reflect the actual process for awarding Employment Waivers.   | Change processing procedure to require graduate dean's signature prior to final approval by Student Accounting   | Mark Wardell, Dean, The Toulouse Graduate School  | 8/1/2013                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-024 UNT    | Academic and Students | Student Worker Review                  | UNT                   | There is no process in place to reasonably assure that individuals in positions that require enrollment are actually enrolled.  | Low        | The UNT Career Center, Provost's Office, and UNT Human Resources should coordinate to establish a process to reasonably assure that students in positions that require enrollment are actually enrolled.  | Both the Career Center and Provost's Office will perform audits of student employment records in conjunction with the supplemental pay period following the first student payroll in the fall and spring semesters (specifically October 15 and March 1) to insure that those receiving paychecks are enrolled students.<br>b. Work with EIS Team to develop an automated report that cross-checks when a student withdraws from UNT or drops all their classes with the student payroll records. Also, the ePAR system will check student status of an employee when hired into student job codes. If the person is not a student, the department is provided a warning. These two items should help prevent this in the future | Shaun Stoehr, Student Employment Coordinator<br>Melinda Lilly, Assistant Director for Academic Resources  | 9/1/2013                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-024 UNT    | Academic and Students | Student Worker Review                  | UNT                   | Internal Audit identified five UNT policies related to student employment that require enrollment; however, not all policies contain the same enrollment requirements.  | Low        | The UNT Career Center, Provost's Office, and UNT Human Resources should evaluate and modify UNT policies related to student employment so enrollment requirements are as consistent as possible.  | Write a new overarching policy for student employment positions, as well as, develop operational procedures for the various job codes connected to the new overarching policy.   | Yolanda Niemann, Senior Vice Provost<br>Dan Naegeli, Executive Director, Career & Leadership Development<br>Valerie (Robertson) Hodges, Assistant Director, Finance & Administration<br>Marci Bailey, Director, UNT Human Resources | 9/1/2013                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-024 UNT    | Academic and Students | Student Worker Review                  | UNT                   | Internal Audit identified five UNT policies related to student employment that require enrollment; however, not all policies contain the same enrollment requirements.  | Low        | The UNT Career Center, Provost's Office, and UNT Human Resources should develop supplemental procedures to assist University departments in determining the correct job code.   | Write a new overarching policy for student employment positions, as well as, develop operational procedures for the various job codes connected to the new overarching policy.   | Yolanda Niemann, Senior Vice Provost<br>Dan Naegeli, Executive Director, Career & Leadership Development<br>Valerie (Robertson) Hodges, Assistant Director, Finance & Administration<br>Marci Bailey, Director, UNT Human Resources | 9/1/2013                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-024 UNT    | Academic and Students | Student Worker Review                  | UNT                   | The Controller's Office does not notify an employee's supervisor and Vice President of indebtedness to the University as required by UNT Policy 2.2.26. Employee Indebtedness Owed to the University. Additionally, Student Accounting and Cashiering Services (SACS) is not sending a report detailing employee indebtedness to the Controller's Office, as required by UNT Policy 2.2.26. | Low        | The Controller's Office should continue their process of evaluating and revising UNT Policy 2.2.26 to ensure compliance with UNT Policy 18.1.9 FERPA.   | Suggested Management Action 4: We believe that the current policy as submitted complies with FERPA requirements. Once adopted, we will review the policy periodically (not less than every 5 years) for amendment as needed.   | Carlos Hernandez, Ed D, CPA, Associate VP for Finance and Controller  | 11/1/2012                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-024 UNT    | Academic and Students | Student Worker Review                  | UNT                   | The Controller's Office does not notify an employee's supervisor and Vice President of indebtedness to the University as required by UNT Policy 2.2.26. Employee Indebtedness Owed to the University. Additionally, Student Accounting and Cashiering Services (SACS) is not sending a report detailing employee indebtedness to the Controller's Office, as required by UNT Policy 2.2.26. | Low        | SACS should produce an employee debt report that identifies all employees that owe money to the university. Subsequently, the Controller's Office should notify employees' supervisors and Vice Presidents of indebtedness to the University as required by policy.   | A process has been adopted that allows identification of "career" employees with a past-due balance in student accounting records. It is important to note that student accounting records do not represent a complete record of all possible indebtedness (i.e. does not include parking fines). We will continue to collaborate with University departments as appropriate to facilitate collection of past due balances from employees and students alike.  | Terri Miller, Assistant Director of SACS  | 6/1/2012                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-026 DAL    | Academic and Students | UNT Dallas Student Service Fees Review | UNT Dallas            | Noncompliance With Texas Education Code 54.5031 – UNT Dallas Administrators failed to establish a Student Service Fee Advisory Committee (SSFAC) as required by Texas Education Code 54.5031. Having no policy to govern and procedures to guide management of student service fees contributed to the noncompliance.   | Moderate   | Because the committee is now established, UNT Dallas administrators should develop a process to insure the SSFAC remains a formal, working committee and that input from the committee is obtained, regarding the establishment or changes to the type, amount, and expenditure of student service fees as provided by the Texas Education Code. The process should consist of establishing a University policy that is aligned with requirements of Texas Education Code 54.5031 and include operational procedures to govern activities of the SSFAC. | The Director of Student Life has reviewed TEC 54.5031 and Student Service Fee Advisory Committee (SSFAC) standards, which describes membership (elected & appointed), SSFAC charge, terms of service, operating procedures, and process by which the SSFAC effectively reviews, discusses, and renders its recommendation to the University Leadership.<br>In an effort to clarify why the majority of implementation dates are prior to the date of the audit report, it's important to note that this audit occurred April 2012 through May 24, 2013, and a number of corrective steps had already occurred well before the audit report was available.  | Dr. Jared Cobb, Director of Student Life  | 2/1/2013                     | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-026 DAL    | Academic and Students | UNT Dallas Student Service Fees Review | UNT Dallas            | Noncompliance With Texas Education Code 54.5031 – The UNT Dallas student body or the student government was not made aware of \$319,955.38 in student service fees that were transferred from UNT and recorded in UNT Dallas reserve account 301011. | Moderate   | Obtain SSFAC recommendations regarding the allocation, disbursement and expenditure of the \$319,955.38 held in reserve account 301011.   | Student Service Fee Advisory Committee (SSFAC) was informed of the additional funding from UNT Dallas reserve account 301011 and asked to consider various renovations which would enhance Student Life at UNT Dallas. After several discussions, forums, etc. SSFAC recommend five (5) projects to the President's office for approval. Cost of projects totaled \$191,000.00. Additional projects will be identified and voted on once the first slate of projects has been completed. This will allow us to properly evaluate the best use of the remaining \$128,955.38 and to provide additional funding in the event unforeseen expenses arise during implementation of the approved improvements. | Dr. Jared Cobb, Director of Student Life   | 1/1/2014                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-026 DAL    | Academic and Students | UNT Dallas Student Service Fees Review | UNT Dallas            | Training - Training provided did not adequately prepare the Student Service Fee Advisory Committee (SSFAC) members to perform the duties as outlined in Texas Education Code 54.5031.  | Moderate   | Provide SSFAC members the training opportunities needed for service on the Student Service Fee Advisory Committee and for performing the duties outlined in Texas Education Code 54.5031.   | The Student Service Fee Advisory Committee (SSFAC) will go through training prior to the review, discussion, and recommendation in the use of any Student Service Fee monies. Training will be conducted by University liaison to the SSFAC and/or Associate Provost of Student Success.   | Dr. Jared Cobb, Director of Student Life   | 2/1/2013                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-026 DAL    | Academic and Students | UNT Dallas Student Service Fees Review | UNT Dallas            | Conflict of Interest - The advisor to the Student Service Fee Advisory Committee has a conflict of interest in that the advisor's salary is subject to the committee's annual allocation and approval process.                                       | Moderate   | The advisor to the Student Service Fee Advisory Committee should consider the following management actions:<br>o Resign as advisor to the committee;<br>o Fund the advisor's salary through a source other than student Service fees; or<br>o Reassign the advisor role to another employee whose salary is not dependent on the committee's annual allocation and approval decision. | University will assign a liaison to the Student Service Fee Advisory Committee (SSFAC) whose salary is not an item by which the committee would vote upon in its annual allocation and approval process. Liaison moving forward will be Director of Student Life and/or other designee by the Associate Provost of Student Success who meets the stipulations outlined above.  | Dr. Charlotte Tullos, Associate Provost of Student Success   | 10/1/2012                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-026 DAL    | Academic and Students | UNT Dallas Student Service Fees Review | UNT Dallas            | Conflict of Interest - The chief student affairs administrator served in positions that present a potential conflict of interest between the UNT Dallas Administration and the Student Service Fee Advisory Committee.                               | Moderate   | The chief student affairs administrator should consider the following management actions:<br>o Resign as a voting member of the committee.<br>o Reassign the membership position to another employee or student.<br>o Recuse oneself from participating in committee activities.<br>o Abstain from voting on conflicting interests.   | The University will appoint the Director of Student Life and/or other designee by the Associate Provost of Student Success to serve as liaison to the Student Service Fee Advisory Committee (SSFAC). Designee to committee will act in a liaison capacity and not be eligible to be a voting member of the SSFAC.   | Dr. Charlotte Tullos, Associate Provost of Student Success   | 10/1/2012                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-027 DAL    | Finance               | UNT Dallas Gift Review                 | UNT Dallas            | Gifts and Grant Management – University gifts and grants are being inconsistently managed and monitored.   | Moderate   | Coordinate with the individual responsible for research at UNT Dallas, the UNT Dallas CFO/Vice President Finance and Administration, and the ORS (UNT Office of Research Service), to clearly document Advancement's role in managing and monitoring grants.  | University Advancement disagrees that gifts and grants are being mismanaged and monitored. We believe that we have an effective system in place for gift management. With respect to grant management, University Advancement's responsibility is to monitor and track grants to ensure donor intent is followed. University Advancement believes it is within its purview to manage private grants. Publicly funded grants should be managed by the Office of Research Services (ORS).  | Doug Smith, Vice President for University Advancement and Beverly Mendoza, Manager of Advancement Services | February 1, 2013.            | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-027 DAL    | Finance               | UNT Dallas Gift Review                 | UNT Dallas            | Gifts and Grant Management – University gifts and grants are being inconsistently managed and monitored.   | Moderate   | Coordinate with the UNT Dallas CFO and the ORS to update the intra-system cooperation agreement between UNT Dallas and ORS for services to support grant management. The updates should state the role of Advancement personnel in the grant management process.  | University Advancement commits to contact ORS and work through the roles and definitions of gifts and grants, as well as work with ORS and the UNT Dallas CFO regarding the contract modification to reflect the agreed upon roles and definitions.  | Doug Smith, Vice President for University Advancement and Beverly Mendoza, Manager of Advancement Services | 1/9/2013                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-027 DAL    | Finance               | UNT Dallas Gift Review                 | UNT Dallas            | Gifts and Grant Management – University gifts and grants are being inconsistently managed and monitored.   | Moderate   | Review the current report of all gifts and grants for UNT Dallas with ORS staff and determine which should be managed by ORS as defined by the ORS policy, and make appropriate changes where necessary.  | University Advancement commits to review current gifts and grants based on agreed-upon definitions and to delineate management/tracking roles after the meeting with ORS has concluded to ensure proper monitoring and management are in place.  | Doug Smith, Vice President for University Advancement and Beverly Mendoza, Manager of Advancement Services | 1/9/2013                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-027 DAL    | Finance               | UNT Dallas Gift Review                 | UNT Dallas            | Gifts and Grant Management – University gifts and grants are being inconsistently managed and monitored.   | Moderate   | Update all management reporting to the Board of Regents, where applicable, regarding UNT Dallas gifts to clearly delineate between gifts and grants as defined by ORS UNT.  | University Advancement agrees to update reporting methods for the Board of Regents based upon the agreed-upon definitions of gifts and grants after the meeting with ORS has concluded.  | Doug Smith, Vice President for University Advancement and Beverly Mendoza, Manager of Advancement Services | 1/9/2013                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-027 DAL    | Finance               | UNT Dallas Gift Review                 | UNT Dallas            | Gifts and Grant Management – University gifts and grants are being inconsistently managed and monitored.   | Moderate   | Update UNT Dallas policies and procedures where applicable based on the updated agreement. Coordinate training for Advancement and faculty personnel from ORS to detail roles and responsibilities regarding grant management.  | University Advancement agrees to update department policies and procedures after the meeting with ORS has concluded.   | Doug Smith, Vice President for University Advancement and Beverly Mendoza, Manager of Advancement Services | 1/9/2013                     | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-027 DAL    | Finance                              | UNT Dallas Gift Review  | UNT Dallas                    | Procedures for managing, tracking, monitoring and reporting gifts are currently being developed in conjunction with the implementation of the Raisers Edge software system.                                      | Moderate   | Update and reconcile current gift processing procedures with UNT policies and procedures already established. Ensure UNT policies and procedures are followed and referenced where required in relation to any and all intra-system cooperation agreement and accreditation requirements. | University Advancement continues to assess gift processing procedures to ensure they meet the highest industry standards that ensure safety, privacy and documentation. University Advancement will update and document controls and processing procedures that reflect Raisers Edge implementation.   | Doug Smith, Vice President for University Advancement and Beverly Mendoza, Manager of Advancement Services  | 1/9/2013                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-027 DAL    | Finance                              | UNT Dallas Gift Review  | UNT Dallas                    | Procedures for managing, tracking, monitoring and reporting gifts are currently being developed in conjunction with the implementation of the Raisers Edge software system.                                      | Moderate   | Update and document controls and processing procedures for gifts in the new Raiser's Edge fundraising and donor management system. Work with UNT Advancement personnel to implement the new system and coordinate user access and data entry procedures and controls.                     | University Advancement commits to update and document controls and processing procedures that reflect Raisers Edge implementation, the new relationship with UNT Dallas Foundation, and staffing resources.  | Doug Smith, Vice President for University Advancement and Beverly Mendoza, Manager of Advancement Services  | 1/9/2013                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-027 DAL    | Finance                              | UNT Dallas Gift Review  | UNT Dallas                    | Procedures for managing, tracking, monitoring and reporting gifts are currently being developed in conjunction with the implementation of the Raisers Edge software system.                                      | Moderate   | Determine any changes to management reporting based on the implementation and use of the new system.  | University Advancement commits to assess and continually update gift processing procedures.  | Doug Smith, Vice President for University Advancement and Beverly Mendoza, Manager of Advancement Services  | 1/9/2013                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-028 UCD    | Finance                              | UCD Cash Loss Review  | Universities Center at Dallas | Segregation of Duties – One individual was recording, depositing, and reconciling the cash received in the UCD Student Store.  | Moderate   | To the extent staffing levels permit, separate the duties of collecting, recording, depositing, and reconciling cash receipts among different individuals.  | Monica Castillo will be in charge of duties during store operating hours. She will make all deposits and sign off on receipts at the end of the day. Araceli Cadena & Eva Randles will count the money every Friday morning before bank deposit is made. (Araceli is the only key holder to the safe deposit box.) Eva Randles will write the bank deposit slip and Araceli will make the deposit to Wells Fargo and return a receipt to Eva Randles to confirm correct deposit was made. Eva Randles will continue to email a UCD Student Store report that includes a detailed bank deposit slip, and any shortages or overages relevant for the week. | Monica Castillo, UCD Student Store Cashier<br>Eva Randles, Office Manager<br>Araceli Cadena, Coordinator of Recruitment and Advising  | 9/14/2012                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-028 UCD    | Finance                              | UCD Cash Loss Review  | Universities Center at Dallas | Purchasing Cards – The use of purchasing cards was not consistent with policy.   | Moderate   | Follow the Purchasing Card Guide, specifically as it relates to:<br>• Use of card for UNT business purposes only;<br>• Completing Controlled Item Code Equipment Forms;<br>• Unacceptable purchases such as memberships; and<br>• Keeping a receipt for every purchase on file.           | Review items before purchasing to identify that they are within Purchasing Card guidelines.  | Berri O'Neal, Executive Director for the Universities Center at Dallas<br>Monica Rodriguez, Assistant to the Executive Director<br>Eva Randles, Office Manager<br>Araceli Cadena, Coordinator of Recruitment and Advising | 9/14/2012                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-028 UCD    | Finance                              | UCD Cash Loss Review  | Universities Center at Dallas | Petty Cash – The change fund was used as petty cash.   | Moderate   | Follow policy as it relates to the use of petty cash:<br>• Reimburse the change fund; and<br>• Create a petty cash fund through PPS.  | Universities Center at Dallas does not plan on creating a petty cash fund through PPS. UCD will continue to store \$100 in change for the register which is never to be used as petty cash. Only one individual has access to the change box used for the register at the UCD student store. The change fund was reimbursed and continues to have a balance of \$100.  | Araceli Cadena, Coordinator of Recruitment and Advising<br>Monica Castillo, UCD Student Store Cashier   | 9/14/2012                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-028 UCD    | Finance                              | UCD Cash Loss Review  | Universities Center at Dallas | Passwords – All employees knew the password to access the cash register, including terminated employees.   | Moderate   | Deactivate the shared password for the cash register and assign each those needing access their own password.   | Nick Schmitt, IT Specialist, has changed the UCD Student Store log in and each individual needing access to the computer has their own log-in username/password.   | Nick Schmitt, Information Technology Specialist<br>Monica Castillo, UCD Student Store Cashier   | 9/7/2012                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-028 UCD    | Finance                              | UCD Cash Loss Review  | Universities Center at Dallas | Cash Register Funds – Cash was left overnight in the cash register inside the store.   | Low        | Safeguard cash by securing all funds outside of the student store when the store is closed.   | Once register has been closed for the night the money will be locked in a closed file cabinet. Only one individual will have access to this key and money.   | Monica Castillo, UCD Student Store Cashier  | 9/7/2012                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-029 UNT    | Finance                              | Recreational Sports Office Cash Handling Review               | UNT                           | The Recreational Sports Office has established effective and efficient procedures for handling cash. Additionally, controls have been established to comply with UNT Policies 2.2.1 and 2.2.31.                  | NA         | None  | NA   | NA  | NA                           | NA                    |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 12-030 UNT    | Academic and Students                | Transition Review Office of Research and Economic Development | UNT                           | Our review of the processes and related controls and our testing indicated that the major business procedures and controls are adequate.   | NA         | None  | NA   | NA  | NA                           | NA                    |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-001 DAL    | Governance and Regulatory Compliance | UNT Dallas President's Expenditures Review                    | UNT Dallas                    | The UNT Dallas President's travel and non-travel expenditures were in compliance with his employment agreement. Additionally, his compensation for fiscal year 2012 was compliant with his employment agreement. | NA         | None  | NA   | NA  | NA                           | NA                    |



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| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-001 HSC    | Governance and Regulatory Compliance | Joint Admission Medical Program Review                  | UNTHSC                | Overall, UNTHSC was in compliance with policies, procedures, laws, and regulations that could have a significant impact on JAMP operations and reports. All expenditures were in compliance with the guidelines and were properly classified on the Annual Expenditure Report for the fiscal year ended August 31, 2012. In addition, the annual report submitted to JAMP accurately reflects the financial activities of the program.   | NA         | None   | NA  | NA   | NA                           | NA                    |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-001 SYS    | Governance and Regulatory Compliance | Chancellor's Expenditure Review                         | UNT System            | Internal Audit observed a proactive approach to monitoring expenses and reimbursements, with a strong attention to detail and adherence to policy. This level of detail was evidenced through support documentation retained by the Office of the Chancellor. No observations were made during the review that required management action.   | NA         | None   | NA  | NA   | NA                           | NA                    |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-001 UNT    | Governance and Regulatory Compliance | NCAA Minimum Agreed Upon Procedures                     | UNT                   | None   | NA         | NA   | NA  | NA   | NA                           | NA                    |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-002 HSC    | Governance and Regulatory Compliance | HSC President's Expenses Review                         | UNTHSC                | Travel, entertainment, and business expenses for which the President was reimbursed, or that were paid on behalf of the President during fiscal year 2012, were in compliance with UNTHSC policies and the employment agreement. Additionally, expenditures reviewed were reasonable, appropriate, and documented as to business purpose.  | NA         | None   | NA  | NA   | NA                           | NA                    |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-002 SYS    | Governance and Regulatory Compliance | Vice Chancellor and General Counsel Expenditures Review | UNT System            | Based on the results of the procedures performed, Internal Audit noted the following:<br><ul style="list-style-type: none"> <li>Travel expenditures reimbursed to the Vice Chancellor and General Counsel were deemed appropriate, reasonable, and in compliance with UNT System Travel Policy 04-901 and UNT Travel Policy 2.1.15.</li> <li>Travel expenditures for the employees of the Office of General Counsel were also deemed appropriate, reasonable, and in compliance with travel policies.</li> <li>The Right to Travel form is prepared for out of state travel.</li> <li>P-card purchases are performed by one p-card holder and reviewed by the p-card reconciler and approver.</li> <li>Non-travel expenditures were deemed appropriate for the Office of General Counsel.</li> <li>The process and procedure for selecting outside legal counsel includes a review by the Texas Attorney General's office.</li> <li>Outside legal counsel invoices are reviewed by the requesting department, Office of General Counsel, and the Texas Attorney General's office.</li> </ul> There were no suggested management actions. | NA         | None   | NA  | NA   | NA                           | NA                    |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-003 DAL    | Finance                              | UNT Dallas Purchasing Card Review                       | UNT Dallas            | Non-compliance with Business Service Center Purchasing Card Program Guidelines. – The following instances of noncompliance with the BSC program guidelines were noted:   | Moderate   | Require purchasing cardholders, reconcilers and approvers to attend BSC-provided PCard training; and emphasize the importance of complying with purchasing guidelines, University policy, and state regulations. | We concur, cardholder and reconciler will be required to complete BSC PCard training. | J. Carlos Hernandez, Vice President for Finance and Administration/CFO | 8/1/2013                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-003 HSC    | Governance and Regulatory Compliance | Annual UNTHSC Investment Review                         | UNTHSC                | Overall, we found that investments were safeguarded, diversified, and provided sufficient liquidity to meet the reasonable anticipated financial needs of the UNTHSC. UNTHSC is in compliance with the Public Funds Investment Act (PFIA) and the state higher education investment reporting requirements.  | NA         | None   | NA  | NA   | NA                           | NA                    |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-004 HSC    | Governance and Regulatory Compliance | Family Medicine Residency Program                       | UNTHSC                | All expenditures were in compliance with the guidelines and were properly classified on the Annual Report for the fiscal year ended August 31, 2012. All THECB funds appropriated to UNTHSC were received and accounted for in accordance with the THECB guidelines.   | NA         | None   | NA  | NA   | NA                           | NA                    |

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| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-004 UNT    | Governance and Regulatory Compliance | President's Expenditures Review           | UNT                   | Overall, the President's travel, business and entertainment, and employment compensation comply with the employment agreement and UNT/System Policies. Expenditures appear to be reasonable, appropriate, and well documented to provide assurance as to their business purposes. | NA         | None  | NA   | NA  | NA                           | NA                    |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-005 UNT    | Governance and Regulatory Compliance | Student-Managed Investment Fund Review    | UNT                   | Annual Audit – The Student Investment Group did not ensure that an annual audit was performed by UNT accounting majors as required by the donor agreement.  | Moderate   | Establish an audit committee and ensure an annual audit is performed.   | Chair of FIREL will meet with the chair of the Department of Accounting to discuss means of encouraging participation in SIG and the audit function by accounting majors. Implementation and compliance rests ultimately with the members of the SIG.  | Marcia, Staff, Chair of Finance, Insurance, Real Estate and Law | 8/1/2013                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-005 UNT    | Governance and Regulatory Compliance | Student-Managed Investment Fund Review    | UNT                   | Annual Audit – The Student Investment Group did not ensure that an annual audit was performed by UNT accounting majors as required by the donor agreement.  | Moderate   | Develop strategies to engage accounting and auditing students to perform the annual audit.  | Chair of FIREL will meet with the chair of the Department of Accounting to discuss means of encouraging participation in SIG and the audit function by accounting majors. Implementation and compliance rests ultimately with the members of the SIG.  | Marcia, Staff, Chair of Finance, Insurance, Real Estate and Law | 8/1/2013                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-005 UNT    | Governance and Regulatory Compliance | Student-Managed Investment Fund Review    | UNT                   | Annual Audit – The Student Investment Group did not ensure that an annual audit was performed by UNT accounting majors as required by the donor agreement.  | Moderate   | Consult with the advisor and accounting faculty to determine incentives that could be offered to encourage student participation in the annual audit. | Chair of FIREL will meet with the chair of the Department of Accounting to discuss means of encouraging participation in SIG and the audit function by accounting majors. Implementation and compliance rests ultimately with the members of the SIG.  | Marcia, Staff, Chair of Finance, Insurance, Real Estate and Law | 8/1/2013                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-005 UNT    | Governance and Regulatory Compliance | Student-Managed Investment Fund Review    | UNT                   | Maintaining Records – The Student Investment Group did not record and retain meeting minutes and voting records.  | Moderate   | The Student Investment Group should record and retain meeting minutes, including voting records.  | Chair of FIREL will work with the SIG to develop a template for SIG meetings, including voting records. Implementation and compliance rests ultimately with the members of the SIG.  | Marcia, Staff, Chair of Finance, Insurance, Real Estate and Law | 8/1/2013                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-005 UNT    | Governance and Regulatory Compliance | Student-Managed Investment Fund Review    | UNT                   | Quarterly Reports – Quarterly reports contained inaccuracies related to expenses and revenues and were not completed timely.  | Moderate   | Consult with the faculty advisor to gain an understanding on how to properly report expenses and revenues in the quarterly reports.                   | The Chair of FIREL will continue to remind SIG leaders prior to the due dates of the reports. Reports will be signed by the preparer and one SIG officer. Implementation and compliance rests ultimately with the members of the SIG.  | Marcia, Staff, Chair of Finance, Insurance, Real Estate and Law | 7/1/2013                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-005 UNT    | Governance and Regulatory Compliance | Student-Managed Investment Fund Review    | UNT                   | Quarterly Reports – Quarterly reports contained inaccuracies related to expenses and revenues and were not completed timely.  | Moderate   | Develop a process to ensure reports are completed timely.   | The Chair of FIREL will continue to remind SIG leaders prior to the due dates of the reports. Reports will be signed by the preparer and one SIG officer. Implementation and compliance rests ultimately with the members of the SIG.  | Marcia, Staff, Chair of Finance, Insurance, Real Estate and Law | 7/1/2013                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-005 UNT    | Governance and Regulatory Compliance | Student-Managed Investment Fund Review    | UNT                   | Quarterly Reports – Quarterly reports contained inaccuracies related to expenses and revenues and were not completed timely.  | Moderate   | Establish an audit committee to assist in preparing and reviewing the reports.  | The Chair of FIREL will continue to remind SIG leaders prior to the due dates of the reports. Reports will be signed by the preparer and one SIG officer. Implementation and compliance rests ultimately with the members of the SIG.  | Marcia, Staff, Chair of Finance, Insurance, Real Estate and Law | 7/1/2013                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-006 HSC    | Academic and Students                | Financial Aid Review                      | UNTHSC                | Overall, the Office of Financial Aid (OFA) has appropriate procedures and controls in place to comply with the UNTHSC policies, state laws and the U.S. Department of Education regulations.  | NA         | None  | NA   | NA  | NA                           | NA                    |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-008 HSC    | Academic and Students                | Student Finance Review                    | UNTHSC                | Overall, the Office of Student Finance has appropriate procedures and controls in place to comply with the UNTHSC policies and state laws.  | NA         | None  | NA   | NA  | NA                           | NA                    |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-009 HSC    | Information Technology               | Meaningful Use Stage 1 Attestation Review | UNTHSC                | Overall, UNTHSC appropriately documented and attested to Meaningful Use Stage 1 requirements as defined by CMS & TMHP. No observations were made during the review that required management action.   | NA         | None  | NA   | NA  | NA                           | NA                    |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-010 UNT    | Finance                              | UNT Dining Services A/P Audit             | UNT                   | UNT Dining Services is not verifying that they have been billed in accordance with the contract terms with Ben E. Keith.  | Moderate   | Implement a process and procedure to audit the Ben E. Keith invoices to verify that UNT is billed in accordance with the contract terms.              | We will be conducting periodic audits of the Ben E. Keith invoices and verifying the 6.5% margin is being enforced.  | Suzan Cruz, Business Manager                                    | 2/1/2014                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-010 UNT    | Finance                              | UNT Dining Services A/P Audit             | UNT                   | UNT Dining Services is not scanning its Retail Dining Service invoices and supporting documentation as required by the Delegated Voucher Payable Agreement with the UNT System Business Service Center.   | Low        | Develop a procedure to scan Retail Dining Service invoices.   | We are committed to completing the suggested electronic/scan Retail invoices as requested. We will be contacting our Retail Vendors and discussing the changes that are required by the University with regards to electronic/scanned invoicing and how we can streamline a process that will work for both parties. | Suzan Cruz, Business Manager                                    | 9/1/2014                     | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-012 UNT    | Academic and Students | Space Planning Review   | UNT                   | OSMP has not completed a Space Inventory Survey since 2009 which was conducted by Facilities.   | Moderate   | Suggested Management Action for Director of Office of Space Management and Planning:<br><br>Conduct periodically a Space Inventory Survey preferably annually if possible, and update information into the Space Management System data base in order to ensure that information recorded in the data base is complete and accurate. | Agreed at time of observation however Survey is currently in progress. OSMP has invested more than a year in discovery, specification and development of an expanded and more robust system that will not only allow us to complete a yearly space survey but will enable UNT to collect and disseminate valuable data that will benefit Research Services, the Registrar, Facilities, Risk Management, HR, Classroom Support, Asset Management and virtually every other unit on campus. Additional auditee comments: OSMP currently maintains the data for and completes THECB and Federal required reporting for the UNT Denton and Dallas campuses as well as some of the space occupied by the System. The combined total of approximately 7.3 million square feet of space, according to industry standards for staff required for CAFM systems, should require 3-4 people full time to maintain it after initial setup. At this time OSMP has 1 FTE dedicated to the role of system development project management and maintenance of all space data.   | Cheryl Benningfield, Space Inventory Manager                                 | 4/26/2013                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-012 UNT    | Academic and Students | Space Planning Review   | UNT                   | UNT has only one employee who is fully knowledgeable in using and maintaining the Space Management System data base.  | Moderate   | Suggested Management Action for Director of Office of Space Management and Planning:<br><br>Provide appropriate training to another employee in order to ensure continuity of the Space Management System.   | Agreed. Although Jessica, the Office Manager has taken several training classes since May, the complexity and certain administrative rights of the Space Management System make training of existing regular staff difficult. Each member of the current OSMP staff has a full time position and associated workload and only one person's position includes the responsibility for the system. The amount of training and ongoing use that would be required to achieve competence in the maintenance of the system does not lend itself to an "additional duties as assigned" task or one that is a part-time on occasion role. Additional auditee comments: The need for additional personnel to be trained as well as another FTE for the Space Management System is crucial especially if our office is expected to continue State reporting for the UNT Dallas and System campuses. The addition of the new Law School, Shared Services under the System, and UNT Dallas campus failing their THECB space audit, cannot be achieved with the current staff in OSMP. We will need one additional FTE in order to address these critical issues. | Cheryl Benningfield, Space Inventory Manager                                 | 5/1/2013                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-012 UNT    | Academic and Students | Space Planning Review   | UNT                   | OSMP does not have detailed operational written procedures addressing the assignment and re-assignment of University space.   | Low        | Suggested Management Action for Director of Office of Space Management and Planning:<br><br>Develop detailed written departmental procedures, outlining the OSMP operational processes and controls.   | Agreed at time of observation however certain written procedures have since been written.<br>1. OSMP now has written procedures for communications and processes concerning the Space Assessment Committee and Administration approval/non-approval of such requests.<br>2. Detailed written procedures have been completed for the Space Inventory Survey process and were published online in April, 2013. Additional written OSMP operational procedures have been identified and are being developed at this time.   | Jessica Shumate, Office Manager  | 12/1/2013                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-017 UNT    | Academic and Students | Parking Services Review | UNT                   | Parking Meters - Parking operations does not have adequate controls over parking meter receipts. Under current procedures employee theft could occur and remain undetected. Reported Receipts from meter parking for fiscal year 2012 were \$448,884. | High       | Parking and Transportation Services management should consider the following management actions:<br><br>Do not provide keys to personnel responsible for collection of receipts which will allow them access to those receipts.  | 1. Agreed. Individuals collecting each meters locked storage container do not have access to the container. Once the coinage is dumped into the larger locked collection container via a mechanical process the meter coinage collection container is returned to the meter. The locked collection container is then returned to the Parking Office when collections are complete. The individuals collecting the coinage do not have access to the locked collection container.   | Geary L. Robinson, Ph.D., CAPP Director, Parking and Transportation Services | 6/30/2013                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-017 UNT    | Academic and Students | Parking Services Review | UNT                   | Parking Meters - Parking operations does not have adequate controls over parking meter receipts. Under current procedures employee theft could occur and remain undetected. Reported Receipts from meter parking for fiscal year 2012 were \$448,884. | High       | Reconcile revenue recorded in the Meter Manager system to deposit bank receipts.   | Agreed. Revenue will be recorded and entered in the Meter Manager System. Upon receiving the bank deposit receipts they will be used to reconcile the revenue recorded in the Meter Manager system.  | Geary L. Robinson, Ph.D., CAPP Director, Parking and Transportation Services | 12/31/2013                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-017 UNT    | Academic and Students | Parking Services Review | UNT                   | Written Procedures - The Parking Office does not have written procedures addressing major business processes.   | Moderate   | Parking and Transportation Services management should consider the following management action:<br><br>Develop detailed written procedures for applicable departmental business processes.   | Agreed. Written procedures are being developed addressing the collection, recording, depositing, and reconciliation of parking revenue. The written procedures being drafted for the Parking and Transportation Services operations will provide consistency, and guidance with regards to established University and departmental controls and procedures. Additional auditee comments: The parking office previously had written procedures and prior managers had been directed to update those procedures to maintain consistency with UNT policies and maintain accountability within the operation. Management within the operation was realigned and a new Director was recruited and hired effective January 2013.   | Geary L. Robinson, Ph.D., CAPP Director, Parking and Transportation Services | 12/31/2013                   | Closed                |



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| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-017 UNT    | Academic and Students | Parking Services Review                    | UNT                   | The following equipment at the Union Circle garage facility is either inoperable or not fully operable since May 2012.<br><ul style="list-style-type: none"> <li>•West Exit Booth – not operable, no power pad to perform transactions, currently out for repair.</li> <li>•West Exit Verifier (stand- alone equipment) – not operable, Internal Power Pad needs repair. In addition, access card reader not operable.</li> <li>•Middle Exit Booth – partly operable, Power Pad is able to process locally, however the local system has lost the ability to communicate information to the Scan Net data base.</li> <li>•Pay-Station Equipment – not operable, Power Pad needs repair.</li> </ul> | Moderate   | Evaluate and determine Parking garage operational and reporting needs.  | Agreed. Parking and Transportation Services has evaluated and determined the Parking garage operational and reporting needs.   | Geary L. Robinson, Ph.D., CAPP<br>Director, Parking and Transportation Services | 1/31/2014                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-017 UNT    | Academic and Students | Parking Services Review                    | UNT                   | The following equipment at the Union Circle garage facility is either inoperable or not fully operable since May 2012.<br><ul style="list-style-type: none"> <li>•West Exit Booth – not operable, no power pad to perform transactions, currently out for repair.</li> <li>•West Exit Verifier (stand- alone equipment) – not operable, Internal Power Pad needs repair. In addition, access card reader not operable.</li> <li>•Middle Exit Booth – partly operable, Power Pad is able to process locally, however the local system has lost the ability to communicate information to the Scan Net data base.</li> <li>•Pay-Station Equipment – not operable, Power Pad needs repair.</li> </ul> | Moderate   | Determine whether to either maintain current garage operational systems and repair necessary equipment, or replace applicable equipment and/or software to meet the expectations and needs of the University parking garage operations.   | Agreed. PTS is working with our software provider T2 Systems, Inc. to develop a plan to maintain current garage operational systems and repair necessary equipment. The plan will include replacing applicable equipment and software to meet the expectations and needs of the University parking garage operations.                  | Geary L. Robinson, Ph.D., CAPP<br>Director, Parking and Transportation Services | 1/31/2014                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-017 UNT    | Academic and Students | Parking Services Review                    | UNT                   | There is no reconciliation of the physical inventory of permits kept in the office to permits sold.  | Moderate   | Maintain a physical inventory record of permits with cumulative balances noting beginning balances, purchased additions, and permit removals for each type of parking permit stored and locked in the storage-cage area and also for permits maintained in the cabinet in the front sales area.         | Agreed. The maintaining of the physical inventory record of permits with cumulative balances noting beginning balances, purchased additions, and permit removals for each type of parking permit stored and locked in the storage-cage area and also for permits maintained in the cabinet in the front sales area is being developed. | Geary L. Robinson, Ph.D., CAPP<br>Director, Parking and Transportation Services | 10/31/2013                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-017 UNT    | Academic and Students | Parking Services Review                    | UNT                   | There is no reconciliation of the physical inventory of permits kept in the office to permits sold.  | Moderate   | Reconcile office inventoried permit usage to office sales documentation.  | PTS will reconcile office inventoried permit usage to office sales documentation   | Geary L. Robinson, Ph.D., CAPP<br>Director, Parking and Transportation Services | 10/31/2013                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-017 UNT    | Academic and Students | Parking Services Review                    | UNT                   | Parking Office credit card receipts are not being reconciled to source transaction activity recorded in the T-2 and Scan-Net systems.  | Moderate   | Reconcile Parking Office credit card receipts to original source transaction activity. Implementation will ensure that credit card revenues are recorded and reconciled to transaction source documentation.  | Agreed. PTS will reconcile Parking Office credit card receipts to original source transaction activity.  | Geary L. Robinson, Ph.D., CAPP<br>Director, Parking and Transportation Services | 10/31/2014                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-023 UNT    | Academic and Students | Enrollment Management Audit                | UNT                   | None of the departments that process cash receipts were in compliance with UNT Policy 2.1.10.1 Cash Controls. Two departments had no written procedures and two other departments had inadequate written procedures.   | Moderate   | Revise cash handling written procedures to include, but not limited to:<br><ul style="list-style-type: none"> <li>• a reconciliation process;</li> <li>• authorization of persons (named) to collect cash;</li> <li>• separation of duties; and</li> <li>• maintenance of cash receipts logs</li> </ul> | We will follow-through with the suggestion management action plan.   | Dr. Elizabeth With, Vice President for Student Affairs                          | 9/1/2013                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-023 UNT    | Academic and Students | Enrollment Management Audit                | UNT                   | None of the departments that process cash receipts were in compliance with UNT Policy 2.1.10.1 Cash Controls. Two departments had no written procedures and two other departments had inadequate written procedures.   | Moderate   | Request assistance and a review by Student Accounting and University Cashiering Services.   | We will follow-through with the suggestion management action plan.   | Dr. Elizabeth With, Vice President for Student Affairs                          | 9/1/2013                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-023 UNT    | Academic and Students | Enrollment Management Audit                | UNT                   | The Student Financial Aid and Scholarships department does not redact bank account information on checks before scanning into Image Now.   | Low        | Amend the check receipting process to include redacting the bank account number and bank routing number before scanning into Image Now.   | We will follow-through with the suggestion management action plan.   | Dr. Elizabeth With, Vice President for Student Affairs                          | 9/1/2013                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-028 DAL    | Academic and Students | UNT Dallas Facilities Certification Review | UNT Dallas            | Overall, based on the results of procedures performed, the facilities development projects and acquisitions of real property complied with rules established by the Texas Administrative Code and within the parameters specified in the project applications that were submitted to THECB.  | NA         | None  | NA   | NA  | NA                           | NA                    |

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| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-016 UNT    | Finance        | UNT Endowment Review Audit | UNT                   | Students received scholarships from the Texas Apartment Association (TAA) that were not processed through the Office of Student Financial Aid and Scholarships (SFAS). Students enrolled in the Residential Property Management (RPM) degree program offered by the Department of Finance, Insurance, Real Estate and Law (FIREL) are eligible to apply for a scholarship from the TAA. Scholarships awarded by TAA are sent directly to the student. Consequently, the awards are not processed through SFAS. | Low        | Recommendations for Chair of the FIREL Department:<br><br>Coordinate with the Office of Financial Aid to determine if receipt of the TAA scholarships resulted in any over-awards in federal financial aid and if so, adjustments should be resolved and reported as required.<br>Implementation will provide assurance that scholarships awarded by the Texas Apartment Association will be coordinated and processed through the Office of Student Financial Aid and Scholarships; compliance with Federal Regulations, University policy, SFAS guidelines, and MOU requirements will be achieved; and the overall control environment will be strengthened. | 2. The donor established its own nonprofit organization to provide scholarships to students and makes the awards totally independent of the University. Management has no direct knowledge of which students receive the scholarships or in what amounts. To the best of management's knowledge and belief, the funds are paid directly to the students. However, management has no direct knowledge of any such receipt.<br>Since the scholarships are provided by an independent third party, students are required to report the scholarship amounts to SFAS. Management is not aware of any mechanism by which it is required to and/or can report scholarships made by third parties to UNT students of which management has no direct knowledge.<br>Management agrees to consult with the UNT Office of Financial Aid to determine University policy and procedures related to any required reporting of scholarships made to UNT students by third parties when the award is not made by the department or program and is administered by an independent third party. Management agrees to comply with the policies and procedures prescribed by the Office of Financial Aid. | Marcia J. Staff, Chair, FIREL                                | 1/27/2014                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-016 UNT    | Finance        | UNT Endowment Review Audit | UNT                   | The scholarship committee waived the minimum 3.25 GPA requirement to award a scholarship to a student.   | Low        | Recommendations for Director of the Professional Leadership Program (PLP):<br><br>Administer endowment distributions in accordance with provisions of the MOU.   | We agree that the procedure was not followed, although the donor was consulted for approval.<br>3. We will consult the UNT General Counsel to determine whether corrective action is needed for the award that was made.   | Marilyn K. Wiley, Senior Associate Dean, College of Business | 3/1/2014                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-016 UNT    | Finance        | UNT Endowment Review Audit | UNT                   | The scholarship committee waived the minimum 3.25 GPA requirement to award a scholarship to a student.   | Low        | Recommendations for Director of the Professional Leadership Program (PLP):<br><br>Obtain documented approval (agreement) from stakeholders (donor, university, students, faculty, staff) as appropriate before modifying the provisions of an existing MOU. Generally, the approval should be documented in the same form as the original agreement.   | We agree that the procedure was not followed, although the donor was consulted for approval.<br>4. We will call a meeting including the donor, the PLP director and the PLP assistant director to discuss compliance for future awards and whether MOU modifications are needed, and document the results of the meeting.  | Marilyn K. Wiley, Senior Associate Dean, College of Business | 3/1/2014                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-016 UNT    | Finance        | UNT Endowment Review Audit | UNT                   | The scholarship committee waived the minimum 3.25 GPA requirement to award a scholarship to a student.   | Low        | Recommendations for Director of the Professional Leadership Program (PLP):<br><br>Consult with Legal Counsel to determine if any or what corrective action needs to be taken.<br>Implementation will provide assurance that stakeholders will be made aware of modifications to the gift agreement; compliance with provisions of the gift agreement will be achieved; potential loss of endowment funds and other gifts will be minimized; strained relations between donors and the University, which might affect future gifts will be deterred; and negative publicity and damage to the University's reputation will be prevented.                        | We agree that the procedure was not followed, although the donor was consulted for approval.<br>5. In the future, the PLP director and staff will work closely with the Dean's office to be sure that all scholarships are appropriately awarded in compliance with the MOU provisions.  | Marilyn K. Wiley, Senior Associate Dean, College of Business | 3/1/2014                     | Closed                |

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| Internal / External | Reporting Agency          | Fiscal Year Report was Issued | Report Number | Audit Category | Report Name                               | Component Institution | Key Observations   | Risk Level | Recommendation Details  | Management Response  | Individual Responsible for Implementation                              | Expected Implementation Date | Recommendation Status |
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| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-002 DAL    | Finance        | Finance and Administration Expense Review | UNT Dallas            | <p>Numerous instances of non-compliance were noted regarding travel, reimbursement, and PCard transactions. For the travel and reimbursements transactions reviewed totaling approximately \$11,000 (FY 2011, 2012, and 2013), Internal Audit observed the following:</p> <ul style="list-style-type: none"> <li>•The Request to Travel (RTT) form was not consistently present, signed, and/or complete (11instances);</li> <li>•Receipts were not consistently provided and were missing (22 instances); and,</li> <li>•Supporting documentation was unorganized and/or not retained. In general, Internal Audit observed numerous business related meals, books, and electronic accessories purchased and subsequently reimbursed.</li> </ul> <p>For PCard transactions reviewed totaling approximately \$135,000 (January 2012 – April 2013), Internal Audit also observed the following:</p> <ul style="list-style-type: none"> <li>•Food and Beverage Purchase justifications forms not consistently used (27 instances);</li> <li>•Exception Request Forms not used for restricted purchases (three instances);</li> <li>•Split purchases were observed (six instances totaling approximately \$12,000);</li> <li>•Restricted purchases observed such as recurring satellite cable provider and security system bills and notary fees (three instances);</li> <li>•Sales tax was charged (11 instances); and</li> <li>•Monthly PCard statement was not reconciled and/or reviewed timely, and did not consistently evidence review by signature of</li> </ul> | Moderate   | <p>Suggested Management Actions for the Vice President for Finance and Administration/CF0:</p> <p>Review the PCard guidelines with cardholders, reconcilers, and approvers to help ensure compliance. Ensure all parties understand their responsibilities. BSC provided training should be attended to understand any changes or updated to the process.</p> | <p>We concur. PCard holder and reconciler will attend BSC PCard training and will document expectation that cardholder will comply with BSC policies and procedures. Reconciler will monitor utilization trends and notify management of activity that should be transitioned to requisition process. The campus will ensure compliance with BSC polices related to travel and business related reimbursements instead of establishing separate practices.</p> | J. Carlos Hernandez, Vice President for Finance and Administration/CF0 | 12/1/2013                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-002 DAL    | Finance        | Finance and Administration Expense Review | UNT Dallas            | <p>Numerous instances of non-compliance were noted regarding travel, reimbursement, and PCard transactions. For the travel and reimbursements transactions reviewed totaling approximately \$11,000 (FY 2011, 2012, and 2013), Internal Audit observed the following:</p> <ul style="list-style-type: none"> <li>•The Request to Travel (RTT) form was not consistently present, signed, and/or complete (11instances);</li> <li>•Receipts were not consistently provided and were missing (22 instances); and,</li> <li>•Supporting documentation was unorganized and/or not retained. In general, Internal Audit observed numerous business related meals, books, and electronic accessories purchased and subsequently reimbursed.</li> </ul> <p>For PCard transactions reviewed totaling approximately \$135,000 (January 2012 – April 2013), Internal Audit also observed the following:</p> <ul style="list-style-type: none"> <li>•Food and Beverage Purchase justifications forms not consistently used (27 instances);</li> <li>•Exception Request Forms not used for restricted purchases (three instances);</li> <li>•Split purchases were observed (six instances totaling approximately \$12,000);</li> <li>•Restricted purchases observed such as recurring satellite cable provider and security system bills and notary fees (three instances);</li> <li>•Sales tax was charged (11 instances); and</li> <li>•Monthly PCard statement was not reconciled and/or reviewed timely, and did not consistently evidence review by signature of</li> </ul> | Moderate   | <p>Suggested Management Actions for the Vice President for Finance and Administration/CF0:</p> <p>Clearly delineate responsibilities to designees who process travel, reimbursements, and PCard transactions. Ensure the processors understand their responsibilities, and have an established method for complying with guidelines and expectations.</p>     | <p>We concur. PCard holder and reconciler will attend BSC PCard training and will document expectation that cardholder will comply with BSC policies and procedures. Reconciler will monitor utilization trends and notify management of activity that should be transitioned to requisition process. The campus will ensure compliance with BSC polices related to travel and business related reimbursements instead of establishing separate practices.</p> | J. Carlos Hernandez, Vice President for Finance and Administration/CF0 | 12/1/2013                    | Closed                |



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|---------------------|---------------------------|-------------------------------|---------------|----------------|---|-----------------------|--|------------|---|--|--|------------------------------|-----------------------|
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-002 DAL    | Finance        | Finance and Administration Expense Review | UNT Dallas            | <p>Numerous instances of non-compliance were noted regarding travel, reimbursement, and PCard transactions. For the travel and reimbursements transactions reviewed totaling approximately \$11,000 (FY 2011, 2012, and 2013), Internal Audit observed the following:</p> <ul style="list-style-type: none"> <li>•The Request to Travel (RTT) form was not consistently present, signed, and/or complete (11instances);</li> <li>•Receipts were not consistently provided and were missing (22 instances); and,</li> <li>•Supporting documentation was unorganized and/or not retained. In general, Internal Audit observed numerous business related meals, books, and electronic accessories purchased and subsequently reimbursed.</li> </ul> <p>For PCard transactions reviewed totaling approximately \$135,000 (January 2012 – April 2013), Internal Audit also observed the following:</p> <ul style="list-style-type: none"> <li>•Food and Beverage Purchase justifications forms not consistently used (27 instances);</li> <li>•Exception Request Forms not used for restricted purchases (three instances);</li> <li>•Split purchases were observed (six instances totaling approximately \$12,000);</li> <li>•Restricted purchases observed such as recurring satellite cable provider and security system bills and notary fees (three instances);</li> <li>•Sales tax was charged (11 instances); and</li> <li>•Monthly PCard statement was not reconciled and/or reviewed timely, and did not consistently evidence review by signature of</li> </ul> | Moderate   | <p>Suggested Management Actions for the Vice President for Finance and Administration/CF0:</p> <p>Review trends in PCard usage and continue to move expenses to the normal purchase order process for transactions that recur, that have an associated contract, or need to have an updated contract with the vendor. Continue to work with the BSC staff to identify required or suggested transaction changes.</p>  | <p>We concur. PCard holder and reconciler will attend BSC PCard training and will document expectation that cardholder will comply with BSC policies and procedures. Reconciler will monitor utilization trends and notify management of activity that should be transitioned to requisition process. The campus will ensure compliance with BSC polices related to travel and business related reimbursements instead of establishing separate practices.</p> | J. Carlos Hernandez, Vice President for Finance and Administration/CF0 | 12/1/2013                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-002 DAL    | Finance        | Finance and Administration Expense Review | UNT Dallas            | <p>Numerous instances of non-compliance were noted regarding travel, reimbursement, and PCard transactions. For the travel and reimbursements transactions reviewed totaling approximately \$11,000 (FY 2011, 2012, and 2013), Internal Audit observed the following:</p> <ul style="list-style-type: none"> <li>•The Request to Travel (RTT) form was not consistently present, signed, and/or complete (11instances);</li> <li>•Receipts were not consistently provided and were missing (22 instances); and,</li> <li>•Supporting documentation was unorganized and/or not retained. In general, Internal Audit observed numerous business related meals, books, and electronic accessories purchased and subsequently reimbursed.</li> </ul> <p>For PCard transactions reviewed totaling approximately \$135,000 (January 2012 – April 2013), Internal Audit also observed the following:</p> <ul style="list-style-type: none"> <li>•Food and Beverage Purchase justifications forms not consistently used (27 instances);</li> <li>•Exception Request Forms not used for restricted purchases (three instances);</li> <li>•Split purchases were observed (six instances totaling approximately \$12,000);</li> <li>•Restricted purchases observed such as recurring satellite cable provider and security system bills and notary fees (three instances);</li> <li>•Sales tax was charged (11 instances); and</li> <li>•Monthly PCard statement was not reconciled and/or reviewed timely, and did not consistently evidence review by signature of</li> </ul> | Moderate   | <p>Suggested Management Actions for the Vice President for Finance and Administration/CF0:</p> <p>Continue to develop and refine campus specific policies related to travel and business related reimbursements for all employees. This could include limits and or detailed expectations on business meals and other business related purchases. Implementation of these suggested actions will help assure compliance with PCard guidelines, as well as improve the overall control environment in the UNT Dallas Finance and Administration Office and campus.</p> | <p>We concur. PCard holder and reconciler will attend BSC PCard training and will document expectation that cardholder will comply with BSC policies and procedures. Reconciler will monitor utilization trends and notify management of activity that should be transitioned to requisition process. The campus will ensure compliance with BSC polices related to travel and business related reimbursements instead of establishing separate practices.</p> | J. Carlos Hernandez, Vice President for Finance and Administration/CF0 | 12/1/2013                    | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-008 UNT    | Governance and Regulatory Compliance | NCAA Compliance Review – Eligibility Certification | UNT                   | The review and testing of operational processes and controls indicated that business procedures and controls pertaining to the determination of student-athlete eligibility certification are effective and operating as intended. For the sample tested, information recorded and maintained to determine student athlete eligibility for the Fall 2012 and Spring 2013 semesters was accurate. The Office of the Registrar and the Athletics department are proactive in ensuring that the University has complied with NCAA eligibility requirements and maintain accurate information used in determining student-athlete eligibility. Meetings are often held between the two departments to ensure UNT compliance. The Office of the Registrar recently developed a control schedule called "Student-Athlete Checklist for Continuing Students" to assist in documenting that NCAA requirements have been met. Internal Audit noted a need to improve the recording of signatures and dates on some supporting documentation; this was discussed during the Exit Meeting.                                      | NA         | None  | NA  | NA   | NA                           | NA                    |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-010 UNT    | Finance                              | UNT Dining Services A/P Audit                      | UNT                   | UNT Dining Services is not verifying that they have been billed in accordance with the contract terms with Ben E. Keith. Ben E. Keith, Dining Services main food vendor, is required to bill Dining Services the identical amount that Ben E. Keith pays for food products purchased from other vendors. On top of this amount, Ben E. Keith is allowed to charge a profit margin, not greater than 6.5%. The method by which the margin is calculated is detailed in the contract. Currently, in processing payments to Ben E. Keith, Dining Services is not verifying that the 6.5% margin has been calculated correctly and in accordance with the contract terms. Also, the contract includes a right to audit clause so that UNT can verify that it has been charged the same amount that Ben E. Keith has paid. Dining Services has never exercised this option.   | Moderate   | Suggested Management Action for the Executive Director of Dining Services:<br>1. Implement a process and procedure to audit the Ben E. Keith invoices to verify that UNT is billed in accordance with the contract terms.<br>Implementation will provide assurance that UNT Dining Services is verifying and paying no more than the agreed six and one half percent (6.5%) margin.   | We will be conducting periodic audits of the Ben E. Keith invoices and verifying the 6.5% margin is being enforced.   | Suzan Cruz, Business Manager                               | 2/1/2014                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-015 UNT    | Research                             | Restricted Research Review                         | UNT                   | Expenditures for one research project were not included in the 2012 annual report to the Texas Higher Education Coordinating Board. (THECB).<br>At the time of initial setup, a research project was inadvertently assigned a National Association of College and University Business Officers (NACUBO) class code that identified the project as public service instead of restricted research in the University's general ledger (GL) system. Subsequently, when restricted research expenditures data were extracted from the GL to report to the THECB, expenditures for the project coded as public service were not included.  | Moderate   | Suggested Management Action for the Director of the Office of Research Services:<br>1. Develop a process to match and reconcile restricted research awards with corresponding restricted research expenditures prior to reporting to the THECB or other regulatory entities.<br>Implementation will provide assurance that restricted research awards are accurately matched or reconciled to restricted research expenditures prior to reporting to the THECB. | Develop and use a control report on a consistent basis to ensure that NACUBO class coding for restricted research awards matches corresponding reporting for restricted research expenditures.  | Britt Krhovjak, Assistant Director for Research Accounting | 11/30/2013                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-007 HSC    | Academic and Students                | School of Health Professions Review Audit          | UNTHSC                | UNTHSC does not have comprehensive policies and/or procedures for cash handling.<br>While the Office of Accounting has a cash handling procedure, it does not give specific detail on maintaining of cash balances in a department (i.e. maintaining a record of custody, entrance procedures for a safe, distribution of cash payments, and independent reconciliation).<br>The following was observed regarding cash handling in the SHP:<br>• The department withdraws cash to pay research/simulated patients a fee for participation in a study of class. After the cash is provided to the SHP, no record of custody is maintained when cash is passed from one employee to another.<br>• There was no log showing entrance into the safe where these funds were kept.<br>• Funds were not in the location indicated on the 'Research Participation Custodial Agreement' form.<br>• Large cash balances were withdrawn and held for periods exceeding three months.<br>In our sample of withdrawals for research or training patients, three institutionally funded projects had cash outstanding of \$16,190. | Moderate   | Suggested Management Action For Controller and Chief Budget Officer:<br><br>Develop comprehensive cash handling policies and/or procedures that ensure cash is safeguarded. The procedure should include processes for: Maintaining a chain of custody, storing cash in a safe, entrance into the safe, disbursing cash to patients, returning all unused funds, and establishing an independent reconciliation.  | Management agrees that UNTHSC does not have comprehensive procedure for cash handling, although there is a procedure for handling petty cash. Management will develop a general policy for instances that are outside the scope of petty cash. The suggestion will be made to the BSC Director of Purchasing to add instructions regarding securing funds to the simulated patient and research participant procedures. | Kim Schaade, Associate Controller                          | 1/31/2014                    | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-007 HSC    | Academic and Students | School of Health Professions Review Audit | UNTHSC                | <p>UNTHSC does not have comprehensive policies and/or procedures for cash handling. While the Office of Accounting has a cash handling procedure, it does not give specific detail on maintaining of cash balances in a department (i.e. maintaining a record of custody, entrance procedures for a safe, distribution of cash payments, and independent reconciliation).</p> <p>The following was observed regarding cash handling in the SHP:</p> <ul style="list-style-type: none"> <li>• The department withdraws cash to pay research/simulated patients a fee for participation in a study of class. After the cash is provided to the SHP, no record of custody is maintained when cash is passed from one employee to another.</li> <li>• There was no log showing entrance into the safe where these funds were kept.</li> <li>• Funds were not in the location indicated on the 'Research Participation Custodial Agreement' form.</li> <li>• Large cash balances were withdrawn and held for periods exceeding three months.</li> </ul> <p>In our sample of withdrawals for research or training patients, three institutionally funded projects had cash outstanding of \$16,190.</p> | Moderate   | <p>Suggested Management Action For Controller and Chief Budget Officer:</p> <p>Ensure the cash handling policies and/or procedures are distributed to all department personnel handling cash.</p>  | <p>Management agrees that UNTHSC does not have comprehensive procedure for cash handling, although there is a procedure for handling petty cash. Management will develop a general policy for instances that are outside the scope of petty cash. The suggestion will be made to the BSC Director of Purchasing to add instructions regarding securing funds to the simulated patient and research participant procedures.</p> | Kim Schaade, Associate Controller  | 1/31/2014                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-007 HSC    | Academic and Students | School of Health Professions Review Audit | UNTHSC                | <p>UNTHSC does not have comprehensive policies and/or procedures for cash handling. While the Office of Accounting has a cash handling procedure, it does not give specific detail on maintaining of cash balances in a department (i.e. maintaining a record of custody, entrance procedures for a safe, distribution of cash payments, and independent reconciliation).</p> <p>The following was observed regarding cash handling in the SHP:</p> <ul style="list-style-type: none"> <li>• The department withdraws cash to pay research/simulated patients a fee for participation in a study of class. After the cash is provided to the SHP, no record of custody is maintained when cash is passed from one employee to another.</li> <li>• There was no log showing entrance into the safe where these funds were kept.</li> <li>• Funds were not in the location indicated on the 'Research Participation Custodial Agreement' form.</li> <li>• Large cash balances were withdrawn and held for periods exceeding three months.</li> </ul> <p>In our sample of withdrawals for research or training patients, three institutionally funded projects had cash outstanding of \$16,190.</p> | Moderate   | <p>Suggested Management Action For Controller and Chief Budget Officer:</p> <p>Update departmental cash handling procedures to follow policies and/or procedures developed by the Office of Accounting.</p>  | <p>Management Agrees and will ensure that each department has written procedures for handling cash. The suggestions mentioned in Item #4 will be included in the guidelines that the school will present prior to February 28, 2014.</p>   | Syndi Espinoza, Assistant to the Chair (PT)<br>Kim Williams, Assistant to the Chair (PA) | 02/28/2014                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-007 HSC    | Academic and Students | School of Health Professions Review Audit | UNTHSC                | <p>UNTHSC does not have comprehensive policies and/or procedures for cash handling. While the Office of Accounting has a cash handling procedure, it does not give specific detail on maintaining of cash balances in a department (i.e. maintaining a record of custody, entrance procedures for a safe, distribution of cash payments, and independent reconciliation).</p> <p>The following was observed regarding cash handling in the SHP:</p> <ul style="list-style-type: none"> <li>• The department withdraws cash to pay research/simulated patients a fee for participation in a study of class. After the cash is provided to the SHP, no record of custody is maintained when cash is passed from one employee to another.</li> <li>• There was no log showing entrance into the safe where these funds were kept.</li> <li>• Funds were not in the location indicated on the 'Research Participation Custodial Agreement' form.</li> <li>• Large cash balances were withdrawn and held for periods exceeding three months.</li> </ul> <p>In our sample of withdrawals for research or training patients, three institutionally funded projects had cash outstanding of \$16,190.</p> | Moderate   | <p>Suggested Management Action For Controller and Chief Budget Officer:</p> <p>Determine the funds needed for a three month period and return all excess funds to the original ProjIDs or DeptIDs. Implementation will protect staff members and cash by ensuring that cash is adequately safeguarded.</p> | <p>Management Agrees and will ensure that each department has written procedures for handling cash. The suggestions mentioned in Item #4 will be included in the guidelines that the school will present prior to February 28, 2014.</p>   | Syndi Espinoza, Assistant to the Chair (PT)<br>Kim Williams, Assistant to the Chair (PA) | 02/28/2014                   | Closed                |



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| Internal            | UNT System Internal Audit | Fiscal Year 2013              | 13-016 UNT               | Finance                              | UNT Endowment Review Audit | UNT                   | Students received scholarships from the Texas Apartment Association (TAA) that were not processed through the Office of Student Financial Aid and Scholarships (SFAS). Students enrolled in the Residential Property Management (RPM) degree program offered by the Department of Finance, Insurance, Real Estate and Law (FIREL) are eligible to apply for a scholarship from the TAA. Scholarships awarded by TAA are sent directly to the student. Consequently, the awards are not processed through SFAS. | Low        | Recommendations for Chair of the FIREL Department:<br><br>Establish procedures to work in conjunction with the TAA to identify recipients of scholarships, ascertain the amount of each scholarship awarded, and direct scholarship payments to the Office of Student Financial Aid and Scholarships for coordination and processing; or consult with the donor, Office of General Counsel, and SFAS to amend the MOU so that the requirements conform to current practice. | 1: Management agrees that the following portion of the MOU has not been implemented: "The University agrees to establish a RPM Program scholarship to be funded by the Donor, and to work in conjunction with the Donor to identify candidates and recipients for the scholarship."<br>Since the donor chose to not fund the program, the University could not establish the program scholarship as described in the MOU. Since the program was never created, no scholarships were ever awarded as UNT RPM program scholarships.<br>Management agrees to consult with the donor and the Office of General Counsel to amend the MOU to delete the reference in the statement quoted above. | Michael Braswell, TAA Professor and Marcia J. Staff, Chair, FIREL | 3/1/2014                     | Closed                |
| External            | City of Denton            | Fiscal Year 2014              | 7011 1570 0002 0488 4150 | Governance and Regulatory Compliance | City of Denton NOV         | UNT                   | High mercury content in water sample collected.  | NA         | Submit the following within 15 days of receipt of this notice: The problem per the Notice of Violation issued. The possible cause of the problem. The steps being taken to minimize or curtail the reoccurrence of the problem.   | The university is taking a comprehensive, multiple-stepped approach to minimizing future violations, both in the short and long-term. In addition to continuing our hazardous waste training program, which is required for all individuals who work in laboratories; inspecting laboratories to facilitate compliance with environmental, and health and safety laws; following RCRA rules for segregating, packing, and disposing of waste to reduce the chance for pollutants to enter the sanitary sewer or storm water transport systems.   | NA  | NA                           | Closed                |
| External            | City of Denton            | Fiscal Year 2014              | 7011 1570 0002 0488 4143 | Governance and Regulatory Compliance | City of Denton NOV         | UNT                   | On November 1, 2013, a sample of wastewater discharged from the university Chemistry Building (outfall 004) had a value of 0.00478 mg/L of mercury which exceeded the state and local limit of 0.0006 mg/L.  | NA         | Submit the following within 15 days of receipt of this notice: The problem per the Notice of Violation issued. The possible cause of the problem. The steps being taken to minimize or curtail the recurrence of the problem.   | The university is taking a comprehensive, multiple-stepped approach to minimizing future violations, both in the short and long-term. In addition to continuing our hazardous waste training program, which is required for all individuals who work in laboratories; inspecting laboratories to facilitate compliance with environmental, and health and safety laws; following RCRA rules for segregating, packing, and disposing of waste to reduce the chance for pollutants to enter the sanitary sewer or storm water transport systems.   | NA  | NA                           | Closed                |
| External            | City of Denton            | Fiscal Year 2014              | 7011 1570 0002 0488 4167 | Governance and Regulatory Compliance | City of Denton NOV         | UNT                   | On October 15, 2013, a sample of wastewater discharged from the university Chemistry Building (outfall 004) had a value of 1.9199 mg/L of copper, which exceeded the state and local limit of 0.84 mg/L.   | NA         | Submit the following within 15 days of receipt of this notice: The problem per the Notice of Violation issued. The possible cause of the problem. The steps being taken to minimize or curtail the reoccurrence of the problem.   | The university is taking a comprehensive, multiple-stepped approach to minimizing future violations, both in the short and long-term. In addition to continuing our hazardous waste training program, which is required for all individuals who work in laboratories; inspecting laboratories to facilitate compliance with environmental, and health and safety laws; following RCRA rules for segregating, packing, and disposing of waste to reduce the chance for pollutants to enter the sanitary sewer or storm water transport systems.   | NA  | NA                           | Closed                |
| External            | City of Denton            | Fiscal Year 2014              | 7011 1570 0002 0488 4174 | Governance and Regulatory Compliance | City of Denton NOV         | UNT                   | On October 25, 2013, a sample of wastewater discharged from the university Discovery Park Building (outfall 005) had a value of 1.3256 mg/L of molybdenum which in excess of the state and local limit of 1.18 mg/L.   | NA         | Submit the following within 15 days of receipt of this notice: The problem per the Notice of Violation issued. The possible cause of the problem. The steps being taken to minimize or curtail the reoccurrence of the problem.   | The university is taking a comprehensive, multiple-stepped approach to minimizing future violations, both in the short and long-term. In addition to continuing our hazardous waste training program, which is required for all individuals who work in laboratories; inspecting laboratories to facilitate compliance with environmental, and health and safety laws; following RCRA rules for segregating, packing, and disposing of waste to reduce the chance for pollutants to enter the sanitary sewer or storm water transport systems.   | NA  | NA                           | Closed                |
| External            | City of Denton            | Fiscal Year 2014              | 7011 1570 0002 0488 4181 | Governance and Regulatory Compliance | City of Denton NOV         | UNT                   | High mercury content in water sample collected.  | NA         | Submit the following within 15 days of receipt of this notice: The problem per the Notice of Violation issued. The possible cause of the problem. The steps being taken to minimize or curtail the reoccurrence of the problem.   | The university is taking a comprehensive, multiple-stepped approach to minimizing future violations, both in the short and long-term. In addition to continuing our hazardous waste training program, which is required for all individuals who work in laboratories; inspecting laboratories to facilitate compliance with environmental, and health and safety laws; following RCRA rules for segregating, packing, and disposing of waste to reduce the chance for pollutants to enter the sanitary sewer or storm water transport systems.   | NA  | NA                           | Closed                |

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| External            | Deloitte & Touche in conjunction with UNT System Internal Audit | Fiscal Year 2014              | NA            | Finance        | University of North Texas System - UNTHSC & UNTHSC Foundation Advancement Process Assessment | UNTHSC, UNTHSC Foundation | UNTHSC and the Foundation deposits received and processed by the UNTHSC advancement function are deposited into separate bank accounts owned by UNTHSC and swept nightly into the general operating account for UNTHSC. In addition, UNTHSC and the Foundation share a Federal Employer Identification Number (FEIN). As UNTHSC and the Foundation are separate legal entities, deposits related to the Foundation receipts should not be combined with UNTHSC funds. Specifically: <ul style="list-style-type: none"> <li>• 55 of 60 contributions sampled totaling \$6,403,499.71 were deposited into the UNTHSC bank account that were intended for the Foundation.</li> <li>• Of that amount, 45 contributions totaling \$5,513,999.71 were made payable to the Foundation and 10 contributions totaling \$889,500.00 were made payable to UNTHSC.</li> </ul> | NA         | The Foundation should establish a unique FEIN.   | Application for new FEIN and related tax exempt status to be completed.  | Doug White, Vice President UNTHSC Institutional Advancement | 8/31/2014                    | Closed                |
| External            | Deloitte & Touche in conjunction with UNT System Internal Audit | Fiscal Year 2014              | NA            | Finance        | University of North Texas System - UNTHSC & UNTHSC Foundation Advancement Process Assessment | UNTHSC, UNTHSC Foundation | UNTHSC and the Foundation deposits received and processed by the UNTHSC advancement function are deposited into separate bank accounts owned by UNTHSC and swept nightly into the general operating account for UNTHSC. In addition, UNTHSC and the Foundation share a Federal Employer Identification Number (FEIN). As UNTHSC and the Foundation are separate legal entities, deposits related to the Foundation receipts should not be combined with UNTHSC funds. Specifically: <ul style="list-style-type: none"> <li>• 55 of 60 contributions sampled totaling \$6,403,499.71 were deposited into the UNTHSC bank account that were intended for the Foundation.</li> <li>• Of that amount, 45 contributions totaling \$5,513,999.71 were made payable to the Foundation and 10 contributions totaling \$889,500.00 were made payable to UNTHSC.</li> </ul> | NA         | The Foundation should establish a separate bank account to act as an operating account and create procedures for determining that UNTHSC and Foundation funds are deposited in the correct bank account to ensure that funds are properly segregated by legal entity.  | Establishment of separate bank account for Foundation operations to be completed.  | Doug White, Vice President UNTHSC Institutional Advancement | 8/31/2014                    | Closed                |
| External            | Deloitte & Touche in conjunction with UNT System Internal Audit | Fiscal Year 2014              | NA            | Finance        | University of North Texas System - UNTHSC & UNTHSC Foundation Advancement Process Assessment | UNTHSC, UNTHSC Foundation | UNTHSC and the Foundation deposits received and processed by the UNTHSC advancement function are deposited into separate bank accounts owned by UNTHSC and swept nightly into the general operating account for UNTHSC. In addition, UNTHSC and the Foundation share a Federal Employer Identification Number (FEIN). As UNTHSC and the Foundation are separate legal entities, deposits related to the Foundation receipts should not be combined with UNTHSC funds. Specifically: <ul style="list-style-type: none"> <li>• 55 of 60 contributions sampled totaling \$6,403,499.71 were deposited into the UNTHSC bank account that were intended for the Foundation.</li> <li>• Of that amount, 45 contributions totaling \$5,513,999.71 were made payable to the Foundation and 10 contributions totaling \$889,500.00 were made payable to UNTHSC.</li> </ul> | NA         | Determine the amount of existing Foundation funds held in UNTHSC bank accounts and transfer these funds to the new Foundation bank account once the separate FEIN and letter of determination from the IRS are obtained.   | Establishment of separate bank account for Foundation operations to be completed.  | Doug White, Vice President UNTHSC Institutional Advancement | 8/31/2014                    | Closed                |
| External            | Deloitte & Touche in conjunction with UNT System Internal Audit | Fiscal Year 2014              | NA            | Finance        | University of North Texas System - UNTHSC & UNTHSC Foundation Advancement Process Assessment | UNTHSC, UNTHSC Foundation | 10 of 60 contributions sampled totaling \$889,500.00 were written to UNTHSC and deposited to the UNTHSC bank account; however, they were posted to the general ledger as a Foundation contribution as the donor intent indicated the contribution was for the Foundation. The advancement function process consists of depositing contributions based on the donor's intent instead of how the check was made payable.  | NA         | Donor intent should be followed; however, the check should be made payable to the correct legal entity prior to deposit. Working in collaboration with the Office of General Counsel, the UNTHSC advancement function should establish a process to resolve issues where donors' checks are made payable to a legal entity in contradiction to supporting documentation, such as the donor's letter of intent. | <ul style="list-style-type: none"> <li>• All fundraising materials will state clearly that checks should be made payable to "UNTHSC Foundation" as a first step toward confirming donor intent.</li> <li>• All donor acknowledgement letters to donors will be sent on UNTHSC Foundation letterhead and contain explicit language confirming deposit of funds to the Foundation.</li> <li>• On occasions when checks are made payable to UNTHSC but clear intent is for deposit to UNTHSC Foundation, donor will be contacted to either reissue check or provide written confirmation (email) of intent to make gift payable to Foundation.</li> </ul> | Doug White, Vice President UNTHSC Institutional Advancement | NA                           | NA                    |
| External            | Deloitte & Touche in conjunction with UNT System Internal Audit | Fiscal Year 2014              | NA            | Finance        | University of North Texas System - UNTHSC & UNTHSC Foundation Advancement Process Assessment | UNTHSC, UNTHSC Foundation | 10 of 60 contributions sampled totaling \$889,500.00 were written to UNTHSC and deposited to the UNTHSC bank account; however, they were posted to the general ledger as a Foundation contribution as the donor intent indicated the contribution was for the Foundation. The advancement function process consists of depositing contributions based on the donor's intent instead of how the check was made payable.  | NA         | The UNT advancement function should provide training and education to UNTHSC advancement personnel to communicate with donors on deposit requirements.   | NA   | Doug White, Vice President UNTHSC Institutional Advancement | NA                           | NA                    |
| External            | Deloitte & Touche in conjunction with UNT System Internal Audit | Fiscal Year 2014              | NA            | Finance        | University of North Texas System - UNTHSC & UNTHSC Foundation Advancement Process Assessment | UNTHSC, UNTHSC Foundation | There is a cash handling policy for UNTHSC which requires cash or check deposits to be sent to the Cashier's Office within 3 business days upon receipt to reduce the risk that checks could be misplaced, misused, or not deposited; however, through interviews, it was noted the UNTHSC advancement function does not strictly adhere to this policy, which presents a risk that checks could be misplaced, misused, or not deposited.   | NA         | The UNTHSC advancement function should follow the UNTHSC Cash Handling policy and establish a monitoring process to provide assurance donations are submitted to the Cashier's Office within 3 business days of receipt.   | Recommendation has been implemented, with a check Jogging system now in use to confirm compliance with this policy.  | Doug White, Vice President UNTHSC Institutional Advancement | NA                           | Closed                |

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| Internal / External | Reporting Agency  | Fiscal Year Report was Issued | Report Number | Audit Category | Report Name  | Component Institution     | Key Observations  | Risk Level | Recommendation Details   | Management Response   | Individual Responsible for Implementation                   | Expected Implementation Date | Recommendation Status |
|---------------------|---|-------------------------------|---------------|----------------|--|---------------------------|---|------------|--|---|---|------------------------------|-----------------------|
| External            | Deloitte & Touche in conjunction with UNT System Internal Audit | Fiscal Year 2014              | NA            | Finance        | University of North Texas System - UNTHSC & UNTHSC Foundation Advancement Process Assessment | UNTHSC, UNTHSC Foundation | Current business practice is to record contributions received in Raiser's Edge within 3 days of receipt; however, there is no UNTHSC advancement policy requiring contributions to be recorded in a timely manner, resulting in a risk that contributions received are lost or misplaced and not recorded in Raiser's Edge and subsequently to the general ledger.  | NA         | The UNTHSC advancement function should establish a policy and communicate requiring contributions to be recorded in Raiser's Edge within 3 business days of receipt.   | Practice has been formalized with appropriate staff.  | Doug White, Vice President UNTHSC Institutional Advancement | NA                           | Closed                |
| External            | Deloitte & Touche in conjunction with UNT System Internal Audit | Fiscal Year 2014              | NA            | Finance        | University of North Texas System - UNTHSC & UNTHSC Foundation Advancement Process Assessment | UNTHSC, UNTHSC Foundation | 7 of 56 general ledger postings sampled totaling \$1,896,910.42 were posted to the clearing or operating DeptID of the advancement function and not to the permanent DeptID. The review process for the clearing account DeptID is not performed monthly and does not receive appropriate approvals. A running balance is maintained in the clearing DeptID and expenditures are being made out of the account, which could potentially misstate the financial position if contributions recorded to this Foundation DeptID are meant for UNTHSC. This issue has also been noted on previous UNTS Internal Audit reports to UNTHSC. | NA         | The UNTHSC advancement function should document the purpose of the Clearing DeptID and determine the DeptID is only used for those purposes.   | Monthly reconciling has been enacted, with all transfers from of the Clearing Dept/D requiring review and approval of the VP of Institutional Advancement.                      | Doug White, Vice President UNTHSC Institutional Advancement | NA                           | Closed                |
| External            | Deloitte & Touche in conjunction with UNT System Internal Audit | Fiscal Year 2014              | NA            | Finance        | University of North Texas System - UNTHSC & UNTHSC Foundation Advancement Process Assessment | UNTHSC, UNTHSC Foundation | 7 of 56 general ledger postings sampled totaling \$1,896,910.42 were posted to the clearing or operating DeptID of the advancement function and not to the permanent DeptID. The review process for the clearing account DeptID is not performed monthly and does not receive appropriate approvals. A running balance is maintained in the clearing DeptID and expenditures are being made out of the account, which could potentially misstate the financial position if contributions recorded to this Foundation DeptID are meant for UNTHSC. This issue has also been noted on previous UNTS Internal Audit reports to UNTHSC. | NA         | The UNTHSC advancement function should prepare a reconciliation of the clearing DeptID identifying gifts, deposits, and expenditures that make up the balance.   | Monthly reconciling has been enacted, with all transfers from of the Clearing Dept/D requiring review and approval of the VP of Institutional Advancement.                      | Doug White, Vice President UNTHSC Institutional Advancement | NA                           | Closed                |
| External            | Deloitte & Touche in conjunction with UNT System Internal Audit | Fiscal Year 2014              | NA            | Finance        | University of North Texas System - UNTHSC & UNTHSC Foundation Advancement Process Assessment | UNTHSC, UNTHSC Foundation | 7 of 56 general ledger postings sampled totaling \$1,896,910.42 were posted to the clearing or operating DeptID of the advancement function and not to the permanent DeptID. The review process for the clearing account DeptID is not performed monthly and does not receive appropriate approvals. A running balance is maintained in the clearing DeptID and expenditures are being made out of the account, which could potentially misstate the financial position if contributions recorded to this Foundation DeptID are meant for UNTHSC. This issue has also been noted on previous UNTS Internal Audit reports to UNTHSC. | NA         | The UNTHSC advancement function should reconcile the Clearing DeptID monthly, and move identified outstanding gifts or deposits to permanent DeptIDs.  | Monthly reconciling has been enacted, with all transfers from of the Clearing Dept/D requiring review and approval of the VP of Institutional Advancement.                      | Doug White, Vice President UNTHSC Institutional Advancement | NA                           | Closed                |
| External            | Deloitte & Touche in conjunction with UNT System Internal Audit | Fiscal Year 2014              | NA            | Finance        | University of North Texas System - UNTHSC & UNTHSC Foundation Advancement Process Assessment | UNTHSC, UNTHSC Foundation | 7 of 56 general ledger postings sampled totaling \$1,896,910.42 were posted to the clearing or operating DeptID of the advancement function and not to the permanent DeptID. The review process for the clearing account DeptID is not performed monthly and does not receive appropriate approvals. A running balance is maintained in the clearing DeptID and expenditures are being made out of the account, which could potentially misstate the financial position if contributions recorded to this Foundation DeptID are meant for UNTHSC. This issue has also been noted on previous UNTS Internal Audit reports to UNTHSC. | NA         | The UNTHSC advancement function should not allow expenditures to be posted to the Clearing DeptID.   | Monthly reconciling has been enacted, with all transfers from of the Clearing Dept/D requiring review and approval of the VP of Institutional Advancement.                      | Doug White, Vice President UNTHSC Institutional Advancement | NA                           | Closed                |
| External            | Deloitte & Touche in conjunction with UNT System Internal Audit | Fiscal Year 2014              | NA            | Finance        | University of North Texas System - UNTHSC & UNTHSC Foundation Advancement Process Assessment | UNTHSC, UNTHSC Foundation | <ul style="list-style-type: none"> <li>A lack of segregation of duties exists between the personnel responsible for receiving contributions and recording in Raiser's Edge.</li> <li>There is not a current process to record mail or in-hand contributions on a receipt log as they are received by the UNTHSC advancement function, which increases the risk of contributions not being deposited upon receipt.</li> </ul>  | NA         | The UNTHSC advancement function should establish a segregation of duties between receiving contributions and entering contributions into Raiser's Edge to provide for adequate checks and balances.                                | A contribution log has been created and is assigned to a distinct member of the Advancement team for receipt and recording of all gifts received in person or through the mail. | Doug White, Vice President UNTHSC Institutional Advancement | NA                           | Closed                |
| External            | Deloitte & Touche in conjunction with UNT System Internal Audit | Fiscal Year 2014              | NA            | Finance        | University of North Texas System - UNTHSC & UNTHSC Foundation Advancement Process Assessment | UNTHSC, UNTHSC Foundation | <ul style="list-style-type: none"> <li>A lack of segregation of duties exists between the personnel responsible for receiving contributions and recording in Raiser's Edge.</li> <li>There is not a current process to record mail or in-hand contributions on a receipt log as they are received by the UNTHSC advancement function, which increases the risk of contributions not being deposited upon receipt.</li> </ul>  | NA         | The UNTHSC advancement function should establish a contribution receipt log to record donations received in-person or through mail. The log should include, at a minimum, the check number, payee name, amount, and date received. | The contribution log is being reconciled monthly to ensure that all gifts on the log have been recorded in Raiser's Edge.   | Doug White, Vice President UNTHSC Institutional Advancement | NA                           | Closed                |



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|---------------------|---|-------------------------------|---------------|----------------|--|---------------------------|--|------------|--|---|---|------------------------------|-----------------------|
| External            | Deloitte & Touche in conjunction with UNT System Internal Audit | Fiscal Year 2014              | NA            | Finance        | University of North Texas System - UNTHSC & UNTHSC Foundation Advancement Process Assessment | UNTHSC, UNTHSC Foundation | <ul style="list-style-type: none"> <li>A lack of segregation of duties exists between the personnel responsible for receiving contributions and recording in Raiser's Edge.</li> <li>There is not a current process to record mail or in-hand contributions on a receipt log as they are received by the UNTHSC advancement function, which increases the risk of contributions not being deposited upon receipt.</li> </ul>   | NA         | The UNTHSC advancement function should establish a process to reconcile the contribution receipt log monthly to Raiser's Edge and EIS to determine that contributions received have been recorded in Raiser's Edge.  | The contribution log is being reconciled monthly to ensure that all gifts on the log have been recorded in Raiser's Edge.   | Doug White, Vice President UNTHSC Institutional Advancement | NA                           | Closed                |
| External            | Deloitte & Touche in conjunction with UNT System Internal Audit | Fiscal Year 2014              | NA            | Finance        | University of North Texas System - UNTHSC & UNTHSC Foundation Advancement Process Assessment | UNTHSC, UNTHSC Foundation | The bank reconciliation process performed by the UNTHSC Accounting function does not resolve unreconciled items in a timely manner due to delays in receiving necessary transaction information from the Foundation. The August 2013 bank reconciliation for the Advancement account had two reconciling items over three months old in the total amount of \$18,308.46, which could potentially misstate the financial position of UNTHSC if the reconciling items are determined inaccurate. | NA         | The UNTHSC advancement and accounting functions should establish a policy indicating reconciling items should be resolved within one month. The UNTHSC advancement function should provide timely recording of transactions to facilitate timely reconciliations.                        | The practice has been established and is in place.  | Doug White, Vice President UNTHSC Institutional Advancement | NA                           | Closed                |
| External            | Deloitte & Touche in conjunction with UNT System Internal Audit | Fiscal Year 2014              | NA            | Finance        | University of North Texas System - UNTHSC & UNTHSC Foundation Advancement Process Assessment | UNTHSC, UNTHSC Foundation | 2 of 60 contributions reviewed totaling \$220,000 were not recorded in Raiser's Edge to the proper DeptID. One contribution totaling \$10,000 was unable to be tested due to lack of supporting documentation provided. Without a review process prior to contributions being entered into Raiser's Edge, a risk exists that contributions are not recorded to the correct DeptID and potentially misstating the financial position of UNTHSC.   | NA         | The UNTHSC advancement function should research and resolve the three exceptions noted.  | NA  | Doug White, Vice President UNTHSC Institutional Advancement | NA                           | NA                    |
| External            | Deloitte & Touche in conjunction with UNT System Internal Audit | Fiscal Year 2014              | NA            | Finance        | University of North Texas System - UNTHSC & UNTHSC Foundation Advancement Process Assessment | UNTHSC, UNTHSC Foundation | 2 of 60 contributions reviewed totaling \$220,000 were not recorded in Raiser's Edge to the proper DeptID. One contribution totaling \$10,000 was unable to be tested due to lack of supporting documentation provided. Without a review process prior to contributions being entered into Raiser's Edge, a risk exists that contributions are not recorded to the correct DeptID and potentially misstating the financial position of UNTHSC.   | NA         | The UNTHSC advancement function should establish a policy requiring review of contributions received and the proposed DeptID prior to being recorded in Raiser's Edge.   | A new practice has been instituted that requires a second review of donor documentation to better ensure that contributions are assigned to the correct Dept/Din Raiser's Edge. | Doug White, Vice President UNTHSC Institutional Advancement | NA                           | Closed                |
| External            | Deloitte & Touche in conjunction with UNT System Internal Audit | Fiscal Year 2014              | NA            | Finance        | University of North Texas System - UNTHSC & UNTHSC Foundation Advancement Process Assessment | UNTHSC, UNTHSC Foundation | A reconciliation is not performed between the Raiser's Edge system, which acts as a subledger, to the EIS general ledger revenue transactions to assess whether the contributions were recorded to the correct DeptID on the general ledger as indicated by Raiser's Edge. Three contributions analyzed totaling \$30,018.08 were not properly recorded to the general ledger based on how the contribution was recorded in Raiser's Edge.   | NA         | Research and resolve the three exceptions noted.   | NA  | Doug White, Vice President UNTHSC Institutional Advancement | NA                           | NA                    |
| External            | Deloitte & Touche in conjunction with UNT System Internal Audit | Fiscal Year 2014              | NA            | Finance        | University of North Texas System - UNTHSC & UNTHSC Foundation Advancement Process Assessment | UNTHSC, UNTHSC Foundation | A reconciliation is not performed between the Raiser's Edge system, which acts as a subledger, to the EIS general ledger revenue transactions to assess whether the contributions were recorded to the correct DeptID on the general ledger as indicated by Raiser's Edge. Three contributions analyzed totaling \$30,018.08 were not properly recorded to the general ledger based on how the contribution was recorded in Raiser's Edge.   | NA         | The Foundation should work with the UNTHSC Accounting Office to establish a policy to perform a monthly reconciliation between the general ledger and Raiser's Edge to assess whether contributions recorded in Raiser's Edge were recorded to the correct DeptID in the general ledger. | A monthly reconciliation is now being conducted.  | Doug White, Vice President UNTHSC Institutional Advancement | NA                           | Closed                |
| External            | Deloitte & Touche in conjunction with UNT System Internal Audit | Fiscal Year 2014              | NA            | Finance        | University of North Texas System - UNTHSC & UNTHSC Foundation Advancement Process Assessment | UNTHSC, UNTHSC Foundation | A reconciliation is not performed between the Raiser's Edge system, which acts as a subledger, to the EIS general ledger revenue transactions to assess whether the contributions were recorded to the correct DeptID on the general ledger as indicated by Raiser's Edge. Three contributions analyzed totaling \$30,018.08 were not properly recorded to the general ledger based on how the contribution was recorded in Raiser's Edge.   | NA         | The Foundation shall provide to the UNTHSC Accounting Office an adequate level of support for all journal entries prior to their posting to the general ledger.  | A monthly reconciliation is now being conducted.  | Doug White, Vice President UNTHSC Institutional Advancement | NA                           | Closed                |
| External            | Deloitte & Touche in conjunction with UNT System Internal Audit | Fiscal Year 2014              | NA            | Finance        | University of North Texas System - UNTHSC & UNTHSC Foundation Advancement Process Assessment | UNTHSC, UNTHSC Foundation | A policy does not exist requiring an executive level review and approval of transfers from the UNTHSC operating account where general contributions are maintained to the Foundation investment account. Currently, the accounts are owned by UNTHSC and Foundation, respectively, and the legal ownership of the funds change through these transfers. The ability to transfer funds between bank accounts provide for an increased risk to the misuse of funds.                              | NA         | The UNTHSC advancement function should establish a policy requiring documentation of executive level review and approval of transfer requests prior to the transfer being executed.  | A practice requiring executive level review and approval has been implemented.  | Doug White, Vice President UNTHSC Institutional Advancement | NA                           | Closed                |
| External            | Deloitte & Touche in conjunction with UNT System Internal Audit | Fiscal Year 2014              | NA            | Finance        | University of North Texas System - UNTHSC & UNTHSC Foundation Advancement Process Assessment | UNTHSC, UNTHSC Foundation | A policy does not exist requiring review and approval of transfer transactions between DeptIDs prior to being posted to the general ledger. The ability to transfer funds between DeptIDs provides for an increased risk of misrepresentation of funds on the UNTHSC financial statements.   | NA         | The UNTHSC advancement function should establish a policy requiring executive level review and approval of DeptID transfers prior to their posting to Raiser's Edge and the general ledger.  | A practice requiring executive level review and approval of Dept/D transfers has been implemented.  | Doug White, Vice President UNTHSC Institutional Advancement | NA                           | Closed                |

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| Internal / External | Reporting Agency  | Fiscal Year Report was Issued | Report Number               | Audit Category                       | Report Name  | Component Institution     | Key Observations   | Risk Level | Recommendation Details   | Management Response   | Individual Responsible for Implementation                   | Expected Implementation Date | Recommendation Status |
|---------------------|---|-------------------------------|-----------------------------|--------------------------------------|--|---------------------------|--|------------|--|---|---|------------------------------|-----------------------|
| External            | Deloitte & Touche in conjunction with UNT System Internal Audit | Fiscal Year 2014              | NA                          | Finance                              | University of North Texas System - UNTHSC & UNTHSC Foundation Advancement Process Assessment   | UNTHSC, UNTHSC Foundation | There is currently not a policy within the advancement function related to the review and approval of DeptID addition, deletion, and modifications in the system. The ability to add, delete, or modify DeptIDs increases the risk that funds are misrepresented on the UNTHSC financial statements or that funds are recorded for a purpose in contradiction to the intent of the contribution. | NA         | The UNTHSC advancement function should establish a policy requiring review and approval of additions, deletions, or modifications of DeptID code prior to effecting Raiser's Edge or the general ledger.                           | A practice requiring executive level review/approval of Dept/D creation or alterations has been implemented.  | Doug White, Vice President UNTHSC Institutional Advancement | NA                           | Closed                |
| External            | Food and Drug Administration                                    | Fiscal Year 2014              | UNTHSC; Protocol Compliance | Governance and Regulatory Compliance | Protocol Compliance; TCOM/Medical Education  | UNTHSC                    | None   | NA         | NA   | NA  | NA  | NA                           | NA                    |
| External            | State Auditor's Office  | Fiscal Year 2014              | 14-021                      | Finance                              | State of Texas Compliance with Federal Requirements for the Student Financial Assistance Cluster for the Fiscal Year Ended August 31, 2013 | UNT                       | For 5 (8 percent) of 60 students tested, the University of North Texas (University) did not submit corrections for changes in education credit amounts to the U.S. Department of Education as required; however, the University accurately verified all required information.  | NA         | The University should correct the batch process in its financial aid system so that it submits changes in education credit amounts to the U.S. Department of Education and adjusts applicants' financial aid packages accordingly. | Management made changes to the batch process in EIS which allow education credit changes to be reported. All students affected were corrected.  | Dena Guzman-Torres and Lacey Thompson                       | 7/1/2013                     | Closed                |
| External            | State Auditor's Office  | Fiscal Year 2014              | 14-021                      | Finance                              | State of Texas Compliance with Federal Requirements for the Student Financial Assistance Cluster for the Fiscal Year Ended August 31, 2014 | UNT                       | For 13 (22 percent) of 60 students tested, the University did not accurately report the students' enrollment status to NSLDS.  | NA         | The University should implement a formal process to accurately report status changes and effective dates for unofficially withdrawn students to NSLDS.   | Management is attentive to the U.S. Department of Education requirements associated with Student Status Changes resulting from unofficial withdrawals.<br>Management Response and Corrective Action Plan: Management has implemented business controls to ensure accurate and timely reporting to the National Student Clearinghouse and the National Student Loan Data System for this population of students  | Bryan Heard   | 6/1/2013                     | Closed                |
| External            | State Auditor's Office  | Fiscal Year 2014              | 14-022                      | Finance                              | State of Texas Compliance with Federal Requirements for the Research and Development Cluster for the Fiscal Year Ended August 31, 2013     | UNT                       | One (1 percent) of 70 direct cost transactions tested at the University of North Texas (University) was unallowable. For 1 (1 percent) of 70 direct cost transactions tested, the University incorrectly calculated the amount of the federal expenditure.   | NA         | The University should establish and implement procedures to ensure that it does not charge unallowable or incorrect costs to federal awards.   | The UNT Business Service Center (BSC) agrees. The BSC has corrected the travel reimbursement and the payroll underpayment. The BSC has established business practices to address the recommendation, which include:<br><u>Management Response and Corrective Action Plan 2012:</u><br>-Provided additional training to Travel staff regarding unallowable expenses on federal funds.<br>-Will participate in ongoing collaboration with the UNT Office of Research Services to enhance the audit process of travel expenditures to avoid unallowable charges to federal funds.<br>-ERP (PeopleSoft) system now calculates partial months using an annualized hourly rate of pay (2,080 hours). The manual calculation is no longer necessary. The University has implemented a process to calculate partial month salary payments. Auditors tested a sample of payroll transactions and determined that each transaction was allowable and calculated correctly. However, 1 of 15 travel expenditures tested was unallowable. The University reimbursed gratuity charges as part of a travel reimbursement.<br><u>2013 Update:</u><br>The UNT Office of Research Services has a written procedure and training in place covering unallowable expenditures on federal awards, including tips. The employee that approved the travel reimbursement that included the \$19 was already aware of the procedure, but didn't detect the unallowable charge during his regular review. The issue has been discussed with the employee, and will be reinforced further with all employees.<br><u>Management Response and Corrective Action Plan 2013:</u> | Britt Krhovjak and Debbie Reynolds                          | 12/5/2013                    | Closed                |

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| Internal / External | Reporting Agency                | Fiscal Year Report was Issued | Report Number | Audit Category                       | Report Name  | Component Institution | Key Observations   | Risk Level | Recommendation Details  | Management Response   | Individual Responsible for Implementation       | Expected Implementation Date | Recommendation Status |
|---------------------|---------------------------------|-------------------------------|---------------|--------------------------------------|--|-----------------------|--|------------|---|---|---|------------------------------|-----------------------|
| External            | State Auditor's Office          | Fiscal Year 2014              | 14-022        | Finance                              | State of Texas Compliance with Federal Requirements for the Research and Development Cluster for the Fiscal Year Ended August 31, 2013         | UNT                   | The University of North Texas (University) did not ensure that vendors associated with 4 (40 percent) of 10 procurements tested that exceeded \$25,000 were not suspended or debarred.   | NA         | The University should document its vendor suspension and debarment verifications for all procurements of at least \$25,000. | The UNT System Business Service Center (BSC) agrees. The BSC has established business practices to address the recommendation, which include:<br>Management Response and Corrective Action Plan 2012:<br>-Added a clause/condition to the UNT System Purchase Order Terms and Conditions on 10/26/12.<br>- Provided additional training to Purchasing staff on EPLS Search and documentation requirements on 1/16/13.<br>- Created a procedure to ensure all procurements of at least \$25,000 are documented appropriately and are audited by management daily on 1/22/13.<br>All Business Service Center Purchasing staff will be re-educated on the EPLS requirements and the need to maintain verification documentation. Purchasing Director/Manager will continue to audit for compliance on a daily basis.<br>Management Response and Corrective Action Plan | Debbie Reynolds, Carolyn Cross, and Tina Koenig | 12/16/2013                   | Closed                |
| External            | State Auditor's Office          | Fiscal Year 2014              | 14-039        | Finance                              | State Agency, University, and Community College District Compliance with the Public Funds Investment Act and Investment Reporting Requirements | UNT                   | Not Fully Compliant with the Public Funds Investment Act * (*Source: Findings listed are based upon reviews of the audit reports issued by the universities' internal or external auditors.)   | NA         | None  | NA  | NA  | NA                           | NA                    |
| External            | State Auditor's Office          | Fiscal Year 2014              | 14-039        | Finance                              | State Agency, University, and Community College District Compliance with the Public Funds Investment Act and Investment Reporting Requirements | UNT HSC               | Not Fully Compliant with the Public Funds Investment Act * (*Source: Findings listed are based upon reviews of the audit reports issued by the universities' internal or external auditors.)   | NA         | None  | NA  | NA  | NA                           | NA                    |
| External            | State Auditor's Office          | Fiscal Year 2014              | 14-325        | Finance                              | Federal Portion of the Statewide Single Audit Report for the Year Ended August 31, 2013  | UNT                   | NA   | NA         | None  | NA  | NA  | NA                           | NA                    |
| External            | State Auditor's Office          | Fiscal Year 2014              | 14-555        | Finance                              | Statewide Single Audit Report for the Year Ended August 31, 2013   | UNT                   | On its SEFA, the University of North Texas (UNT):<br>- Incorrectly reported expenditures for four CFDA's in the Student Financial Assistance Cluster of federal programs using award year instead of fiscal year. As a result, UNT (1) incorrectly included \$6,257,520 and (2) incorrectly excluded \$278,738 in expenditures on its SEFA. UNT also incorrectly included \$6,255,520 of those expenditures in the notes to its SEFA and understated federal revenue by \$276,738 in the notes to its SEFA.<br>- Could not provide adequate support for excluding \$361,374 in expenditures from its SEFA. UNT asserted that it excluded those expenditures because it had a vendor relationship with other state entities; however, UNT could not provide support for that assertion. | NA         | None  | Corrective action was taken.  | NA  | NA                           | NA                    |
| External            | State Office of Risk Management | Fiscal Year 2014              | NA            | Governance and Regulatory Compliance | On-Site Consultation   | UNT                   | 14-08-01 Safety: Electrical Safety: GFCI Outlets - SORM noted during the consultation that an outlet in the welding shop within six feet of a sink did not have a GFCI receptacle nor was it on a GFCI circuit.  | NA         | SORM recommends providing GFCI protection as per the National Electrical Code.  | NA  | NA  | NA                           | Closed                |



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| External            | State Office of Risk Management | Fiscal Year 2014              | NA            | Governance and Regulatory Compliance | On-Site Consultation | UNT Dallas            | 14-08-01 Safety: Fire Safety: Box Stacking in Kitchen Storage Room<br>SORM noted during this consultation that boxes were stacked on racks in the kitchen storage room such that the sprinkler heads would not have the required 18 inches of clearance space needed to function properly, as per the NFPA standard.                | NA         | NA   | NA                  | NA  | NA                           | Closed                |
| External            | State Office of Risk Management | Fiscal Year 2014              | NA            | Governance and Regulatory Compliance | On-Site Consultation | UNT System            | 14-08-01 Safety: Fire Safety: Fire Wall Penetrations<br>SORM noted during the consultation that some of the fire wall penetrations in the seventh floor electrical room have not been sealed with fire-resistant sealant.   | NA         | SORM recommends that these areas be sealed with the properly rated fire sealant, as per the NFPA standard.   | NA                  | NA  | NA                           | Closed                |
| External            | State Office of Risk Management | Fiscal Year 2014              | NA            | Governance and Regulatory Compliance | On-Site Consultation | UNT Dallas            | 14-08-02 Safety: Electrical Safety: Daisy-Chaining Power Strips<br>SORM noted during the consultation that in the manager's office of the kitchen, three power strips were daisy-chained into each other, thereby creating an electrical load-capacity hazard.  | NA         | SORM recommends that UNT-Dallas coordinate with the third-party vendor to ensure that these power strips are not daisy-chained together.   | NA                  | NA  | NA                           | Closed                |
| External            | State Office of Risk Management | Fiscal Year 2014              | NA            | Governance and Regulatory Compliance | On-Site Consultation | UNT System            | 14-08-02 Safety: Policies/Procedures: Documented Scheduled Inspections and Maintenance of Safety Equipment<br>SORM noted during the consultation that the portable fire extinguishers have not been documented as inspected monthly, as per the NFPA standards.   | NA         | SORM recommends that UNT-System coordinate with the property manager to ensure that the extinguishers and all other safety-related pieces of equipment (such as emergency lighting, eyewash stations, etc.) are properly documented as inspected and/or maintained with a frequency as required by the manufacturer or a recognized safety standard.<br>References: NPFA-101 (2012), "Life Safety Code," Chapters 9.7.4.1 and 39.3.5; NFPA-10 (2013), "Standard for Portable Fire Extinguishers," Chapters 7 and 8.                                  | NA                  | NA  | NA                           | Closed                |
| External            | State Office of Risk Management | Fiscal Year 2014              | NA            | Governance and Regulatory Compliance | On-Site Consultation | UNT                   | 14-08-02 Safety: Walking/Working Surfaces: Load Capacity Signage -<br>SORM noted during the consultation that an overhead storage area in the welding shop was lacking a weight capacity sign, as per the OSHA standard.  | NA         | SORM recommends that UNT-Denton either: a) determine the load capacity for this area and then post an appropriate sign; or, b) cease storing items in the overhead area.   | NA                  | NA  | NA                           | Closed                |
| External            | State Office of Risk Management | Fiscal Year 2014              | NA            | Governance and Regulatory Compliance | On-Site Consultation | UNT                   | 14-08-03 Safety: Hazard Communication Program: Bottle Labeling and Auxiliary Eyewash Bottles<br>SORM noted that in several locations secondary bottles were unlabeled and auxiliary eyewash bottle-solutions had expired.   | NA         | SORM recommends that UNT-Denton ensure that these areas meet the OSHA Hazard Communication standard and the ANSI/ISEA eyewash standard.  | NA                  | NA  | NA                           | Closed                |
| External            | State Office of Risk Management | Fiscal Year 2014              | NA            | Governance and Regulatory Compliance | On-Site Consultation | UNT Dallas            | 14-08-03 Safety: Hazard Communication: OSHA Global Harmonization System (GHS) Training<br>SORM noted during the consultation that the third-party vendor contracted to conduct commercial kitchen operations for the dining services on campus has not conducted OSHA Global Harmonization System (GHS) training for its employees. | NA         | SORM recommends that UNT-Dallas coordinate with this vendor and UNT Risk Management Services to ensure that all employees receive this training, as per the OSHA standard.<br>Reference: OSHA, 29 CFR 1910.1200 (2012 Update to Federal Register); United Nations, "Globally Harmonized System of Classification and Labelling of Chemicals"   | NA                  | NA  | NA                           | Closed                |
| External            | State Office of Risk Management | Fiscal Year 2014              | NA            | Governance and Regulatory Compliance | On-Site Consultation | UNT                   | 14-08-04 Safety: Electrical Safety: Missing Knockouts (Sycamore Hall)<br>SORM noted that in Sycamore Hall, an electrical panel was missing the required "knockouts."  | NA         | SORM recommends that all blanks in electrical panels are covered by knockouts, as per the National Electrical Code.  | NA                  | NA  | NA                           | Closed                |
| External            | State Office of Risk Management | Fiscal Year 2014              | NA            | Governance and Regulatory Compliance | On-Site Consultation | UNT Dallas            | 14-08-04 Safety: Hazard Communication: Eyewash Stations (Kitchen)<br>SORM noted during the consultation that corrosive chemicals are being used in the kitchen. However, no eyewash stations are provided to comply with the safety instructions on the chemicals' Safety Data Sheets.  | NA         | SORM recommends that UNT-Dallas install eyewash stations in this area or work with the third-party vendor to remove these chemicals from the workplace, as per the OSHA and ANSI/ISEA standards. UNT-Dallas should ensure that all employees who work with these chemicals, including third-party vendor employees, be trained on the location(s) and operation of these stations once installed.<br>References: OSHA, 29 CFR 1910.1200; OSHA, 29 CFR 1910.151 (c); ANSI/ISEA z358.1 (2009), "Standard for Emergency Eyewashes and Shower Equipment" | NA                  | NA  | NA                           | Closed                |
| External            | State Office of Risk Management | Fiscal Year 2014              | NA            | Governance and Regulatory Compliance | On-Site Consultation | UNT                   | 14-08-05 Safety: Fire Safety: Fire Wall Penetrations (Hurley Administration Building) - SORM noted during the consultation that several penetrations through a fire wall in the Hurley Administration Building were not properly sealed, as per the NFPA standard.  | NA         | SORM recommends that UNT-Denton seal the penetrations with the properly-rated sealant.   | NA                  | NA  | NA                           | Closed                |
| External            | State Office of Risk Management | Fiscal Year 2014              | NA            | Governance and Regulatory Compliance | On-Site Consultation | UNT                   | 14-08-06 Safety: Fire Safety: Maximum Occupancy Load Sign -<br>SORM noted during the consultation that a maximum occupancy sign in the Ken Bohlsen Gymnasium was not present.   | NA         | SORM recommends the posting of this sign as per the NFPA standard.   | NA                  | NA  | NA                           | Closed                |

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| External            | State Office of Risk Management | Fiscal Year 2014              | NA            | Governance and Regulatory Compliance | On-Site Consultation | UNT                   | 14-08-07 Safety: Electrical Safety: Labelling and Knockouts (Music Practice Mechanical Room and Zone Maintenance) - SORM noted during the consultation that electrical panels in the Music Practice Mechanical Room and Zone Maintenance were missing proper labels and/or knockouts.   | NA         | SORM recommends correcting this deficiency, as per the National Electrical Code.   | NA                  | NA  | NA                           | Closed                |
| External            | State Office of Risk Management | Fiscal Year 2014              | NA            | Governance and Regulatory Compliance | On-Site Consultation | UNT                   | 14-08-08 Safety: Machine Safety: Guarding of Moving Parts (General Academic Building) - SORM noted during the consultation that the large return air fans in the General Academic Building were missing guards for their exposed moving parts.  | NA         | SORM recommends that the university guard the moving parts, as per the OSHA standard.  | NA                  | NA  | NA                           | Closed                |
| External            | State Office of Risk Management | Fiscal Year 2014              | NA            | Governance and Regulatory Compliance | On-Site Consultation | UNT                   | 14-08-09 Safety: Walking/Working Surfaces: Dumpsters - SORM noted during the consultation that outside of Central Receiving wooden steps have been erected to allow staff members to dump trash into a large dumpster.  | NA         | SORM recommends that the university destroy these steps and implement a procedure for dumping trash that does not present such a hazard to employee health and safety.   | NA                  | NA  | NA                           | Closed                |
| External            | State Office of Risk Management | Fiscal Year 2014              | NA            | Governance and Regulatory Compliance | On-Site Consultation | UNT                   | 14-08-10 Safety: Walking/Working Surface: Mezzanine Storage - SORM noted during the consultation that items were being stored on top of a metal cage in the Concrete Bay without a load capacity sign.  | NA         | SORM recommends that the university either remove these items from this location or determine and post the load capacity of the roof of the metal cage.  | NA                  | NA  | NA                           | Closed                |
| External            | State Office of Risk Management | Fiscal Year 2014              | NA            | Governance and Regulatory Compliance | On-Site Consultation | UNT                   | 14-08-11 Safety: Electrical Safety: Federal Pacific Electric Electrical Panels - SORM noted during the consultation that seven buildings on campus contain Federal Pacific Electric Company electrical panels as part of their electrical systems. These kinds of panels have been noted to present a latent hazard and fire danger by malfunctioning under certain conditions. In addition, this particular manufacturer was found liable in a class-action lawsuit of fraudulently obtaining the Underwriters Laboratory (UL) certification for some of their electrical panels. There is controversy over these panels. Some electricians believe the panels are safe and others believe they are not. UNT-Denton has already begun the process of identifying these panels and replacing them where the budget allows. The others have been placed in the capital plan for replacement when funds become available. | NA         | SORM recommends that UNT-Denton consider the feasibility of expediting the funding for this ongoing project. Reference: OSHA, 29 CFR 1910.303 (b)(1)   | NA                  | NA  | NA                           | Closed                |
| External            | State Office of Risk Management | Fiscal Year 2014              | NA            | Governance and Regulatory Compliance | On-Site Consultation | UNT                   | 14-08-12 Safety: Policies/Procedures: Respiratory Protection Program (Medical) - SORM noted during the consultation that for paint-shop employees, the university is using a third-party vendor to conduct fit-testing for respirators. However, it was not clear whether medical evaluations were being conducted to determine that employees are physically capable of wearing respirators.   | NA         | SORM recommends that the university review their procedures in this area and ensure that they comply with the OSHA standard. Reference: OSHA, 29 CFR 1910.134  | NA                  | NA  | NA                           | Closed                |
| External            | State Office of Risk Management | Fiscal Year 2014              | NA            | Governance and Regulatory Compliance | On-Site Consultation | UNT                   | 14-08-13 Safety: Policies/Procedures: Occupational Noise Exposure - SORM noted during the consultation that in the North Chiller Plant noise levels warranted measurement for a potential occupational noise exposure program.  | NA         | SORM recommends that the university measure all such areas for noise exposure and if they are above the action threshold, then the university should take the additional measures required by OSHA to determine if the exposures are above the action threshold for an 8-hour Time-Weighted Average. If they are, then a compliant hearing conservation program should be implemented. Reference: OSHA, 29 CFR 1910.95 | NA                  | NA  | NA                           | Closed                |
| External            | State Office of Risk Management | Fiscal Year 2014              | NA            | Governance and Regulatory Compliance | On-Site Consultation | UNT                   | 14-08-14 Risk Management: Policies/Procedures: Facilities Department Notification - SORM noted during the consultation that there are some building issues (such as I.T. projects) that do not necessarily require the notice of the Facilities Department even though they can affect structural issues within a building.   | NA         | SORM recommends that the university consider the feasibility of requiring all issues having to do with any aspect of a building's functions to be coordinated through the Facilities Department in some formal manner. Reference: RMTSA Guidelines, Volume III, Section Two, Chapter 2, Subchapter 2.3   | NA                  | NA  | NA                           | Closed                |
| External            | State Office of Risk Management | Fiscal Year 2014              | NA            | Governance and Regulatory Compliance | On-Site Consultation | UNT                   | 14-08-15 Safety: Electrical Safety: Extension Cords, Water, and General Housekeeping (Physical Education Building/Basement & Kinesiology Storage Room) - SORM noted during the consultation that extension cords were being used as a permanent source of power near draining water in the basement of the Physical Education Building, and that old, rusting equipment was being stored in the kinesiology room.   | NA         | SORM recommends that the housekeeping in this area be improved to ensure that these hazards are eliminated. References: OSHA, 29 CFR 1910.305(g)(1)(iii)[A]  | NA                  | NA  | NA                           | Closed                |

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| External            | State Office of Risk Management                              | Fiscal Year 2014              | NA            | Governance and Regulatory Compliance | On-Site Consultation   | UNT                   | 14-08-16 Risk Management: Policies and Procedures: Memorandum of Understanding with Texas State Fire Marshal's Office<br>SORM noted during the consultation that although the university has an excellent, qualified team of fire safety professionals, no Memorandum of Understanding exists between the university and the Authority Having Jurisdiction over state assets, the Texas State Fire Marshal's Office, as to the day-to-day decision-making with regard to life safety and fire issues. | NA         | SORM recommends that the university approach the Texas State Fire Marshal's Office to determine if they would consider a written Memorandum of Understanding to this effect.<br>References: NFPA-101 (2012), "Life Safety Code," Chapter 1.6, "Enforcement;" Chapter 4.6.1.1 "Authority Having Jurisdiction." | NA  | NA  | NA                           | Closed                |
| External            | Hartford Steam Boiler Inspection and Insurance Company (HSB) | Fiscal Year 2014              | NA            | Governance and Regulatory Compliance | Loss Prevention Report | UNT                   | 15 reports were prepared; 1 finding identified. For more detailed information please see the reports from Risk Management.  | NA         | NA  | NA  | NA  | NA                           | NA                    |
| External            | Hartford Steam Boiler Inspection and Insurance Company (HSB) | Fiscal Year 2014              | NA            | Governance and Regulatory Compliance | Loss Prevention Report | UNTHSC                | 5 reports were prepared; no findings identified. For more detailed information please see the reports from Risk Management.   | NA         | NA  | NA  | NA  | NA                           | NA                    |
| External            | Texas Department of State Health Services                    | Fiscal Year 2014              | 1003495       | Governance and Regulatory Compliance | Notices of Violation   | UNT                   | 1. Violation of 25 TAC 289.252(f)(3)(M) and license condition #13: The radiation safety officer (RSO) failed to ensure that personnel comply with this chapter, the conditions of the license and the operating, safety and emergency procedures of the licensee.   | NA         | For each violation:<br>1. Describe the specific steps taken to correct the violation.<br>2. Describe the steps taken to prevent it from happening again.<br>3. The date when full compliance was, or will be achieved.  | • Dr. Thomas Harrison was relieved of the duties of RSO and replaced by Charles Fox. With assistance from external consultants, Mr. Fox is establishing procedures to assure compliance with license condition #13 no later than May 1, 2014.<br>• The present RSO is a full-time employee of UNT.  | NA  | 7/1/2014                     | Closed                |
| External            | Texas Department of State Health Services                    | Fiscal Year 2014              | 1003495       | Governance and Regulatory Compliance | Notices of Violation   | UNT                   | 2 Violation of 25 TAC 289.202(e)(5): No documented assessment was made to determine the monitoring requirements of 25 TAC 289.202(q)(1) and (3) were not applicable and individuals were not being monitored for occupational exposure to radiation. Dr. Thomas Harrison who had been using and transporting radioactive material was observed not wearing whole body or extremity monitoring devices as required   | NA         | For each violation:<br>1. Describe the specific steps taken to correct the violation.<br>2. Describe the steps taken to prevent it from happening again.<br>3. The date when full compliance was, or will be achieved.  | • Public dose assessments are being prepared and documentation to be completed by July 1, 2014.<br>• The RSC is fully aware of the issues with the radiation safety program, is meeting quarterly and is actively providing program oversight.  | NA  | 7/1/2014                     | Closed                |
| External            | Texas Department of State Health Services                    | Fiscal Year 2014              | 1003495       | Governance and Regulatory Compliance | Notices of Violation   | UNT                   | 3. Violation of 25 TAC 289.202(r)(2) and license condition #16: Individual monitoring devices were not returned to the dosimetry provider for proper processing. Monitoring devices for the monitoring period of July 1 – October 1, 2013 were not returned at the prescribed quarterly interval.   | NA         | For each violation:<br>1. Describe the specific steps taken to correct the violation.<br>2. Describe the steps taken to prevent it from happening again.<br>3. The date when full compliance was, or will be achieved.  | • Individual monitoring devices that were overdue to be exchanged were collected and returned for processing and the current monitoring period dosimeters issued<br>• External consultants have been engaged for an in depth audit of the program and to assist with development of procedures and implementation of corrective actions.<br>• An annual audit of the radiation safety program will be planned using external consultants.   | NA  | 7/1/2014                     | Closed                |
| External            | Texas Department of State Health Services                    | Fiscal Year 2014              | 1020837       | Governance and Regulatory Compliance | Notices of Violation   | UNT                   | Violation 1 – Entrance exposure exceeded limits for PA Chest (Grid) procedure   | NA         | For each violation:<br>1. Describe the specific steps taken to correct the violation.<br>2. Describe the steps taken to prevent it from happening again.<br>3. The date when full compliance was, or will be achieved.  | a. Specific Steps Taken to Correct Violation:<br><br>The PA Chest x-ray system has preprogrammed techniques. The individual the University hired to be the Radiation Safety Officer (TDSHS approval pending), in consultation with the University Wellness Center Director of Medicine, have reviewed the preprogrammed techniques and selected techniques with lower exposures for the chest. The technique chart the x-ray technologist now uses is below 30 milliroentgens.<br><br>b. Steps Taken to Prevent Violation from Reoccurring:<br><br>The x-ray technologist has reviewed the technique chart and certified that she has read the manufacture-issued operations manual. In addition, the technologist has been directed not to alter the current setting for chest x-rays<br><br>c. Date Full Compliance Was or Will be Achieved:<br><br>The correct preprogrammed techniques were selected on August 26, 2014 and the x-ray technologist certified she has read the manufacturer's operation manual on that same date. The vendor inspected the machine on March 15, 2014. Operation and safety procedures will be developed and a verification (sign-off) procedure implemented no later than October 31, 2014.<br><br>As requested, enclosed please find a copy of the service report for | NA  | 10/31/2014                   | Closed                |



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| External            | Texas Department of State Health Services | Fiscal Year 2014              | 1020837       | Governance and Regulatory Compliance | Notices of Violation | UNT                   | Violation 2 – Entrance exposure exceeded limits for Abdomen (KUB) procedure  | NA         | For each violation:<br>1. Describe the specific steps taken to correct the violation.<br>2. Describe the steps taken to prevent it from happening again.<br>3. The date when full compliance was, or will be achieved. | a. Specific Steps Taken to Correct Violation:<br><br>The Abdomen (KUB) system has preprogrammed techniques. The individual the University hired to be the Radiation Safety Officer (TDSHS approval pending), in consultation with the University current setting for chest s Center Director of Medicine, have reviewed the preprogrammed techniques and selected techniques with lower exposures for the abdomen. The technique chart the x-ray technologist now uses is below 450 milliroentgens.<br><br>b. Steps Taken to Prevent Violation from Reoccurring:<br><br>The x-ray technologist has reviewed the technique chart and certified that she has read the manufacture-issued operations manual. In addition, the technologist has been directed not to alter the current setting for chest X-rays.<br><br>c. Date Full Compliance Was or Will be Achieved:<br><br>The correct preprogrammed techniques were selected on August 26, 2014; and the x-ray technologist certified she has read the manufacturer's operation manual on that same date. The vendor inspected the machine on March 15, 2014. Operation and safety procedures and a verification (sign-off) procedure for the radiation machine will be implemented no later than October 31, 2014.<br><br>As requested, enclosed please find a copy of the service report for | NA  | 10/31/2014                   | Closed                |
| External            | Texas Department of State Health Services | Fiscal Year 2014              | 1020837       | Governance and Regulatory Compliance | Notices of Violation | UNT                   | Violation 3 – No documentation showing individual radiation machine operators read operating and safety procedures   | NA         | For each violation:<br>1. Describe the specific steps taken to correct the violation.<br>2. Describe the steps taken to prevent it from happening again.<br>3. The date when full compliance was, or will be achieved. | a. Specific Steps Taken to Correct Violation<br><br>The University is in the process of developing operating and safety procedures for all radiation producing devices, including for the machine operated by Dr. Michael House that was inspected on August 4, 2014. We have requested that the Team Physician who uses the equipment to minimize the exposure during the use of the machine. We have provided quotes for newer machines that will better minimize the radiation needed to perform the scans. The team physician will be developing and signing off on new operating procedures to insure documentation of this process is available. The current machine is scheduled to be decommissioned by October 31, 2014 with local hospital machines being used until an up-to-date machine is purchased.<br><br>b. Steps Taken to Prevent Violation from Reoccurring<br><br>The University will require all individuals who operate radiation machines to read the operating and safety procedures for each device they operate and sign a document verifying they have read and understand the procedures. The Radiation Safety Officer will sign or initial the verification document, which will be maintained in accordance with the university's record retention policy.<br><br>c. Date Full Compliance Was or Will be Achieved  | NA  | 10/31/2014                   | Closed                |
| External            | Texas Department of State Health Services | Fiscal Year 2014              | 1020985       | Governance and Regulatory Compliance | Notices of Violation | UNT                   | 1. We had not had the Fluoroscopic Entrance Skin Exposures measured within 14 months.  | NA         | For each violation:<br>1. Describe the specific steps taken to correct the violation.<br>2. Describe the steps taken to prevent it from happening again.<br>3. The date when full compliance was, or will be achieved. | This citation is an error. We had an inspection of this system on 3 September 2013 and again on 31 July 2014. As required the Entrance Skin Exposures were posted on the machine.  | NA  | NA                           | Closed                |
| External            | Texas Department of State Health Services | Fiscal Year 2014              | 1020985       | Governance and Regulatory Compliance | Notices of Violation | UNT                   | 2. We had not created specific Operating and Safety Procedures for all radiation producing devices and had them signed annually by the operators and initialed by the RSO. | NA         | For each violation:<br>1. Describe the specific steps taken to correct the violation.<br>2. Describe the steps taken to prevent it from happening again.<br>3. The date when full compliance was, or will be achieved. | Since this system is only operated by one individual (Dr. Michael House), I did not feel it was necessary to develop Operating and Safety Procedures for him to sign. Based on this violation, however, I will develop an Operating and Safety Procedure for this system and have it signed by Dr. House and I will initial it too. I will ensure that on an annual basis this document is reviewed and signed by Dr. House and initialed by the RSO.  | NA  | NA                           | Closed                |

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| External            | Texas Department of State Health Services | Fiscal Year 2014              | 1020985       | Governance and Regulatory Compliance | Notices of Violation              | UNT                   | 3. The agency was not notified of the change in RSO within 30 days following the change.   | NA         | For each violation:<br>1. Describe the specific steps taken to correct the violation.<br>2. Describe the steps taken to prevent it from happening again.<br>3. The date when full compliance was, or will be achieved.  | This was an oversight of the interim RSO. I've drafted a letter requesting a major adjustment to our two radiation producing device registrations. One registration R19956 will now contain ONLY human use x-ray devices. The second registration R04611 will contain ONLY the industrial radiation producing devices.   | NA   | NA                           | Closed                |
| Internal            | UNT System Internal Audit                 | Fiscal Year 2014              | 13-027 UNT    | Academic and Students                | UNT Kristin Farmer Autism Audit   | UNT                   | The UNT Kristin Farmer Autism Center's (KFAC) Business Plan does not appear to be achievable.<br>The KFAC's Business Plan presents a detail cost structure for provided services as \$5,500 per month per child, or \$66,000 annually. KFAC was to service 40 children monthly generating an annual income of \$2,640,000; however, the Center's capacity can only operate with 20 full-time and additional part-time clients. Additionally, there is no presentation or explanation of how these services will be paid by the client. Examples would include insurance coverage, partnering with local school districts, or scholarships. | High       | Management Action for the Vice Provost for Academic Resources and Dean of the College of Education:<br><br>Establish a team with the knowledge and expertise to evaluate the KFAC's Business Plan;  | The Vice Provost for Academic Resources agrees with all the recommendations.<br>1. The Vice Provost for Academic Resources with the Dean of the College of Education to compose an evaluation team with the knowledge and expertise to evaluate the KFAC's Business Plan. This team will consist of members of UNT and the community who can help to advise on individual components of the plan.  | Dr. Allen Clark, Vice Provost for Academic Resources                       | 4/01/2014                    | Closed                |
| Internal            | UNT System Internal Audit                 | Fiscal Year 2014              | 13-027 UNT    | Academic and Students                | UNT Kristin Farmer Autism Audit   | UNT                   | The UNT Kristin Farmer Autism Center's (KFAC) Business Plan does not appear to be achievable.<br>The KFAC's Business Plan presents a detail cost structure for provided services as \$5,500 per month per child, or \$66,000 annually. KFAC was to service 40 children monthly generating an annual income of \$2,640,000; however, the Center's capacity can only operate with 20 full-time and additional part-time clients. Additionally, there is no presentation or explanation of how these services will be paid by the client. Examples would include insurance coverage, partnering with local school districts, or scholarships. | High       | Management Action for the Vice Provost for Academic Resources and Dean of the College of Education:<br><br>Assure that all sources of revenue have been identified and validated;   | 2. Assure that all sources of revenue have been identified and validated through the development of a funding model of service provided by the center.   | Dr. Kevin Callahan, Executive Director of the Kristen Farmer Autism Center | 4/01/2014                    | Closed                |
| Internal            | UNT System Internal Audit                 | Fiscal Year 2014              | 13-027 UNT    | Academic and Students                | UNT Kristin Farmer Autism Audit   | UNT                   | The UNT Kristin Farmer Autism Center's (KFAC) Business Plan does not appear to be achievable.<br>The KFAC's Business Plan presents a detail cost structure for provided services as \$5,500 per month per child, or \$66,000 annually. KFAC was to service 40 children monthly generating an annual income of \$2,640,000; however, the Center's capacity can only operate with 20 full-time and additional part-time clients. Additionally, there is no presentation or explanation of how these services will be paid by the client. Examples would include insurance coverage, partnering with local school districts, or scholarships. | High       | Management Action for the Vice Provost for Academic Resources and Dean of the College of Education:<br><br>Perform a cost/benefit analysis of the KFAC; and   | The Vice Provost for Academic Resources agrees with all the recommendations.<br><br>3. A cost/benefit analysis will be included as part of the updated business plan.  | Dr. Kevin Callahan, Executive Director of the Kristen Farmer Autism Center | 4/01/2014                    | Closed                |
| Internal            | UNT System Internal Audit                 | Fiscal Year 2014              | 13-027 UNT    | Academic and Students                | UNT Kristin Farmer Autism Audit   | UNT                   | The UNT Kristin Farmer Autism Center's (KFAC) Business Plan does not appear to be achievable.<br>The KFAC's Business Plan presents a detail cost structure for provided services as \$5,500 per month per child, or \$66,000 annually. KFAC was to service 40 children monthly generating an annual income of \$2,640,000; however, the Center's capacity can only operate with 20 full-time and additional part-time clients. Additionally, there is no presentation or explanation of how these services will be paid by the client. Examples would include insurance coverage, partnering with local school districts, or scholarships. | High       | Management Action for the Vice Provost for Academic Resources and Dean of the College of Education:<br><br>Prepare a Memorandum of Understanding to document the financial funding agreements between the KFAC, the Provost Office and the University.<br>Implementation will provide assurance that a thorough evaluation of future Centers and Institutes will be performed. Additionally, a cost/benefit analysis of the KFAC will be performed. | The Vice Provost for Academic Resources agrees with all the recommendations.<br><br>4. Prepare a Memorandum of Understanding to document the financial funding agreements between the KFAC, the Provost, and the University. A cost/benefit analysis will be included as part of the updated business plan.  | Dr. Allen Clark, Vice Provost for Academic Resources                       | 3/15/2014                    | Closed                |
| Internal            | UNT System Internal Audit                 | Fiscal Year 2014              | 14-001 HSC    | Governance and Regulatory Compliance | Family Medicine Residency Program | UNTHSC                | None   | NA         | None  | NA   | NA   | NA                           | NA                    |
| Internal            | UNT System Internal Audit                 | Fiscal Year 2014              | 14-001 UNT    | Governance and Regulatory Compliance | NCAA Agreed Upon Procedures       | UNT                   | We performed a limited review of the control environment related to football ticket sales. We noted weaknesses related to complimentary and student tickets. These weaknesses included a lack of procedures for complimentary tickets and no reconciliations of complimentary tickets or unsold student tickets.   | NA         | We recommend that the Athletics department strengthen the controls related to complimentary tickets (including student tickets), develop procedures relating to complimentary tickets which should include documentation of each complimentary ticket recipient, and perform reconciliations of complimentary and student tickets.  | The athletic department agrees with a recommendation that additional steps can be taken to further assure reconciliation/security of comp/students tickets. The athletic department will:<br>1. On a weekly basis reconcile<br>a. student tickets<br>b. student athlete tickets<br>2. Work with Ticketmaster to assure that all protocols are in place to link personnel who can print or distribute comp tickets.<br>3. On a monthly basis, spot check and report on comp ticket distributions to assure proper approvals are in place. | Mike Ashbaugh, Troy Taylor   | 1/15/2014                    | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-001 UNT    | Governance and Regulatory Compliance | NCAA Agreed Upon Procedures | UNT                   | Future game guarantees are not accrued when contracts are executed.   | NA         | We recommend that game guarantees be accrued in the financial reporting period when the contracts are executed.  | The athletic department agrees to create accounts receivable for game contracts. We will consult with Financial Reporting to record existing and future contracts using GAAP as a guideline for recording these amounts. The athletic department notes that in most cases the guaranteed amount in the event a scheduled contest is not played is not the same as the face value of the contract when the game is played. Again we will consult with Financial Reporting to determine the amount to be recorded.   | Mike Ashbaugh  | 1/15/2014                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-001 UNT    | Governance and Regulatory Compliance | NCAA Agreed Upon Procedures | UNT                   | NCAA Bylaw 11.2.2, Athletically Related Income, requires annual reporting of all athletically related income and benefits from sources outside the institution. This reporting is to also be provided to the President. During the audit, Athletics did not have all required reports on file for fiscal year 2013. The forms were subsequently completed and no third-party compensation was received by the Athletics Department employees that met the criteria to be disclosed in the financial statements.   | NA         | We recommend that the Athletics Department develop a process for assuring that all reports are obtained and completed appropriately, and determine if any additional steps are necessary for this process to be fully compliant with NCAA Bylaw 11.2.2.  | The athletic department has always collected all forms in a timely manner through the Compliance Office. This year due to a change in the Compliance Officer, all forms were not collected. To alleviate this from happening again the athletic department will:<br>1. Reinforce the responsibility of the Compliance Officer to create a list of staff required to submit forms.<br>2. Meet with staff and department personnel to get each form signed and recorded on an Excel spreadsheet.<br>3. Athletic Director and Senior Associate Athletic Director for Business Affairs will set calendar reminders to meet with Compliance Officer and complete certification two weeks prior to required submission date.<br>Athletics notes that forms for 2011 and 2012 were requested after the review and all forms were provided immediately. This is reinforcement that our procedures under normal circumstances have been followed. | Rick Villarreal, Mike Ashbaugh, Scott Hobbs                      | 1/15/2014                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-001 UNT    | Governance and Regulatory Compliance | NCAA Agreed Upon Procedures | UNT                   | Future game guarantees are not recorded when contracts are executed.  | NA         | We recommend that game guarantees be recorded when the contracts are executed.   | We will consult with Financial Reporting to record existing and future contracts using GAAP as a guideline for recording these amounts. The athletic department notes that in most cases the guaranteed amount in the event a scheduled contest is not played is not the same as the face value of the contract when the game is played. Again we will consult with Financial Reporting to determine the amount to be recorded.  | Mike Ashbaugh  | 1/15/2014                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-001 UNT    | Governance and Regulatory Compliance | NCAA Agreed Upon Procedures | UNT                   | Non-cash benefits for Athletic Department Employees -When recalculating a sample of the calendar year 2012 W-2s and reviewing other supporting documentation, temporary housing benefits for several of the recently hired coaches should be evaluated for inclusion on the employees' W-2s as taxable income.  | NA         | We recommend that any necessary corrections be made to prior year W-2's.   | The UNT System BSC agrees and will review the documentation provided by Internal Audit.  | Carol McFarland, BSC Tax Accountant                              | 3/31/2014                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-001 UNT    | Governance and Regulatory Compliance | NCAA Agreed Upon Procedures | UNT                   | In calendar year 2011, the tax treatment for employee cell phone allowances and cell phone purchase reimbursements was changed entity-wide to a non-taxable allowance. However, procedures have not been established requiring documentation to ensure that the cell phone expense reimbursements do not exceed the employee's actual business expense and the reimbursement is provided for the IRS required business purposes. The current cell phone allowance policies are not consistent with the current tax-treatment and practices, and need to be revised. | NA         | We recommend that the Vice President for Information Technology and CIO, in conjunction with the Business Service Center, review the current tax treatment practice for cell phone allowances and cell phone purchase reimbursements, and update the cell phone policy accordingly. Additionally, policy training to cell phone allowance recipients should be provided to ensure compliance with policy requirements. | The Vice Provost for Information Technology and CIO, in conjunction with the Business Service Center and IT Shared Services, will review the current tax treatment practice for cell phone allowances and cell phone purchase reimbursements and update the cell phone policy accordingly. Further, appropriate policy training for cell phone allowance recipients will be developed to ensure compliance with policy requirements.   | John Hooper, UNT Vice Provost for Information Technology and CIO | 9/1/2014                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-001 UNT    | Governance and Regulatory Compliance | NCAA Agreed Upon Procedures | UNT                   | When recalculating a sample of the calendar year 2012 W-2s and reviewing other supporting documentation, an overstatement of wages in one employee's W-2 Box 1 wages was identified. After consulting with the Business Service Center (BSC), it was determined that a year-end adjustment was made twice for covered wages. The BSC will issue a W-2c reducing covered wages by \$1,765.93.  | NA         | We recommend that the Business Service Center review the current process for making year-end adjustments to all employee wages to ensure that all wages reported on the Institutions' W-2s are accurate.   | The UNT System BSC agrees  | Carol McFarland, BSC Tax Accountant                              | 3/31/2014                    | Closed                |



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| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-001 UNT    | Governance and Regulatory Compliance | NCAA Agreed Upon Procedures | UNT                   | During the review of recruiting policies, it was noted that no policy manual exists, just a collection of documents. These documents did not address recruiting expenses.   | NA         | We recommend that policies be developed specific to recruiting expenses to assist in assuring compliance with all NCAA regulations.                         | The Athletic Department currently has documented procedures given to every new coach upon arrival at the University. The department currently:<br>1. Has a training session with each coach or staff as hired to cover policies<br>2. Gives each coach a NCAA Rule Book which lists all applicable rules and bylaws<br>3. Provides a hardcopy and online file of department policies on travel and credit card use<br>4. Annually test coaches on rules<br>The athletic department agrees to review other university policy manuals to strengthen our existing policies and manuals.   | Rick Villarreal, Mike Ashbaugh, Patty Wells, Becky Hall, Scott Hobbs | 8/1/2014                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-001 UNT    | Governance and Regulatory Compliance | NCAA Agreed Upon Procedures | UNT                   | During the review of team travel policies, it was noted that the policies specific to team travel do not address all relevant NCAA Bylaws.  | NA         | We recommend that the policies be reviewed and updated to assure all significant team travel NCAA regulations are addressed.                                | The Athletic Department currently has documented procedures given to every new coach upon arrival at the University. The department currently:<br>1. Has a training session with each coach or staff as hired to cover policies<br>2. Gives each coach a NCAA Rule Book which lists all applicable rules and bylaws<br>3. Provides a hardcopy and online file of department policies on travel and credit card use<br>4. Annually test coaches on rules<br>The athletic department agrees to review other university policy manuals to strengthen our existing policies and manuals.   | Rick Villarreal, Mike Ashbaugh, Patty Wells, Becky Hall, Scott Hobbs | 8/1/2014                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-001 UNT    | Governance and Regulatory Compliance | NCAA Agreed Upon Procedures | UNT                   | During the course of the review, we noted that detailed supporting documentation for two transactions was not available. These transactions were journal entries prepared by Athletics Department staff to move an expense into one account from another.   | NA         | We recommend that Athletics retain detailed supporting documentation for all journal entries.   | It is not the practice of the Athletic Department to process journal entries without proper backup documentation. To ensure in the future there are no journal entries without documentation the Athletic Department agrees to do the following:<br>1. Require documentation review on all transactions with spot department checks.<br>2. The Athletic Department will follow the policy set by Financial Reporting for journal entry documentation.  | Mike Ashbaugh, Troy Taylors  | 1/15/2014                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-001 UNT    | Governance and Regulatory Compliance | NCAA Agreed Upon Procedures | UNT                   | One expense was not fully supported by the supporting documentation. A travel voucher was reimbursed at \$11,306.45, however only \$9,873.34 of that expense could be matched to travel receipts. However, the documentation submitted included an explanation that there were issues with the billing from the hotel. This voucher was for hotel charges for temporary housing for new coaches. This expense was reclassified from Other Operating Expenses to Coaching Salaries, Benefits and Bonuses Paid by the University and Related Entities | NA         | We recommend that only expenses that can be supported by receipts be paid. Additionally, temporary housing expenses should be handled via a purchase order. | The supporting documentation reviewed was only the partial items available at the time of the filing of the expense report. The balance of the documentation was available during the next month's expense statements. In addition, this particular bill was problematic due to a breach in normal hotel billing policies; the proper receipts and accounting were not available from the hotel. Documentation of these irregularities, including e-mails from hotel management, was attached to expense report. Concerning the travel voucher, housing was supplied and required by the Athletic Department during the recruiting period.<br>The reclassification of expenses is a necessary process due to a number of factors both in athletics and other departments. The athletic department will conduct a review of why reclassifications were required.<br>The athletic department will continue to reduce the number of reclassifications by:<br>1. Performing monthly reviews of accounts and account numbers to insure better accuracy.<br>2. Review changes of account numbers made once transactions leave the athletic department. | Mike Ashbaugh, Troy Taylor   | 5/1/2014                     | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-001 UNT    | Governance and Regulatory Compliance | NCAA Agreed Upon Procedures      | UNT                   | Twenty-eight percent of the invoices reviewed in our samples were paid more than 30 days from the date of the invoice. Additionally, 10% of the invoices, totaling \$167,126.10, spanned two fiscal years resulting in expenses reported in the wrong financial reporting period.  | NA         | We recommend that the Athletics Department assure that all invoices are paid in a timely manner and that goods and services are paid and expensed in the year in which the expense occurred.  | The first two bills reviewed were those with the longest pay date. Both were found to be delinquent from the company's issuing, one that had been sold 13 months ago. The athletic department intends to review each of the specified bills that were late in payment to identify where the delays are taking place in order to make sure that all bills are paid within the terms listed from the vendor. This process will take some time but will be completed by the end of March. The athletic department will immediately take the following actions:<br>1. Will conduct thorough review of payment process from P.O. to payment and each step in between.<br>2. Review and check the statement date of each bill submitted for payment.<br>3. Retain records of dates bills are transmitted for payment to campus or the BSC. | Mike Ashbaugh, Troy Taylor, Clara Richard   | 1/15/2014                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-001 UNT    | Governance and Regulatory Compliance | NCAA Agreed Upon Procedures      | UNT                   | It was noted during the course of the review that all journal template entries booked by the any UNT department, including the Athletic Department, are booked on the general ledger without inclusion and review of supporting documentation by Financial Reporting. The current process of booking journal entries is for an employee to submit a journal template to Financial Reporting for review that consists of an account type match and a budget check. It is expected that the department has and maintains the supporting documentation for every journal template entry submitted. Lack of review of supporting documentation can result in inappropriate, inaccurate journal entries and/or errors and discrepancies going undetected. | NA         | We recommend that Financial Reporting develop a written standard for journal entry documentation and review the supporting documentation for journal entries.   | The Controller's Office and Financial Reporting are developing a written standard for journal entry documentation that will require all submitted journals with line item amounts \$5K and above to include appropriate supporting documentation that fully explains the journal being booked to the system. Supporting documentation for journals with line item amounts less than \$5,000 will continue to be retained within the originating department in accordance with UNT's Records Management and Retention policy 10.10. This will require a culture change throughout campus and numerous training sessions.  | Lee Miara, Associate Vice President for Finance and Controller  | 6/1/2014                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-002 SYS    | Governance and Regulatory Compliance | FY 2013 Investments Review Audit | UNT System            | As of August 31, 2013, UNT reported an investment in both agency securities and Small Business Administration (SBA's) bonds, however; UNT System Regulation 08.2000 does not include these investments as authorized investments. These investments were authorized by the policy in effect at the time of purchase. In fiscal year 2013, no new securities were purchased and future purchases are not planned. Two of the three agency securities matured in FY 2013, and one matured in September 2013.   | Low        | Recommended Management Action for Andrew Harris, Vice President for Finance and Administration (UNT):<br><br>Assure all investments are authorized by current policy. Implementation will ensure that all investments are supported by a Board approved regulation.   | Agree. The SBA investment will mature 9/25/2014. UNT will reinvest in compliance with the current investment regulations.  | Jean Bush, Sr. Associate VP for Finance   | 9/25/2014                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-002 SYS    | Governance and Regulatory Compliance | FY 2013 Investments Review Audit | UNT System            | UNT System, UNT, and UNT Dallas do not have fully executed bank depository agreements with Wells Fargo. The bank depository agreement with Wells Fargo expired August 31, 2013. A draft agreement has been completed, but the agreement has not been finalized and executed.   | High       | Recommendation for Allen Clemson, Vice Chancellor for Administration and Chief of Staff (UNT System), Andrew Harris, Vice President for Finance (UNT), and Carlos Hernandez, Vice President of Finance and Administration/CFO (UNT Dallas):<br><br>Finalize the UNT System, UNT, and UNT Dallas Bank Depository Agreements with Wells Fargo. Implementation will help ensure that Board of Regents expectations are met, bank deposits are safeguarded, and any favorable terms are in force. | UNT Response: Although the written agreement between Wells Fargo bank and UNT expired in 2013, the parties have continued to operate under the existing agreement with the same terms until the new contract can be finalized. Management will continue to work with the Office of the General Counsel to finalize the written agreement and expects to have a newly executed agreement by April 1, 2014.<br><br>UNT Dallas Response: Agree. Management will continue to work with the Office of the General Counsel to finalize the written agreement and expects to have a newly executed agreement by<br><br>UNT System Response: Agree. Bring closure to all unresolved issues and finalize depository agreements.   | UNT: Allen Clemson, Vice Chancellor for Administration<br>UNT Dallas :Carlos Hernandez, Vice President for Finance and Administration/CFO – UNTD<br>UNT System: Alan Stucky | 4/1/2014                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-002 SYS    | Governance and Regulatory Compliance | FY 2013 Investments Review Audit | UNT System            | The Investment Portfolio Summary graph reported in the UNT the Quarterly Investment Report for the period ending May 31, 2013 was not accurate. Additionally the earned income figure should have been \$148,566.64 versus the \$304, 933.53 reported.   | Low        | Recommended Management Action for Andrew Harris, Vice President for Finance and Administration (UNT):<br><br>Review the UNT Quarterly Investment Report to assure the accuracy of information prior to the issuance of the quarterly report to the Board of Regents and posting of the report on the institution's investment disclosure website. Implementation will ensure that the information reported on a Quarterly Investment Reports is complete and accurate.                        | Agree. A correction to the May 31, 2013 quarterly investment report will be included with the next presentation of quarterly investment reports for the Board of Regents.  | Jean Bush, Sr. Associate VP for Finance   | 5/20/2014                    | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-002 SYS    | Governance and Regulatory Compliance | FY 2013 Investments Review Audit | UNT System            | A report of investment performance over the course of the year was not submitted to the Board of Regents at its first regularly scheduled board meeting following the end of the fiscal year as required by System Regulation 08.2000.  | Moderate   | Recommended Management Action for Allen Clemson, Vice Chancellor for Administration and Chief of Staff (UNT System): At the end of each fiscal year, prepare and submit a report of investment performance for the year to the UNT System Board of Regents at its first regularly scheduled board meeting following the end of the fiscal year. Implementation will assure compliance with UNT System Regulation, 08.2000.                | UNT System Response: Agree. Submit a report of investment performance at the Board of Regents first regularly scheduled board meeting following the end of the fiscal year.<br>Expected Implementation Date: Immediately  | Carolyn Whitlock  | 2/7/2014                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-002 HSC    | Governance and Regulatory Compliance | FY 2013 Investments Review Audit | UNTHSC                | UNTHSC did not include disclosure of an external investment advisor in response to the SAO's disclosure requirement question. UNTHSC answered "no" to the question "Does the institution employ outside investment advisors or managers." However, the response should be revised to yes, since the UNTHSC uses the UNTHSC Foundation for management of its endowment funds.  | Moderate   | Recommended action for Senior Vice President of Finance and Chief Finance Officer:<br><br>Update the UNTHSC website investment disclosure to document use of an external advisor or managers pertaining to the use of the independent UNTHSC Foundation as an external investment advisor or manager. Compliance will ensure that regulatory reporting requirements are met and responses to requires questions have been properly noted. | Management agrees with recommendation. Management will update its website investment disclosures to reflect that UNTHSC uses and external advisor/manager, the UNTHSC Foundation, for management of some endowment funds.   | Geoffrey Scarpelli, Controller and Chief Budget Officer   | 2/15/2014                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-002 HSC    | Governance and Regulatory Compliance | FY 2013 Investments Review Audit | UNTHSC                | The first three quarterly investment reports for fiscal year 2013 were not published to the intuition's website within the timeframe required by the SAO. The quarterly investment reports for November 30, 2012, February 28, 2013, and May 31, 2013 were not published to the intuition's website until November 7, 2013. The SAO requires that quarterly reports be published on the institution's website within 90 days of the end of the quarter or 7 days after the investment report is presented to the Board, whichever occurs first. The August 31, 2013 quarterly report was published within SAO guidelines. | Low        | Recommended action for Director of Financial Reporting:<br><br>Publish Quarterly Investment Reports to the institutions website within 90 days after the end of the quarter or 7 days after the investment report is presented to the Board, whichever occurs first. Implementation will help ensure transparency and that SAO reporting requirements are met.  | Management agrees with recommendation. Management will implement procedures to ensure that Quarterly Investment Reports are published to the institution's website within 90 days of the end of the quarter or 7 days after the report is presented to the Board, whichever occurs first.<br>Expected Implementation Date: Previously Implemented.<br>Individual Responsible for Implementation: Geoffrey Scarpelli, Controller and Chief Budget Officer  | Geoffrey Scarpelli, Controller and Chief Budget Officer   | 2/15/2014                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-002 HSC    | Governance and Regulatory Compliance | FY 2013 Investments Review Audit | UNTHSC                | UNTHSC Annual Tracking Report for Investment Reporting for fiscal year 2012 was not submitted within the timeframe required by the SAO. The Annual Tracking Report for Investment Reporting sends investment website locations to the SAO. For fiscal year 2012, the report was not submitted to the SAO until February 1, 2013. The fiscal year 2013 annual tracking report was submitted on December 11, 2013.  | Low        | Recommended action for Director of Financial Reporting:<br><br>Send the Annual Tracking Report for Investment Reporting to the SAO by December 31 of each year. Implementation will help ensure that Rider 5 reporting requirements are met.  | Management agrees with recommendation. Management will implement procedures to ensure that the Annual Tracking Report for Investment Reporting is submitted to the SAO by December 31st of each year.<br>Expected Implementation Date: Previously Implemented<br>Individual Responsible for Implementation: Geoffrey Scarpelli, Controller and Chief Budget Officer   | Geoffrey Scarpelli, Controller and Chief Budget Officer   | 2/15/2014                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-002 HSC    | Governance and Regulatory Compliance | FY 2013 Investments Review Audit | UNTHSC                | UNTHSC does not have a current executed bank depository agreement with JPMorgan Chase. The current depository for UNTHSC is JPMorgan Chase. The bank depository agreement with JPMorgan Chase expired on August 31, 2012. The expired agreement states: "The term may be extended until such time as the successor shall have been duly selected and qualified, such extension not to exceed 60 days." According to the Chief Finance Officer of UNTHSC, a draft agreement has been completed, but the agreement has not been executed.   | High       | Recommended action for Senior Vice President of Finance and Chief Finance Officer:<br>4. Finalize and fully execute the UNTHSC Bank Depository Agreement with JPMorgan Chase. Implementation will help ensure that BOR expectations are met, bank deposits are safeguarded, and any favorable terms are in force.   | Management agrees with recommendation. Although the written agreement between J.P. Morgan Chase Bank expired in 2012, the parties have continued to operate under the agreement with the same terms until the new contract can be finalized. Management will continue to work with the Office of General Counsel to finalize the written agreement.   | John A. Harman, Senior Vice President for Finance and CFO | 4/1/2014                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-002 HSC    | Governance and Regulatory Compliance | FY 2013 Investments Review Audit | UNTHSC                | UNTHSC does not have a Management Agreement with the UNTHSC Foundation to manage UNTHSC Medical Professional Liability Self-Insurance Funds. UNTHSC has an executed management agreement with the UNTHSC Foundation for the management of institutional tobacco funds, but this agreement does not include the management of Medical Professional Liability Self-Insurance Funds.   | Moderate   | Recommended action for Senior Vice President of Finance and Chief Finance Officer:<br><br>Execute a new exhibit to the current agreement with the UNTHSC Foundation to include the management of Medical Professional Liability Self-Insurance Funds. Implementation will help ensure that Medical Professional Liability Self-Insurance Funds are adequately safeguarded and invested.   | Management agrees with recommendation. Prior to January 17, 2014 an Exhibit did not exist. However, management executed Exhibit C to the Investment Management Agreement between the UNTHSC and the UNTHSC Foundation on January 17th for the management of the Medical Professional Liability Self Insurance Funds. The change in institutional Finance leadership in early FY2013 may have contributed to the delay in submittal since funds were initially invested with the Foundation prior to the transition in leadership. | John A. Harman, Senior Vice President for Finance and CFO | 2/7/2014                     | Closed                |



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| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-002 HSC    | Governance and Regulatory Compliance | FY 2013 Investments Review Audit                  | UNTHSC                | Signatory authority for the former UNTHSC Vice President of Finance and CFO was not removed from the bank account until ten months after he left his position. The former Vice President of Finance and CFO for UNTHSC remained with signatory authority over ten months while not in a role warranting that authority.   | Low        | Recommended actions for Controller and Chief Budget Officer:<br><br>Develop a process to ensure that banking signatory authority cards are updated immediately to accurately reflect changes to personnel and only individuals with proper authority are active. Implementation will help ensure funds are adequately safeguarded and controlled.  | Management agrees with recommendation. Management will work with system business service center and commercial banking personnel to ensure that banking signature cards submitted for changes in authorized personnel are updated in the electronic signature system in a timely fashion and only individuals with proper authority are active.   | Geoffrey Scarpelli, Comptroller and Chief Budget Officer  | 3/1/2014                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 13-010 HSC    | Information Technology               | UNT Health NextGen EPM Post-Implementation Review | UNTHSC                | During the prior administration, contract Amendments required for the NextGen EPM System functionality totaling more than \$1.02 million were approved and executed internally, but without the consent of UNT System Board of Regents. The NextGen EPM system implementation included two original contract amendments. The two contract amendments were presented and approved by the Board of Regents on May 12, 2011 in the amount of \$2.45 Million (\$2 Million for professional services and \$450,000 for hardware and infrastructure). Beginning on January 20, 2012, the first of an additional 17 contract amendments totaling \$1,058,112 were approved and executed due to the unforeseen need to 1) implement a separate bill center for Correctional Medicine and 2) additional applications licenses related to medical student and resident activity. Each individual contract amendment was approved and executed by the management of UNTHSC leadership; however, no additional approval or Board Order was provided to the Board of Regents noting the additional amendments and cost.  | High       | Recommendations for the current Senior Vice President for Finance and CFO:<br><br>Ensure procedures are established for the new UNTHSC Administration to ensure approval of the UNT System Board of Regents related to Regents Rules requiring Board approval for all purchases exceeding \$1 million. Implementation will provide assurance that the Board of Regents are aware of and approve all contract amendments related to projects that in aggregate total more than \$1 million. | Management agrees. Additional contract amendments were executed over an eleven month period that in total exceeded \$1M. This was necessary to expand functionality and include the Correctional Medicine practice which was not envisioned in the original project scope. Management will develop a written procedure to be followed by all areas of the institution and, in support of Regents Rule 3.9, that reinforces the importance of management fully evaluating project scope and related estimated expenditures for contracted services. If, subsequent to Board approval, project scope is materially expanded or enhanced by an amount or cumulative amounts exceeding \$1M, management will inform the Board and seek advance approval where required. | John A. Harman- Senior Vice President for Finance and CFO   | 6/1/2014                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 13-010 HSC    | Information Technology               | UNT Health NextGen EPM Post-Implementation Review | UNTHSC                | Access privileges to the UNTHSC network and NextGen EPM system were not immediately disabled when users terminate their employment from the UNT Health. The NextGen EPM system is used by UNT Health for patient scheduling, reporting, and claims management including billing and payment posting. Both a UNTHSC network account and EPM user account are required in order to access the system. A review of active NextGen EPM user accounts in August 2013 revealed the following:<br><ul style="list-style-type: none"> <li>Five active NextGen EPM user accounts were for users that were no longer employed by UNT Health.</li> <li>Five active NextGen EPM user accounts were for former residents no longer working at UNT Health.</li> </ul> Further testing of the corresponding network accounts identified the following:<br><ul style="list-style-type: none"> <li>Six network accounts, including four employees and two residents, were active. Dates of termination for these employees ranged from December 2012 to June 2013.</li> <li>Two network accounts, including one employee and one resident, were disabled within two and three months of termination.</li> <li>Two network accounts, including one employee and one resident, were immediately disabled.</li> </ul> | Moderate   | Recommendations for the Director, Process Improvement:<br><br>Develop and implement a termination checklist for supervisors' that includes a step to notify Information Technology and Records and Information Management of a user's termination so network access can be disabled immediately.   | What Action Management Commits To Do:<br>1. A termination checklist for UNT Health Clinic Supervisors that includes notification to terminate a user's NextGen access and network access will be created and distributed.<br><br>UNT Health has also approved the implementation of the following to address the recommendations above:<br>1. NextGen has been configured to disable a user that has not logged into NextGen within a 30 day time period. these scenarios require intervention/review by the HIM Security Division.   | Jolie Allen, Director, Process Improvement, UNT Health<br>Steve Woodall, Director, Records and Information Management | 5/15/2014                    | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 13-010 HSC    | Information Technology | UNT Health NextGen EPM Post-Implementation Review | UNTHSC                | <p>Access privileges to the UNTHSC network and NextGen EPM system were not immediately disabled when users terminate their employment from the UNT Health.</p> <p>The NextGen EPM system is used by UNT Health for patient scheduling, reporting, and claims management including billing and payment posting. Both a UNTHSC network account and EPM user account are required in order to access the system.</p> <p>A review of active NextGen EPM user accounts in August 2013 revealed the following:</p> <ul style="list-style-type: none"> <li>• Five active NextGen EPM user accounts were for users that were no longer employed by UNT Health.</li> <li>• Five active NextGen EPM user accounts were for former residents no longer working at UNT Health.</li> </ul> <p>Further testing of the corresponding network accounts identified the following:</p> <ul style="list-style-type: none"> <li>• Six network accounts, including four employees and two residents, were active. Dates of termination for these employees ranged from December 2012 to June 2013.</li> <li>• Two network accounts, including one employee and one resident, were disabled within two and three months of termination.</li> <li>• Two network accounts, including one employee and one resident, were immediately disabled.</li> </ul> | Moderate   | <p>Recommendations for the Director, Process Improvement:</p> <p>Submit notifications to deactivate network access for active EPM users who are no longer employed with UNT Health.</p>   | <p>What Action Management Commits To Do:</p> <p>2. Network access for users who are no longer employed has already been deactivated.</p> <p>UNT Health has also approved the implementation of the following to address the recommendations above:</p> <p>2. NextGen also forces a user to change their password after 120 days. If the password is not changed, the account locks and disables the user from logging in. (This follows the network security protocol as well.)</p> <p>these scenarios require intervention/review by the HIM Security Division.</p> | Jolie Allen, Director, Process Improvement, UNT Health<br>Steve Woodall, Director, Records and Information Management | 5/15/2014                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 13-010 HSC    | Information Technology | UNT Health NextGen EPM Post-Implementation Review | UNTHSC                | <p>Access privileges to the UNTHSC network and NextGen EPM system were not immediately disabled when users terminate their employment from the UNT Health.</p> <p>The NextGen EPM system is used by UNT Health for patient scheduling, reporting, and claims management including billing and payment posting. Both a UNTHSC network account and EPM user account are required in order to access the system.</p> <p>A review of active NextGen EPM user accounts in August 2013 revealed the following:</p> <ul style="list-style-type: none"> <li>• Five active NextGen EPM user accounts were for users that were no longer employed by UNT Health.</li> <li>• Five active NextGen EPM user accounts were for former residents no longer working at UNT Health.</li> </ul> <p>Further testing of the corresponding network accounts identified the following:</p> <ul style="list-style-type: none"> <li>• Six network accounts, including four employees and two residents, were active. Dates of termination for these employees ranged from December 2012 to June 2013.</li> <li>• Two network accounts, including one employee and one resident, were disabled within two and three months of termination.</li> <li>• Two network accounts, including one employee and one resident, were immediately disabled.</li> </ul> | Moderate   | <p>Recommendations for the Director, Records and Information Management:</p> <p>Update the UNT Health NextGen User Request Form to include a field for expiration dates.</p>  | <p>What Action Management Commits To Do:</p> <p>3. The UNT Health NextGen User Request form will include a field for an expiration date which will be filled in for those users who are given authorized access for a limited period of time.</p>  | Jolie Allen, Director, Process Improvement, UNT Health<br>Steve Woodall, Director, Records and Information Management | 5/15/2014                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 13-010 HSC    | Information Technology | UNT Health NextGen EPM Post-Implementation Review | UNTHSC                | <p>Access privileges to the UNTHSC network and NextGen EPM system were not immediately disabled when users terminate their employment from the UNT Health.</p> <p>The NextGen EPM system is used by UNT Health for patient scheduling, reporting, and claims management including billing and payment posting. Both a UNTHSC network account and EPM user account are required in order to access the system.</p> <p>A review of active NextGen EPM user accounts in August 2013 revealed the following:</p> <ul style="list-style-type: none"> <li>• Five active NextGen EPM user accounts were for users that were no longer employed by UNT Health.</li> <li>• Five active NextGen EPM user accounts were for former residents no longer working at UNT Health.</li> </ul> <p>Further testing of the corresponding network accounts identified the following:</p> <ul style="list-style-type: none"> <li>• Six network accounts, including four employees and two residents, were active. Dates of termination for these employees ranged from December 2012 to June 2013.</li> <li>• Two network accounts, including one employee and one resident, were disabled within two and three months of termination.</li> <li>• Two network accounts, including one employee and one resident, were immediately disabled.</li> </ul> | Moderate   | <p>Recommendations for the Director, Records and Information Management:</p> <p>Provide training to supervisory personnel regarding the updated UNT Health NextGen User Request Form and process. Implementation will provide assurance that network and NextGen EPM user accounts are immediately disabled and active NextGen EPM users are current employees and residents.</p> | <p>What Action Management Commits To Do:</p> <p>4. Training will be provided to UNT Health supervisors regarding the changes made to and the purpose of the UNT Health NextGen User request Form and process.</p>  | Jolie Allen, Director, Process Improvement, UNT Health<br>Steve Woodall, Director, Records and Information Management | 5/15/2014                    | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 13-010 HSC    | Information Technology | UNT Health NextGen EPM Post-Implementation Review | UNTHSC                | <p>Access privileges to the UNTHSC network and NextGen EPM system were not immediately disabled when users terminate their employment from the UNT Health.</p> <p>The NextGen EPM system is used by UNT Health for patient scheduling, reporting, and claims management including billing and payment posting. Both a UNTHSC network account and EPM user account are required in order to access the system.</p> <p>A review of active NextGen EPM user accounts in August 2013 revealed the following:</p> <ul style="list-style-type: none"> <li>• Five active NextGen EPM user accounts were for users that were no longer employed by UNT Health.</li> <li>• Five active NextGen EPM user accounts were for former residents no longer working at UNT Health.</li> </ul> <p>Further testing of the corresponding network accounts identified the following:</p> <ul style="list-style-type: none"> <li>• Six network accounts, including four employees and two residents, were active. Dates of termination for these employees ranged from December 2012 to June 2013.</li> <li>• Two network accounts, including one employee and one resident, were disabled within two and three months of termination.</li> <li>• Two network accounts, including one employee and one resident, were immediately disabled.</li> </ul> | NA         | NA   | <p>What Action Management Commits To Do:</p> <p>5. The Chief Compliance and Risk Management Officer and the Director of IT Infrastructure and Security will conduct a review of the process in UNT Health of deactivating a user's access to the EPM /NextGen and the network once the user is no longer authorized to access those systems or other UNTHSC network resources. If needed, changes in the process will be implemented in addition to the changes outlined in this Action Plan. Implementation oversight for any changes recommended will be provided by the Dean of TCOM/Interim Chief Medical Officer for UNT Health</p> <p>Since the audit, UNT Health has also approved the implementation of the following to address the recommendations above:</p> | Anthony Tissera, Director of IT Infrastructure and Security<br>Anne E. Long, Chief Compliance and Risk Management Officer<br>Dr. Don Peska, Dean – TCOM and Interim Chief Medical Officer - UNT Health | 7/1/2014                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 13-011 HSC    | Academic and Students  | Approval of Incidental Fees Review                | UNTHSC                | <p>UNTHSC does not have documentation in place to formally delegate authority for approval and review of incidental fees. The incidental fees at UNTHSC are split into three different categories: course fees, library fines, and all other incidental fees. Each category of incidental fees currently has its own approval process. The following are the results of testing for each category tested.</p> <p>Of the 20 course fees tested:</p> <ul style="list-style-type: none"> <li>•Eight were appropriately approved by the BOR.</li> <li>•Ten were approved by the Provost without any formal delegation of authority from the President.</li> <li>•Two did not have approval documentation available.</li> <li>•Ten have not been reaffirmed since 1993.</li> </ul> <p>Of the seven library fees tested:</p> <ul style="list-style-type: none"> <li>•All seven were approved by the Library Director without any formal delegation of authority from the President.</li> <li>•Library fines were reviewed annually.</li> </ul> <p>Of the 29 other incidental fees tested:</p> <ul style="list-style-type: none"> <li>•Twenty-four were appropriately approved by the President.</li> <li>•Five did not have approval documentation available.</li> </ul>  | Moderate   | <p>Recommendations for Vice President of Administration &amp; Chief of Staff:</p> <p>If the President elects to delegate authority to approve incidental fees, ensure appropriate documentation is in place to evidence such delegation. Further guidelines should also be documented outlining how often incidental fees are reviewed and reaffirmed.</p> | <p>Management Agrees. Management commits to work with the President and Provost to develop proper documentation of delegation of approval of incidental fees to the Provost from the President. In addition, Management will also develop and implement appropriate guidelines to ensure the required review and reaffirmation process occurs in compliance with state law and Regents Rules.</p> <p>Additional Comments: Once made aware of this compliance issue and prior to completion of this audit, the Provost's Office re-established procedures to ensure that incidental fees are being approved appropriately by the President until further documentation is developed.</p>   | Jennifer Treviño, Vice President of Administration & Chief of Staff  | 7/1/2014                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 13-011 HSC    | Academic and Students  | Approval of Incidental Fees Review                | UNTHSC                | <p>UNTHSC does not have documentation in place to formally delegate authority for approval and review of incidental fees. The incidental fees at UNTHSC are split into three different categories: course fees, library fines, and all other incidental fees. Each category of incidental fees currently has its own approval process. The following are the results of testing for each category tested.</p> <p>Of the 20 course fees tested:</p> <ul style="list-style-type: none"> <li>•Eight were appropriately approved by the BOR.</li> <li>•Ten were approved by the Provost without any formal delegation of authority from the President.</li> <li>•Two did not have approval documentation available.</li> <li>•Ten have not been reaffirmed since 1993.</li> </ul> <p>Of the seven library fees tested:</p> <ul style="list-style-type: none"> <li>•All seven were approved by the Library Director without any formal delegation of authority from the President.</li> <li>•Library fines were reviewed annually.</li> </ul> <p>Of the 29 other incidental fees tested:</p> <ul style="list-style-type: none"> <li>•Twenty-four were appropriately approved by the President.</li> <li>•Five did not have approval documentation available.</li> </ul>  | Moderate   | <p>Recommendations for Vice President of Administration &amp; Chief of Staff:</p> <p>Review all incidental fees to ensure appropriate approval and supporting documentation is in place. Implementation will help ensure that all incidental fees are properly approved in accordance to state law, and reviewed and reaffirmed periodically.</p>          | <p>Management Agrees. Management commits to work with the President and Provost to develop proper documentation of delegation of approval of incidental fees to the Provost from the President. In addition, Management will also develop and implement appropriate guidelines to ensure the required review and reaffirmation process occurs in compliance with state law and Regents Rules.</p> <p>Additional Comments: Once made aware of this compliance issue and prior to completion of this audit, the Provost's Office re-established procedures to ensure that incidental fees are being approved appropriately by the President until further documentation is developed.</p>   | Jennifer Treviño, Vice President of Administration & Chief of Staff  | 7/1/2014                     | Closed                |



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| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-004 HSC    | Academic and Students | Anatomical Lab Review Audit | UNTHSC                | Required forms and fees were not processed to the SAB. Additionally, documentation was not retained or updated to evidence the Annual Cadaver and Use Report was filed for the period ended July 31, 2013. For four of the 18 files reviewed, a Form A indicating receipt of a donor cadaver had not been filed and the \$8 SAB fee had not been remitted to the SAB. These donors were received in the lab during January 2013. Additionally, the Department did not retain a copy of the Annual Cadaver and Use Report filed with the SAB for the period ended July 31, 2013. Internal Audit could not confirm that the report was filed or was filed in a timely manner. | Moderate   | Recommendations for the Director of Anatomical Services:<br><br>Review donor records to ensure that all required forms and fees have been filed and submitted for all donors to the SAB.  | Management agrees. A procedure plan is in the process of being created to address the SAB Coordination. Additionally, going forward a confirmation from the SAB will be obtained to evidence receipt of all required reports and will maintain copies of all documents filed with the SAB. | Robin Belcher, Director of The Willed Body Program | 9/1/2014                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-004 HSC    | Academic and Students | Anatomical Lab Review Audit | UNTHSC                | Required forms and fees were not processed to the SAB. Additionally, documentation was not retained or updated to evidence the Annual Cadaver and Use Report was filed for the period ended July 31, 2013. For four of the 18 files reviewed, a Form A indicating receipt of a donor cadaver had not been filed and the \$8 SAB fee had not been remitted to the SAB. These donors were received in the lab during January 2013. Additionally, the Department did not retain a copy of the Annual Cadaver and Use Report filed with the SAB for the period ended July 31, 2013. Internal Audit could not confirm that the report was filed or was filed in a timely manner. | Moderate   | Recommendations for the Director of Anatomical Services:<br><br>Develop a process to ensure forms and fees are processed with the SAB and recorded properly   | Management agrees. A procedure plan is in the process of being created to address the SAB Coordination. Additionally, going forward a confirmation from the SAB will be obtained to evidence receipt of all required reports and will maintain copies of all documents filed with the SAB. | Robin Belcher, Director of The Willed Body Program | 9/1/2014                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-004 HSC    | Academic and Students | Anatomical Lab Review Audit | UNTHSC                | Required forms and fees were not processed to the SAB. Additionally, documentation was not retained or updated to evidence the Annual Cadaver and Use Report was filed for the period ended July 31, 2013. For four of the 18 files reviewed, a Form A indicating receipt of a donor cadaver had not been filed and the \$8 SAB fee had not been remitted to the SAB. These donors were received in the lab during January 2013. Additionally, the Department did not retain a copy of the Annual Cadaver and Use Report filed with the SAB for the period ended July 31, 2013. Internal Audit could not confirm that the report was filed or was filed in a timely manner. | Moderate   | Recommendations for the Director of Anatomical Services:<br><br>Obtain confirmation with the SAB to evidence their receipt of all required reports such as the Annual Cadaver and Use Report. Maintain copies of all documents filed with the SAB. Implementation will provide assurance that SAB forms, fees and reports are filed for each donor.             | Management agrees. A procedure plan is in the process of being created to address the SAB Coordination. Additionally, going forward a confirmation from the SAB will be obtained to evidence receipt of all required reports and will maintain copies of all documents filed with the SAB. | Robin Belcher, Director of The Willed Body Program | 9/1/2014                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-004 HSC    | Academic and Students | Anatomical Lab Review Audit | UNTHSC                | Unauthorized individuals have card key access to the Laboratory and Embalming Room. As of January 30, 2014, the list of individuals with authorized card access to the Embalming room (RES 228) was 303 and the Gross Anatomy Lab (RES 242) was 2,380. Based on the review performed by the Department and Internal Audit of these lists, it was determined that there were 176 unauthorized users for the Embalming room and 1,839 unauthorized users for the Gross Anatomy Lab.   | Moderate   | Recommended action for the Director of Anatomical Services and Chair of Integrative Physiology:<br><br>Remove access to the Laboratory and Embalming Room where bodies and anatomical specimens are held for unauthorized individuals.  | Management agrees to review the Access List immediately and at the end of each semester, and send a list to Campus Police of individuals who need to have their badge access deactivated.  | Sandra Clapp, Sr. Administrative Coordinator.      | 5/30/2014                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-004 HSC    | Academic and Students | Anatomical Lab Review Audit | UNTHSC                | Unauthorized individuals have card key access to the Laboratory and Embalming Room. As of January 30, 2014, the list of individuals with authorized card access to the Embalming room (RES 228) was 303 and the Gross Anatomy Lab (RES 242) was 2,380. Based on the review performed by the Department and Internal Audit of these lists, it was determined that there were 176 unauthorized users for the Embalming room and 1,839 unauthorized users for the Gross Anatomy Lab.   | Moderate   | Recommended action for the Director of Anatomical Services and Chair of Integrative Physiology:<br><br>Develop a process to periodically review the lists of individuals with Laboratory and Embalming Room access and remove unauthorized individuals. Implementation will provide assurance that only authorized individuals have access to the laboratories. | Management agrees to review the Access List immediately and at the end of each semester, and send a list to Campus Police of individuals who need to have their badge access deactivated.  | Sandra Clapp, Sr. Administrative Coordinator.      | 5/30/2014                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-004 HSC    | Academic and Students | Anatomical Lab Review Audit | UNTHSC                | The Department did not perform an informal bid process for selecting a vendor to perform crematorium services during the review period.<br><br>The Department did not perform an informal bid process to obtain cremation services during the period under review. The Department has used the same vendor for many years.  | Low        | Recommendation for the Director of Anatomical Services:<br><br>The Department should proceed through an informal bid process for crematorium services. Implementation will provide assurance that UNTHSC obtains the best value for services purchased and compliance with the UNTHSC Purchasing Guidelines.  | Management agrees. At least 3 informal bids will be requested before issuing contract.   | Robin Belcher, Director of The Willed Body Program | 9/1/2014                     | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-004 HSC    | Academic and Students | Anatomical Lab Review Audit             | UNTHSC                | The Department does not have written policies and procedures for its operations including maintenance or records and for the proper disposal non-return cremains. The files and spreadsheets maintained by the Department noted many items that were incomplete and not updated in a timely manner. It was noted in 8 of 18 files in our sample that the donor checklist forms were not always fully completed or updated. Many were missing dates, for example, date of cremation, return of cremains, and cremains received by/sent were often not updated in the files. Some of the same items were noted in the spreadsheets maintained by the Department. The Department is currently storing non-return cremains in a storage cabinet. | Low        | Recommendation for the Director of Anatomical Services:<br><br>In consultation with the Office of General Counsel, develop policies and written processes for all processes of the Department including maintenance of records and for the proper disposal of non-return cremains. Implementation of written procedures will provide for consistency and guidance with Departmental processes. | Management agrees. A Policy and Procedures document is being created.   | Robin Belcher, Director of The Willed Body Program.  | 9/1/2014                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-004 HSC    | Academic and Students | Anatomical Lab Review Audit             | UNTHSC                | The Department does not maintain an inventory of anatomical specimens. The Department does not maintain an inventory of anatomical specimens. Anatomical specimens are removed from donors and retained in labeled boxes, in the lab, for teaching purposes. They are not numbered with the donors SAB number and can be retained in the lab after the donor has been cremated. Specimens are cremated when they are no longer usable. The cremains are not returned.  | Low        | Recommended action for the Director of Anatomical Services:<br><br>Consider maintaining an inventory of anatomical specimens that contains an item number, date specimen retained, description and location. Implementation will provide assurance that the Department has a record of anatomical specimens.   | Management agrees. A spread sheet will be created to document specimens and their locations. A form will be created for each specimen with a description and columns for: Date of check out, Name of person checking out, Date of check in, Name of person checking specimen back in.   | Robin Belcher, Director of The Willed Body Program and Sandra Clapp, Sr. Administrative Coordinator. | 7/1/2014                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-010 SYS    | Finance               | Bank Account Authorization Review Audit | UNT System            | A policy has not been established requiring executive level approval of checks exceeding a set monetary threshold.   | High       | Recommended action for the Vice Chancellor for Finance:<br><br>Create a formal UNT System regulation or policy requiring executive level review and signature of checks for all transactions exceeding an established dollar threshold.  | Management concurs with the recommendation to create a formal UNT System regulation requiring executive level review and signature of checks for all transactions exceeding an established dollar threshold. Management has assigned resources to begin the research and development of this policy and will quickly develop drafts for leadership review and approval. The Vice Chancellor for Finance will immediately establish an interim policy that will require the signature of the appropriate VC/VP for Finance on any check equal to or greater than \$500,000 and the Chancellor/President for checks equal to or greater than \$1,000,000. | VC for Finance   | 7/1/2014                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-010 SYS    | Finance               | Bank Account Authorization Review Audit | UNT System            | Employees with signature card authority also have access to alter the general ledger through the ability to process journal entries within the EIS PeopleSoft system. Internal Audit noted three instances where an authorized signer on the UNT general fund account and payroll account also had the authority to create and approve journal entries directly in the system.   | High       | Recommended actions for the Vice Chancellor for Finance:<br><br>Review all current employees with bank signature authority and confirm appropriate segregation of duties exist.  | Management concurs with the recommendation to review all current employees with bank signature authority and confirm appropriate segregation of duties exist. Immediate review is being completed in high priority areas with action being taken as warranted. A comprehensive review has also begun that will address all areas. An interim policy is being immediately established that the System Treasurer will be responsible for adding and deleting all bank signatory authority. This immediate provision will include scheduled inventory and segregation of duties.   | VC for Finance   | 7/1/2014                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-010 SYS    | Finance               | Bank Account Authorization Review Audit | UNT System            | The removal of signatory authority access for terminating employees from University bank accounts was not completed timely. Of the nine employees that left their signatory role during fiscal year 2013, five were not removed immediately from University bank accounts. Three employees were removed within two weeks. Additional review of the two remaining employees revealed the following:<br>• One UNT employee remained with signatory authority over two years after retiring from the University.<br>• One HSC employee held signature authority for over ten months while not in a role to warrant that authority, as also identified in the recent Fiscal Year 2013 Investment Review (Audit No. 14-002 HSC).                  | High       | Recommended actions for the Vice Chancellor for Finance:<br><br>Develop a process to ensure that banking signatory authority cards are updated immediately to accurately reflect personnel changes and only individuals with current fiduciary responsibility have bank signatory authority.   | Management concurs with the recommendations that bank signatory authority is kept up to date and there is a policy created that specifies who will ensure they remain current at all times.   | VC for Finance   | 7/1/2014                     | Closed                |

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| Internal / External | Reporting Agency          | Fiscal Year Report was Issued | Report Number                                  | Audit Category                       | Report Name                                | Component Institution | Key Observations   | Risk Level | Recommendation Details  | Management Response   | Individual Responsible for Implementation                   | Expected Implementation Date | Recommendation Status |
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| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-010 SYS                                     | Finance                              | Bank Account Authorization Review Audit    | UNT System            | The removal of signatory authority access for terminating employees from University bank accounts was not completed timely.<br>Of the nine employees that left their signatory role during fiscal year 2013, five were not removed immediately from University bank accounts. Three employees were removed within two weeks. Additional review of the two remaining employees revealed the following:<br><ul style="list-style-type: none"> <li>• One UNT employee remained with signatory authority over two years after retiring from the University.</li> <li>• One HSC employee held signature authority for over ten months while not in a role to warrant that authority, as also identified in the recent Fiscal Year 2013 Investment Review (Audit No. 14-002 HSC).</li> </ul> | High       | Recommended actions for the Vice Chancellor for Finance:<br><br>Implement a System-wide policy specifying a responsible party to monitor University bank accounts for the prompt removal of individuals who no longer would have authorized banking signatory authority.  | Management concurs with the recommendations that bank signatory authority is kept up to date and there is a policy created that specifies who will ensure they remain current at all times.   | VC for Finance  | 7/1/2014                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-010 SYS                                     | Finance                              | Bank Account Authorization Review Audit    | UNT System            | UNT System, UNT, and UNT Dallas were not compliant with the records retention requirements outlined in 13 Tex. Admin. Code § 6.10 by not retaining historical signature cards. Signature cards for UNT, UNT Dallas, and UNT System bank accounts are shredded once they are superseded and not retained by UNT Financial Reporting personnel as required by the TAC.   | Moderate   | Recommended actions for the Vice Chancellor for Finance:<br><br>Establish a process to ensure retention of signature cards, once superseded, through the end of the fiscal year and an additional three years in accordance with the state record retention requirements.   | Management concurs with the recommendation and will ensure that policies, procedures, and processes are in place along with adequate staff training to retain records in compliance with The Texas State Records Retention Schedule.  | VC for Finance  | 7/1/2014                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-010 SYS                                     | Finance                              | Bank Account Authorization Review Audit    | UNT System            | The Office of Financial Reporting & Operations discovered a University bank account which was being maintained at the department-level. In May of 2013, the UNT Financial Reporting personnel discovered the UNT's Federal Perkins Loans bank account was being managed in the Student Financial Aid and Scholarships Office.  | Moderate   | Recommended actions for the Vice Chancellor for Finance:<br><br>Develop a UNT System policy that documents the authority and requirements to establish, maintain, update, and close bank accounts, which includes:<br><ul style="list-style-type: none"> <li>• An annual confirmation verifying directly with the bank, all bank accounts bearing the name University of North Texas in their title, listed as their customer, or with a UNT tax ID number, and</li> <li>• A statement of where each entity's signature cards and policy statements are to be maintained.</li> </ul>  | Management concurs with the recommendation to develop a policy that documents the authority and requirement to establish, maintain, update, and close bank accounts. The policy will be comprehensive and not only address items presented in recommendation 6 but those policy matters presented above.  | VC for Finance  | 7/1/2014                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-001 SYS, 14-003 UNT, 14-003 HSC, 14-001 DAL | Governance and Regulatory Compliance | Chancellor's and Presidents' Reviews Audit | UNT System            | Certain services over a several year period provided to or paid on behalf of the former UNT President qualify as a non-cash fringe benefit and may be subject to taxation under Internal Revenue Code. Services provided to or paid on behalf of the President include rent, electricity, water and waste services, automobile, automobile insurance, lawn service, maid service, NTTA toll service, and residential telephone service among others.   | High       | It is recommended that the Associate Vice Chancellor for Business Services:<br><br>Coordinate with the Office of General Counsel to evaluate whether certain services provided to or paid on behalf of the former UNT President qualify as fringe benefits subject to taxation under the Internal Revenue Code (IRC) and amend any prior period tax reporting, as required. Implementation will ensure compliance with Internal Revenue Code.   | The UNT System Business Service Center agrees with the recommendation.<br>The UNT System Business Service Center will coordinate with the UNTS Office of General Counsel to evaluate any taxation required for the services provided to or on behalf of the former UNT President. If required, a W-2C will be issued to the individual and the IRS for each calendar year as necessary.                                     | Carol McFarland, Tax Accountant                             | 5/30/2014                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-001 SYS, 14-003 UNT, 14-003 HSC, 14-001 DAL | Governance and Regulatory Compliance | Chancellor's and Presidents' Reviews Audit | UNT System            | Policies do not specifically require itemized business meal receipts in accordance with IRS requirements. Some of the receipts submitted for reimbursement of business meals were not itemized and did not identify the number of meals provided or the number of individuals served on the vendor receipt. However, in accordance with institutional policies, the Chancellor's and Presidents' Offices noted the names of the individuals that were served.  | Moderate   | It is recommended that the Associate Vice Chancellor for Business Services:<br><br>In coordination with the Business Services Operations Committee, develop and implement a comprehensive system-wide travel and expense policy that includes a requirement that individuals seeking reimbursement for business meals to submit itemized meal receipts from the vendor that either lists the meals or the number of individuals served in support of reimbursement requests. Further, this travel and expense policy should be comprehensive and ensure compliance with all IRS requirements for travel and expenditure reimbursements. Implementation of a requirement that itemized receipts for business meals be included with all reimbursement requests should assure any tax issues related to business meals are addressed and it will assure that only allowable expenses are processed against certain fund types. Further, implementation will outline all IRS requirements for travel and expenditure reimbursements. | The UNT System Business Service Center agrees with the recommendation.<br>The BSC has submitted a draft travel management policy to the UNT System Administration for review. The standardized procedures outlining receipt requirements for business meals and meals while in a travel status will be updated in the Purchasing Guidelines and Travel Guidelines published on the BSC website to reflect this requirement. | Debbie Reynolds, Executive Director of Procurement Services | 5/1/2014                     | Closed                |



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| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-015 HSC & UNT | Governance and Regulatory Compliance | Cancer Prevention and Research Institute of Texas (CPRIT) Audit | UNTHSC, UNT           | <p>Fifteen areas were reviewed for compliance with CPRIT guidelines and institutional policies at UNTHSC and UNT. Exceptions were noted in the five areas below:</p> <p>1. Reimbursement and Expenditure Reporting<br/>Seven of 26 quarterly financial status reports reviewed were not submitted by UNTHSC within 90 days of the quarter covered as required.</p> <p>2. Grant Closeout<br/>The final financial status report for UNTHSC grant RP101399 was submitted 122 days after the grant end date and not within 90 days as required.</p> <p>3. Expenditures<br/>For the grants under review, non-travel expenditures totaling \$110,111 were reviewed (or 59% of the total population: \$187,227), as well as travel expenditures totaling \$44,607 (or 100% of the population). The following results were noted from the testing:</p> <p>A. Non-travel labor charges for one temporary employee selected for testing totaling \$2,414 on UNTHSC grant PP100195 could not be substantiated via supporting documentation. Subsequently, Internal Audit tested the additional \$2,044 of temporary labor charges for this temporary employee during the testing period and was not able to substantiate them via supporting documentation.</p> <p>B. A review of non-travel expenditures for UNTHSC grant PP100069 found two mobile phone service charges that included an unallowable \$10 telecommunication service fee (total \$20).</p> | Moderate   | <p>Recommendations for AVP of Research Administration at UNTHSC:</p> <p>Evaluate and improve the process for notifying:</p> <p>a) Principal Investigators of upcoming due dates, and<br/>b) Administration personnel when due dates have passed and a report has not been filed.</p> <p>Implementation will provide assurance that grant conditions for reporting requirements and allowable</p> | <p>Notifications: Progress Reports<br/>HSC currently distributes a 90 and 30 day courtesy notification to all Principal Investigators (PIs) for final progress reporting as part of the award close-out process. A copy of the report for the file is requested from the PI.</p> <p>For CPRIT awards, OGCM will enhance this process by tracking submission dates for quarterly and annual progress reports and sending an additional email reminder to the PI with a copy to the department chair if the PI has not submitted the progress report 30 days past the sponsor due date.</p> <p>Additional Comments: Progress reporting is the responsibility of the PI with the support of department administration. Progress reports do not require institutional level signatures. This PI responsibility is documented in university policies and procedures.</p> <p>Notifications: Financial Reports<br/>OGCM will set up milestones in EIS for all quarterly and final reporting periods and generate a monthly query to better track sponsor due dates. The query will be reviewed monthly by the Accountant and the Director of Grants and Contracts to provide better monitoring of sponsor due dates.</p> <p>Notifications: Effort Reports<br/>OGCM developed and implemented a new on-line effort reporting system in June 2014 with supporting policies and procedures. Campus training was completed February 2014. On-line tutorial training has been developed and will be located on the OGCM website to provide on-going training for all PIs and department staff. Effort reports are distributed three times a year, Fall, Spring, and</p> | Mazen Barakat, Director of Grants and Contract Management | 9/30/2014                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-015 HSC & UNT | Governance and Regulatory Compliance | Cancer Prevention and Research Institute of Texas (CPRIT) Audit | UNTHSC, UNT           | <p>Fifteen areas were reviewed for compliance with CPRIT guidelines and institutional policies at UNTHSC and UNT. Exceptions were noted in the five areas below:</p> <p>1. Reimbursement and Expenditure Reporting<br/>Seven of 26 quarterly financial status reports reviewed were not submitted by UNTHSC within 90 days of the quarter covered as required.</p> <p>2. Grant Closeout<br/>The final financial status report for UNTHSC grant RP101399 was submitted 122 days after the grant end date and not within 90 days as required.</p> <p>3. Expenditures<br/>For the grants under review, non-travel expenditures totaling \$110,111 were reviewed (or 59% of the total population: \$187,227), as well as travel expenditures totaling \$44,607 (or 100% of the population). The following results were noted from the testing:</p> <p>A. Non-travel labor charges for one temporary employee selected for testing totaling \$2,414 on UNTHSC grant PP100195 could not be substantiated via supporting documentation. Subsequently, Internal Audit tested the additional \$2,044 of temporary labor charges for this temporary employee during the testing period and was not able to substantiate them via supporting documentation.</p> <p>B. A review of non-travel expenditures for UNTHSC grant PP100069 found two mobile phone service charges that included an unallowable \$10 telecommunication service fee (total \$20).</p> | Moderate   | <p>Maintain supporting documentation in accordance with record retention guidelines to evidence the dates of required report submission as well as for funds expended on CPRIT grants. Implementation will provide assurance that grant conditions for reporting requirements and allowable</p>  | <p>Maintain supporting documentation: Report Submissions<br/>For CPRIT awards, OGCM will request and maintain all quarterly and annual progress reports. OGCM already maintains all quarterly and final financial reports and final progress reports.</p>   | Mazen Barakat, Director of Grants and Contract Management | 9/30/2014                    | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-015 HSC & UNT | Governance and Regulatory Compliance | Cancer Prevention and Research Institute of Texas (CPRIT) Audit | UNTHSC, UNT           | Fifteen areas were reviewed for compliance with CPRIT guidelines and institutional policies at UNTHSC and UNT. Exceptions were noted in the five areas below:<br>1. Reimbursement and Expenditure Reporting<br>Seven of 26 quarterly financial status reports reviewed were not submitted by UNTHSC within 90 days of the quarter covered as required.<br>2. Grant Closeout<br>The final financial status report for UNTHSC grant RP101399 was submitted 122 days after the grant end date and not within 90 days as required.<br>3. Expenditures<br>For the grants under review, non-travel expenditures totaling \$110,111 were reviewed (or 59% of the total population: \$187,227), as well as travel expenditures totaling \$44,607 (or 100% of the population). The following results were noted from the testing:<br>A. Non-travel labor charges for one temporary employee selected for testing totaling \$2,414 on UNTHSC grant PP100195 could not be substantiated via supporting documentation. Subsequently, Internal Audit tested the additional \$2,044 of temporary labor charges for this temporary employee during the testing period and was not able to substantiate them via supporting documentation.<br>B. A review of non-travel expenditures for UNTHSC grant PP100069 found two mobile phone service charges that included an unallowable \$10 telecommunication service fee (total \$20). | Moderate   | Remove telecommunication service charges from CPRIT grants. Implementation will provide assurance that grant conditions for reporting requirements and allowable  | Remove Telecommunication Services Charges<br>OGCM will remove the telecommunication service charge for \$20 from the CPRIT grant.  | Mazen Barakat, Director of Grants and Contract Management    | 8/15/2014                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 14-015 HSC & UNT | Governance and Regulatory Compliance | Cancer Prevention and Research Institute of Texas (CPRIT) Audit | UNTHSC, UNT           | Fifteen areas were reviewed for compliance with CPRIT guidelines and institutional policies at UNTHSC and UNT. Exceptions were noted in the five areas below:<br>1. Reimbursement and Expenditure Reporting<br>Seven of 26 quarterly financial status reports reviewed were not submitted by UNTHSC within 90 days of the quarter covered as required.<br>2. Grant Closeout<br>The final financial status report for UNTHSC grant RP101399 was submitted 122 days after the grant end date and not within 90 days as required.<br>3. Expenditures<br>For the grants under review, non-travel expenditures totaling \$110,111 were reviewed (or 59% of the total population: \$187,227), as well as travel expenditures totaling \$44,607 (or 100% of the population). The following results were noted from the testing:<br>A. Non-travel labor charges for one temporary employee selected for testing totaling \$2,414 on UNTHSC grant PP100195 could not be substantiated via supporting documentation. Subsequently, Internal Audit tested the additional \$2,044 of temporary labor charges for this temporary employee during the testing period and was not able to substantiate them via supporting documentation.<br>B. A review of non-travel expenditures for UNTHSC grant PP100069 found two mobile phone service charges that included an unallowable \$10 telecommunication service fee (total \$20). | Moderate   | Work with CPRIT to resolve expended funds that could not be substantiated. Implementation will provide assurance that grant conditions for reporting requirements and allowable   | Work with CPRIT to resolve expended funds that could not be substantiated<br>OGCM will work with CPRIT to resolve the expended funds on the hourly paid individual for which we were unable to locate timesheets.<br>Additional Comments: Human Resources (HR) was unable to locate timesheets for one hourly paid individual; however, through a written letter to OGCM, the Director of Human Resources indicated during the specific dates of the requested timesheets, the employees who maintained the timekeeping records were relocated to a new building on campus. The letter also indicates a filing system has been established at the new location that ensures future compliance with record retention requirements for timekeeping records in accordance to university policy. | Mazen Barakat, Director of Grants and Contract Management    | 12/31/2014                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2014              | 13-016 UNT       | Finance                              | UNT Endowment Review Audit                                      | UNT                   | The composition of the scholarship committee does not conform to requirements outlined in the Frank Bracken PLP Endowment MOU. The Director for Budget and Administration in the College of Business Dean's Office stated that "the committee does not fully meet the criteria included in the Gift Agreement." The conclusion was based on an email communication from an Administrative Coordinator in the Professional Leadership Program (PLP) College of Business, who described the composition of the Scholarship Committee as the Executive Director, the Assistant Director, and the Chairman of the PLP Advisory Board.   | Low        | Recommend for Director of the Professional Leadership Program (PLP):<br><br>Reorganize the Frank Bracken PLP Endowment scholarship committee to include those individuals as prescribed by and agreed to in the Gift Agreement as follows:<br>• At least three (3) College of Business faculty members;<br>• Representatives of the PLP Advisory Board;<br>• PLP Community Partners, and<br>• College of Business Administration staff.<br>Implementation will provided assurance of compliance with the gift agreement, and minimize the potential loss of endowment funds and other gifts, strained relations between donors and the University affecting future gifts, and negative publicity and damage to the University's reputation. | We agree that the scholarship committee was not properly constituted in accordance with the MOU.<br>Because of difficulty in convening such a large group, the PLP director will first meet with the donor to discuss revising the MOU to allow a more streamlined committee, and will document the outcome appropriately.<br>Following that meeting, the PLP director will closely adhere to the current or revised MOU, as applicable, in organizing the scholarship committee with oversight by the Dean's office.  | Marilyn K. Wiley, Senior Associate Dean, College of Business | 3/1/2014                     | Closed                |

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| Internal            | UNT System Internal Audit       | Fiscal Year 2014              | 14-023 UNT    | Finance                              | Adjusting Journal Entry Investigation  | UNT                   | The Net Position in the FY2012 and FY2013 Financial Statements could be Overstated by as much \$23 Million. – The former UNT Associate Vice President for Finance and Controller and the former Director of Financial Reporting and Operations were aware of the unreconciled differences and potentially uncollectible receivables prior to the issuance of the FY2012 and FY2013 UNT and UNTS financial statements. They directed and recorded this adjustment rather than valuating the validity of these differences as to whether they were true assets of the UNTS.  | High       | Develop and document a UNT Allowance for Doubtful Accounts Policy, based on historical receivable information, to establish guidelines for accurately estimating uncollectible amounts.   | UNT/UNTS concur and will review the current UNT Allowance for Doubtful Accounts Policy in comparison to historical receivable collectability to ensure the Policy and related process results in an accurate estimate. Any required revisions to the current Policy will be completed before August 31, 2014. UNT/UNTS will periodically evaluate all receivables in light of this Policy to determine receivable collectivity and appropriate asset value.<br><br>UNT/UNTS will also ensure all necessary action is taken relative to the referenced UNT adjusting journal entry and will recalculate the Allowance for Doubtful Accounts estimate presented in the FY 2013 UNT and UNTS consolidated financial statements to ensure the net accounts receivable balance was presented accurately. Any necessary adjustments to prior period UNT and UNTS consolidated financial statements will be completed by August 31, 2014. | Dan Stephens, Assistant Vice-Chancellor Finance/Controller                                | Original 08/31/14<br>Revised 08/31/16<br>Actual 08/16/2016 | Closed                |
| Internal            | UNT System Internal Audit       | Fiscal Year 2014              | 14-004 UNT    | Governance and Regulatory Compliance | Student-Managed Investment Fund Review | UNT                   | The name of a former employee is listed as the contact on monthly statements   | Moderate   | Recommendation for the Chair of Finance, Insurance, Real Estate, and Law:<br><br>Coordinate with the Vice President for Finance and Administration to correct the contact name on the monthly statement. Implementation will provide assurance that the current Vice President of Finance and Administration will be listed on the monthly statements and assist in assuring compliance with Section 3-2.                               | 1. Management agrees. The chair of the FIREL department has scheduled a meeting for January 29, 2015 with the Vice President for Finance to discuss the issue.   | The Chair of FIREL with assistance from the Vice President for Finance and Administration | 1/29/2015  | Closed                |
| Internal            | UNT System Internal Audit       | Fiscal Year 2014              | 12-003 SYS    | Finance                              | Construction Close-out Process Review  | UNT System            | Three construction project accounts associated with completed projects at UNT Dallas remain open with deficit balances totaling \$214,807. When a construction project has been determined to be substantially complete, this starts the beginning of the one year project warranty period. During this warranty period steps are usually taken by System Facilities to close the project by the end of the warranty period. However, this process has been delayed due to the deficit balances.   | Low        | Suggested Management Action for James Maguire, Vice Chancellor for Facilities Planning and Construction & Chief Architect:<br><br>Work with UNT Dallas personnel and take appropriate steps to identify funding to cover the account deficits, and then close the open accounts associated with the construction of the buildings at UNT Dallas.  | UNT System Facilities agrees with the report finding.<br>1)There are multiple accounts associated with the construction of the buildings at UNT Dallas. UNT System Facilities will meet with UNT Dallas budget personnel to identify appropriate expenditures that can be moved from deficit accounts to accounts with available funds and then assist them in the closing the associated accounts.  | Don Lynch, Director of System Facilities Administration                                   | 1/31/2014  | Closed                |
| Internal            | UNT System Internal Audit       | Fiscal Year 2014              | 12-003 SYS    | Finance                              | Construction Close-out Process Review  | UNT System            | Three construction project accounts associated with completed projects at UNT Dallas remain open with deficit balances totaling \$214,807. When a construction project has been determined to be substantially complete, this starts the beginning of the one year project warranty period. During this warranty period steps are usually taken by System Facilities to close the project by the end of the warranty period. However, this process has been delayed due to the deficit balances.   | Low        | Suggested Management Action for James Maguire, Vice Chancellor for Facilities Planning and Construction & Chief Architect:<br><br>Develop procedures and controls to assure that construction accounts are closed in a timely manner and expenditures cannot be charged to accounts that will result in deficit spending. Implementation will ensure that UNT Dallas project accounts are closed and the deficit spending is addressed. | UNT System Facilities agrees with the report finding.<br>2)At the end of a project warranty period, UNT System Facilities will close all associated general ledger project accounts out within 12 months. In addition, a project close out checklist will be developed documenting the action steps taken to close the project and the date completed.   | Don Lynch, Director of System Facilities Administration                                   | 1/31/2014  | Closed                |
| Internal            | UNT System Internal Audit       | Fiscal Year 2014              | 14-005 UNT    | Governance and Regulatory Compliance | JAMP Review                            | UNT                   | Based on the results of the procedures performed, processes and controls related to JAMP financial activity appear to be effective and functioning as intended. Expenditures were in compliance with the JAMP Agreement and JAMP Expenditure Guidelines. In addition, the final FY 2013 JAMP Expenditure Report prepared by the Office of Research Services and submitted to the JAMP Council was accurate. Expenditures for fiscal year 2013 totaled \$16,135; resulting in \$677 in unspent funds. These funds are in the process of being returned to the JAMP Council. | NA         | None  | NA   | NA  | NA   | NA                    |
| External            | State Office of Risk Management | Fiscal Year 2015              | NA            | Governance and Regulatory Compliance | On-Site Consultation                   | UNTHSC                | 15-04-01 Safety: Chemical Safety: Respiratory Protection Program - During the consultation, SORM noted that according to their Safety Data Sheets, chemicals being used on campus have been assigned OSHA Permissible Exposure Limits and/or ACGIH Threshold Limit Values. However, no testing has been conducted to determine the level of the employees' exposure to these hazards.  | NA         | SORM recommends that UNTHSC measure the levels that the employees are exposed to. Based on the results of the testing, an OSHA-compliant respiratory protection program may need to be implemented.   | We will partner with our School of Public Health to perform exposure assessments on employees.   | Matthew Moncus, Director, Safety Office   | 9/30/2015  | Closed                |



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| External            | State Office of Risk Management                                 | Fiscal Year 2015              | NA                         | Governance and Regulatory Compliance | On-Site Consultation   | UNTHSC                | 15-04-02 Safety: Fire Safety: Sprinkler System Maintenance - During the consultation, SORM noted that UNTHSC has a functional sprinkler system in most of the buildings on campus. Annual maintenance is being conducted by a third-party vendor. Upon review, some of the quarterly tasks listed in NFPA-25 are not listed on the vendor-provided checklists, and therefore, are not being completed.                         | NA         | SORM recommends that UNTHSC work with the third-party vendor and the UNTHSC maintenance personnel to ensure that all inspections, testing, and maintenance of the sprinkler systems conform to NFPA-25. If the vendor's procedures are out of compliance with this standard, SORM recommends that the university consider terminating the contract with this vendor as soon as possible, and contracting with a vendor who will comply with the standard. | We will meet with the vendor and discuss inspection procedures, requirements, and evaluate if the vendor can meet our needs. If they cannot we will begin the process of selecting a new vendor.   | Matthew Moncus, Director, Safety Office   | 6/30/2015                    | Closed                |
| External            | State Office of Risk Management                                 | Fiscal Year 2015              | NA                         | Governance and Regulatory Compliance | On-Site Consultation   | UNTHSC                | 15-04-03 Safety: Hazard Communication: Eyewash Nozzle Caps (EAD Building) - SORM noted during the consultation that required nozzle caps on eyewash stations in the EAD Building were missing. Without these nozzle caps, dust and other debris can present an additional hazard to an employee flushing their eyes from a chemical exposure.  | NA         | SORM recommends that UNTHSC replace the required nozzle caps, as per the OSHA and ANSI standards.   | Submitted work orders to have the nozzle caps replaced with a type that is not easily broken.  | Matthew Moncus, Director, Safety Office   | 5/13/2015                    | Closed                |
| External            | State Office of Risk Management                                 | Fiscal Year 2015              | NA                         | Governance and Regulatory Compliance | On-Site Consultation   | UNTHSC                | 15-04-04 Safety: Fire Safety: GFCI (Electronic Water Fountain) - SORM noted during the consultation that an electronic water fountain in the library was not protected by a Ground Fault Circuit Interrupter, as required by the National Electrical Code.   | NA         | SORM recommends that UNTHSC provide this protection, either in the receptacle or on the circuit breaker.  | Work order has been submitted to replace all outlets near water fountains with GFCI outlets.   | Matthew Moncus, Director, Safety Office   | 6/30/2015                    | Closed                |
| External            | State Office of Risk Management                                 | Fiscal Year 2015              | NA                         | Governance and Regulatory Compliance | On-Site Consultation   | UNTHSC                | 15-04-05 Safety: Fire Safety: Standpipe Cap - SORM noted during the consultation that a standpipe in front of the cooling towers on Montgomery Street was missing one of its required caps. Without the required cap, debris may accumulate in the hose connection such that the system may malfunction.   | NA         | SORM recommends that UNTHSC replace this cap, as per the NFPA standard.   | A work order has been issued to replace the cap.   | Matthew Moncus, Director, Safety Office   | 5/31/2015                    | Closed                |
| External            | State Office of Risk Management                                 | Fiscal Year 2015              | NA                         | Governance and Regulatory Compliance | On-Site Consultation   | UNTHSC                | 15-04-06 Safety: Fire Safety: Sprinkler Heads - SORM noted during the consultation that two sprinkler heads in the EAD Building (one on the fourth floor, one on the fifth floor) were covered in dirt and debris. One sprinkler head on the fifth floor was ingressed into the ceiling tile. In these conditions, these sprinkler heads will not function as designed by the manufacturer, and thereby present a fire hazard. | NA         | SORM recommends that UNTHSC repair these sprinkler heads, ensure that all inspections are done according to NFPA-25, and promptly correct any deficiencies once they are noted.   | We will inspect the sprinkler heads more thoroughly and correct the deficiencies found. The Safety Office will assist in inspections to provide greater oversight in this task. A work order has been placed to repair the items observed during the inspection. | Matthew Moncus, Director, Safety Office   | 8/31/2015                    | Closed                |
| External            | State Office of Risk Management                                 | Fiscal Year 2015              | NA                         | Governance and Regulatory Compliance | On-Site Consultation   | UNTHSC                | 15-04-07 Safety: Fire Safety: Electrical Panelboard - SORM noted during the consultation that an electrical panelboard in the Internal Audit Building was missing a required knockout, thereby creating a fire hazard.   | NA         | SORM recommends that UNTHSC insert the required knockout, as per the National Electrical Code.  | A work order has been submitted to replace the knockout in the panel.  | Matthew Moncus, Director, Safety Office   | 5/31/2015                    | Closed                |
| External            | State Office of Risk Management                                 | Fiscal Year 2015              | NA                         | Governance and Regulatory Compliance | On-Site Consultation   | UNTHSC                | 15-04-08 Safety: Fire Safety: Exit Sign - SORM noted during the consultation that an exit sign on the 5th floor of the MET was incorrectly indicating a path of travel.  | NA         | SORM recommends that UNTHSC correct this sign to properly direct the flow of traffic in an emergency.   | A work order has been submitted to change the signage.   | Matthew Moncus, Director, Safety Office   | 5/31/2015                    | Closed                |
| External            | Counsel on Education for Public Health Accreditation Committee  | Fiscal Year 2015              | UNTHSC; CEPH Accreditation | Governance and Regulatory Compliance | National CEPH Certification  | UNTHSC                | Accreditation approved through 12/31/2022.   | NA         | None  | NA   | NA  | NA                           | NA                    |
| External            | Deloitte & Touche in conjunction with UNT System Internal Audit | Fiscal Year 2015              | NA                         | Finance                              | University of North Texas System - University of North Texas Health Science Center Benefits Funding Proportionality Analysis University of | UNTHSC                | Based on the methodology used, the analysis identified no excess benefit expenditures or ineligible salary expenditures reimbursed paid to UNTHSC. Additionally, the AY2012 & AY2013 Accounting Policy Statement 011 forms submitted by UNTHSC were reviewed with no material issues identified.   | NA         | None  | NA   | NA  | NA                           | NA                    |
| External            | Deloitte & Touche in conjunction with UNT System Internal Audit | Fiscal Year 2015              | NA                         | Finance                              | University of North Texas System Benefits Funding Proportionality Analysis University of   | UNT System            | Based on the methodology used, the analysis identified no excess benefit expenditures or ineligible salary expenditures reimbursed to UNTS.  | NA         | None  | NA   | NA  | NA                           | NA                    |

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| Internal / External | Reporting Agency   | Fiscal Year Report was Issued | Report Number | Audit Category | Report Name  | Component Institution | Key Observations  | Risk Level | Recommendation Details   | Management Response   | Individual Responsible for Implementation | Expected Implementation Date | Recommendation Status |
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| External            | Deloitte & Touche in conjunction with UNT System Internal Audit  | Fiscal Year 2015              | NA            | Finance        | University of North Texas System - University of North Texas at Dallas Benefits Funding Proportionality Analysis University of | UNT Dallas            | The following exceptions were identified through the analysis of the appropriation year 2012 APS 011 form submitted to the TXCPA and should be discussed with TXCPA for any required remediation steps:<br><ul style="list-style-type: none"> <li>The appropriated amount for TRS expenditures through Fund 0001 was not included in Section 2.c of the finalized form. This amount was recorded as \$0.00 instead of \$353,077.69.</li> <li>The TRS expenditure component of the local funds adjustment section of the APS 011 was reported as \$41,430.00 instead of \$394,507.69, which resulted in the GR-D local funds adjustment in Section 1 being reported as (\$166,137.00) instead of (\$210,107.00).</li> </ul>                                      | NA         | None   | NA  | NA  | NA                           | NA                    |
| External            | Deloitte & Touche in coordination with UNT System Internal Audit | Fiscal Year 2015              | NA            | Finance        | University of North Texas System Financial Reporting Analysis  | UNT System            | Lack of Compliance with Generally Accepted Accounting Principles (GAAP):<br>The process related to the preparation of the combined financial statements and related footnotes is not well defined and documented and does not require a detailed review and verification of financial information to substantiate the accuracy and completeness of the information presented. As a result, there is a risk that information is not properly presented or disclosed in accordance with GAAP. Some of the specific issues noted throughout this report point to specific errors identified, however there is a risk that other errors in the financial statements may exist and should be addressed to determine the proper presentation in accordance with GAAP. | High       | Implement a process to validate financial statements are prepared and presented in accordance with GAAP. This should include implementing a process for proper detailed review by management of the financial statements. This process should include:<br>-The definition of roles and responsibilities relative to the preparation and review of the financial statements;<br>-The use of a footnote disclosure checklist to evaluate relevant footnotes are included; and<br>-A detailed review of schedules supporting the financial statements, including the cash flow statement, the footnotes to the financial statements, and the management discussion and analysis.<br>- Independently review the detail of the consolidation working papers for the financial statement line items and related footnotes for the fiscal year 2013 financial statements to identify errors or missing disclosures.<br>- Perform an analysis of the Chart of Accounts to deactivate unnecessary or unused accounts, and implement procedures to review the Chart of Accounts on a periodic basis. | Through the UNTS Financial Transformation project sponsored by the Board of Regents and management, this observation is being addressed in the Financial Statement Integrity Thread and Account Reconciliation and Validation Thread. | NA  | NA                           | NA                    |
| External            | Deloitte & Touche in coordination with UNT System Internal Audit | Fiscal Year 2015              | NA            | Finance        | University of North Texas System Financial Reporting Analysis  | UNT System            | Lack of Compliance with Generally Accepted Accounting Principles (GAAP):<br>The process related to the preparation of the combined financial statements and related footnotes is not well defined and documented and does not require a detailed review and verification of financial information to substantiate the accuracy and completeness of the information presented. As a result, there is a risk that information is not properly presented or disclosed in accordance with GAAP. Some of the specific issues noted throughout this report point to specific errors identified, however there is a risk that other errors in the financial statements may exist and should be addressed to determine the proper presentation in accordance with GAAP. | High       | Independently review the detail of the consolidation working papers for the financial statement line items and related footnotes for the fiscal year 2013 financial statements to identify errors or missing disclosures.  | Through the UNTS Financial Transformation project sponsored by the Board of Regents and management, this observation is being addressed in the Financial Statement Integrity Thread and Account Reconciliation and Validation Thread. | NA  | NA                           | NA                    |
| External            | Deloitte & Touche in coordination with UNT System Internal Audit | Fiscal Year 2015              | NA            | Finance        | University of North Texas System Financial Reporting Analysis  | UNT System            | Lack of Compliance with Generally Accepted Accounting Principles (GAAP):<br>The process related to the preparation of the combined financial statements and related footnotes is not well defined and documented and does not require a detailed review and verification of financial information to substantiate the accuracy and completeness of the information presented. As a result, there is a risk that information is not properly presented or disclosed in accordance with GAAP. Some of the specific issues noted throughout this report point to specific errors identified, however there is a risk that other errors in the financial statements may exist and should be addressed to determine the proper presentation in accordance with GAAP. | High       | Perform an analysis of the Chart of Accounts to deactivate unnecessary or unused accounts, and implement procedures to review the Chart of Accounts on a periodic basis.   | Through the UNTS Financial Transformation project sponsored by the Board of Regents and management, this observation is being addressed in the Financial Statement Integrity Thread and Account Reconciliation and Validation Thread. | NA  | NA                           | NA                    |

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| External            | Deloitte & Touche in coordination with UNT System Internal Audit | Fiscal Year 2015              | NA            | Finance        | University of North Texas System Financial Reporting Analysis | UNT System            | Inadequate Financial Reporting and Accountability Practices: Recent finance organizational changes, such as personnel departures, have left the finance organization without consistent leadership and process accountability.   | High       | Perform personnel assessments to determine whether knowledgeable employees with requisite higher education and governmental accounting and financial reporting experience are assigned to critical financial reporting positions. In addition, management should consider its current hiring practices in the evaluation, including minimum requirements for supervisory/managerial positions in order to promote accountability of financial processes.  | Through the UNTS Financial Transformation project sponsored by the Board of Regents and management, this observation is being addressed in the Change Management and Governance Thread.   | NA  | NA                           | NA                    |
| External            | Deloitte & Touche in coordination with UNT System Internal Audit | Fiscal Year 2015              | NA            | Finance        | University of North Texas System Financial Reporting Analysis | UNT System            | Undocumented or Insufficiently Established Financial Policies and Procedures: While some financial policies and procedures have been established, there is currently no formal process in place to review, revise, and evaluate these guidelines on a periodic basis to facilitate applicability and pertinence and determine that they are consistently applied across the component institutions. In addition, the lack of formal review over policies and procedures subjects UNTS to potential non-compliance with GAAP, as well as regulatory and compliance requirements.  | High       | Institute an initiative to fully inventory and review existing financial policies and procedures. Additionally, consideration should be given, as part of this review, to determine whether policies and procedures fully meet management's intention and are in accordance with GAAP. A formal review process should be established to confirm policies and procedures are reviewed on periodic basis going forward (at least annually).   | Through the UNTS Financial Transformation project sponsored by the Board of Regents and management, management has identified financially significant polices that are currently being drafted within the Policies & Procedures Thread. | NA  | NA                           | NA                    |
| External            | Deloitte & Touche in coordination with UNT System Internal Audit | Fiscal Year 2015              | NA            | Finance        | University of North Texas System Financial Reporting Analysis | UNT System            | Improper Segregation of Duties (SOD) Between Job Responsibilities: Current practices indicate that measures to prevent or detect SOD conflicts have not been established by management. This includes preventative or detective measures within applications, business process, and recording of transactions to the general ledger.   | High       | Management should promptly establish policies and procedures to prevent the assignment of conflicting job duties. Consideration should be given to personnel job duties within individual applications, between applications, and manual activities performed outside of an application. Additionally, an initiative should be instituted to analyze current job responsibilities in order to identify and terminate SOD conflicts, including canceling system access for personnel that are no longer employed by UNTS or do not require access to particular application roles based on their job responsibilities.                     | Through the UNTS Financial Transformation project sponsored by the Board of Regents and management, this observation is being addressed in the Business Process Remediation Thread and IT Alignment Thread.                             | NA  | NA                           | NA                    |
| External            | Deloitte & Touche in coordination with UNT System Internal Audit | Fiscal Year 2015              | NA            | Finance        | University of North Texas System Financial Reporting Analysis | UNT System            | Untimely, Incomplete, and Inaccurate Account Reconciliation Management Practices: Management of the account reconciliation process does not provide proper oversight of the accuracy of UNTS's general ledger and the financial statements.<br>Specifically:<br>· Account balances were not reconciled as of August 31, 2013;<br>· The balances on the reconciliations did not agree to the general ledger and, if applicable, respective subsidiary ledgers;<br>· The reconciliations were not reviewed in detail;<br>· Reconciling items were not researched and cleared on a timely basis; and<br>· The reconciliations were not performed on a timely basis.   | High       | Management should promptly establish procedures governing account reconciliation practices to confirm significant accounts are reconciled completely and on a timely basis. In addition, management should issue guidance on researching and resolving reconciling differences to confirm that such differences are investigated for proper accounting treatments. Management should also consider implementing processes to require a supervisor or manager with requisite knowledge of the account to review the reconciliation for completeness and accuracy, as well as standardize and define an appropriate account reconciliation. | Through the UNTS Financial Transformation project sponsored by the Board of Regents and management, this observation is being addressed in the Account Reconciliation and Validation Thread.  | NA  | NA                           | NA                    |
| External            | Deloitte & Touche in coordination with UNT System Internal Audit | Fiscal Year 2015              | NA            | Finance        | University of North Texas System Financial Reporting Analysis | UNT System            | Absence of Formal Journal Entry Review and Supporting Documentation Requirements: Current journal entry practices do not prevent nor detect the recording of invalid or unsupported transactions to the general ledger. Standards for supporting documentation and supervisor review have not been formally established across UNTS. As a result:<br>· Journal entries are not properly supported;<br>· Journal entries were made that are not properly reviewed by someone separate from the preparer;<br>· Individuals in functions outside of the normal financial accounting and reporting function had the authority and responsibility to prepare and review journal entries; and<br>· In a number of processes, transactions were accumulated to record journal entries once a month instead of each time a transaction occurred. | High       | Promptly implement the following practices:<br>Require that proper documentation be maintained with journal entries with financial reporting office.  | Through the UNTS Financial Transformation project sponsored by the Board of Regents and management, this observation is being addressed in the Business Process Remediation Thread and Policies & Procedures Thread.                    | NA  | NA                           | NA                    |



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|---------------------|--|-------------------------------|---------------|----------------|---|-----------------------|--|------------|--|--|---|------------------------------|-----------------------|
| External            | Deloitte & Touche in coordination with UNT System Internal Audit | Fiscal Year 2015              | NA            | Finance        | University of North Texas System Financial Reporting Analysis | UNT System            | Absence of Formal Journal Entry Review and Supporting Documentation Requirements: Current journal entry practices do not prevent nor detect the recording of invalid or unsupported transactions to the general ledger. Standards for supporting documentation and supervisor review have not been formally established across UNTS. As a result:<br><ul style="list-style-type: none"> <li>· Journal entries are not properly supported;</li> <li>· Journal entries were made that are not properly reviewed by someone separate from the preparer;</li> <li>· Individuals in functions outside of the normal financial accounting and reporting function had the authority and responsibility to prepare and review journal entries; and</li> <li>· In a number of processes, transactions were accumulated to record journal entries once a month instead of each time a transaction occurred.</li> </ul> | High       | Perform an analysis of journal entries recorded in FY2013 and FYE 2014 to date to identify errors in reporting.  | Through the UNTS Financial Transformation project sponsored by the Board of Regents and management, this observation is being addressed in the Business Process Remediation Thread and Policies & Procedures Thread. | NA  | NA                           | NA                    |
| External            | Deloitte & Touche in coordination with UNT System Internal Audit | Fiscal Year 2015              | NA            | Finance        | University of North Texas System Financial Reporting Analysis | UNT System            | Absence of Formal Journal Entry Review and Supporting Documentation Requirements: Current journal entry practices do not prevent nor detect the recording of invalid or unsupported transactions to the general ledger. Standards for supporting documentation and supervisor review have not been formally established across UNTS. As a result:<br><ul style="list-style-type: none"> <li>· Journal entries are not properly supported;</li> <li>· Journal entries were made that are not properly reviewed by someone separate from the preparer;</li> <li>· Individuals in functions outside of the normal financial accounting and reporting function had the authority and responsibility to prepare and review journal entries; and</li> <li>· In a number of processes, transactions were accumulated to record journal entries once a month instead of each time a transaction occurred.</li> </ul> | High       | Configure PeopleSoft to enforce that bookkeepers and approvers can only post/approve journal entries into the specific accounts to which they are assigned. Management should regularly review the list of accounts for which each bookkeeper is authorized to create entries. | Through the UNTS Financial Transformation project sponsored by the Board of Regents and management, this observation is being addressed in the Business Process Remediation Thread and Policies & Procedures Thread. | NA  | NA                           | NA                    |
| External            | Deloitte & Touche in coordination with UNT System Internal Audit | Fiscal Year 2015              | NA            | Finance        | University of North Texas System Financial Reporting Analysis | UNT System            | Absence of Formal Journal Entry Review and Supporting Documentation Requirements: Current journal entry practices do not prevent nor detect the recording of invalid or unsupported transactions to the general ledger. Standards for supporting documentation and supervisor review have not been formally established across UNTS. As a result:<br><ul style="list-style-type: none"> <li>· Journal entries are not properly supported;</li> <li>· Journal entries were made that are not properly reviewed by someone separate from the preparer;</li> <li>· Individuals in functions outside of the normal financial accounting and reporting function had the authority and responsibility to prepare and review journal entries; and</li> <li>· In a number of processes, transactions were accumulated to record journal entries once a month instead of each time a transaction occurred.</li> </ul> | High       | Configure PeopleSoft so that approvers cannot approve their own entries.   | Through the UNTS Financial Transformation project sponsored by the Board of Regents and management, this observation is being addressed in the Business Process Remediation Thread and Policies & Procedures Thread. | NA  | NA                           | NA                    |
| External            | Deloitte & Touche in coordination with UNT System Internal Audit | Fiscal Year 2015              | NA            | Finance        | University of North Texas System Financial Reporting Analysis | UNT System            | Absence of Formal Journal Entry Review and Supporting Documentation Requirements: Current journal entry practices do not prevent nor detect the recording of invalid or unsupported transactions to the general ledger. Standards for supporting documentation and supervisor review have not been formally established across UNTS. As a result:<br><ul style="list-style-type: none"> <li>· Journal entries are not properly supported;</li> <li>· Journal entries were made that are not properly reviewed by someone separate from the preparer;</li> <li>· Individuals in functions outside of the normal financial accounting and reporting function had the authority and responsibility to prepare and review journal entries; and</li> <li>· In a number of processes, transactions were accumulated to record journal entries once a month instead of each time a transaction occurred.</li> </ul> | High       | Establish a formal written policy that disallows approvers from approving their own entries and/or from creating entries, sending them to a bookkeeper to place into PeopleSoft, and then approving them.  | Through the UNTS Financial Transformation project sponsored by the Board of Regents and management, this observation is being addressed in the Business Process Remediation Thread and Policies & Procedures Thread. | NA  | NA                           | NA                    |

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| External            | Deloitte & Touche in coordination with UNT System Internal Audit | Fiscal Year 2015              | NA            | Finance        | University of North Texas System Financial Reporting Analysis | UNT System            | Absence of Formal Journal Entry Review and Supporting Documentation Requirements: Current journal entry practices do not prevent nor detect the recording of invalid or unsupported transactions to the general ledger. Standards for supporting documentation and supervisor review have not been formally established across UNTS. As a result:<br><ul style="list-style-type: none"> <li>· Journal entries are not properly supported;</li> <li>· Journal entries were made that are not properly reviewed by someone separate from the preparer;</li> <li>· Individuals in functions outside of the normal financial accounting and reporting function had the authority and responsibility to prepare and review journal entries; and</li> <li>· In a number of processes, transactions were accumulated to record journal entries once a month instead of each time a transaction occurred.</li> </ul> | High       | Establish formal written policies that require entries to be reviewed by someone at least one level higher than their original creator.  | Through the UNTS Financial Transformation project sponsored by the Board of Regents and management, this observation is being addressed in the Business Process Remediation Thread and Policies & Procedures Thread. | NA  | NA                           | NA                    |
| External            | Deloitte & Touche in coordination with UNT System Internal Audit | Fiscal Year 2015              | NA            | Finance        | University of North Texas System Financial Reporting Analysis | UNT System            | Absence of Formal Journal Entry Review and Supporting Documentation Requirements: Current journal entry practices do not prevent nor detect the recording of invalid or unsupported transactions to the general ledger. Standards for supporting documentation and supervisor review have not been formally established across UNTS. As a result:<br><ul style="list-style-type: none"> <li>· Journal entries are not properly supported;</li> <li>· Journal entries were made that are not properly reviewed by someone separate from the preparer;</li> <li>· Individuals in functions outside of the normal financial accounting and reporting function had the authority and responsibility to prepare and review journal entries; and</li> <li>· In a number of processes, transactions were accumulated to record journal entries once a month instead of each time a transaction occurred.</li> </ul> | High       | Establish dollar amount thresholds that each level of bookkeeper can create, as well as the minimum level of review required prior to posting.   | Through the UNTS Financial Transformation project sponsored by the Board of Regents and management, this observation is being addressed in the Business Process Remediation Thread and Policies & Procedures Thread. | NA  | NA                           | NA                    |
| External            | Deloitte & Touche in coordination with UNT System Internal Audit | Fiscal Year 2015              | NA            | Finance        | University of North Texas System Financial Reporting Analysis | UNT System            | Absence of Formal Journal Entry Review and Supporting Documentation Requirements: Current journal entry practices do not prevent nor detect the recording of invalid or unsupported transactions to the general ledger. Standards for supporting documentation and supervisor review have not been formally established across UNTS. As a result:<br><ul style="list-style-type: none"> <li>· Journal entries are not properly supported;</li> <li>· Journal entries were made that are not properly reviewed by someone separate from the preparer;</li> <li>· Individuals in functions outside of the normal financial accounting and reporting function had the authority and responsibility to prepare and review journal entries; and</li> <li>· In a number of processes, transactions were accumulated to record journal entries once a month instead of each time a transaction occurred.</li> </ul> | High       | Restrict the preparation and review of journal entries to individuals with financial accounting and reporting responsibilities.  | Through the UNTS Financial Transformation project sponsored by the Board of Regents and management, this observation is being addressed in the Business Process Remediation Thread and Policies & Procedures Thread. | NA  | NA                           | NA                    |
| External            | Deloitte & Touche in coordination with UNT System Internal Audit | Fiscal Year 2015              | NA            | Finance        | University of North Texas System Financial Reporting Analysis | UNT System            | Undocumented Business Processes: UNTS has not maintained written documentation for certain business processes identified as key by UNTS management. Management cannot efficiently identify, nor do they have sufficient documentation on, the significant flow of transactions, including ownership of the processes impacting its components and the consolidated financial statements.   | High       | Implement an initiative to document business processes to validate that current documentation is properly prepared and maintained.   | Through the UNTS Financial Transformation project sponsored by the Board of Regents and management, this observation is being addressed in the Business Process Remediation Thread.                                  | NA  | NA                           | NA                    |
| External            | Deloitte & Touche in coordination with UNT System Internal Audit | Fiscal Year 2015              | NA            | Finance        | University of North Texas System Financial Reporting Analysis | UNT System            | Undocumented Business Processes: UNTS has not maintained written documentation for certain business processes identified as key by UNTS management. Management cannot efficiently identify, nor do they have sufficient documentation on, the significant flow of transactions, including ownership of the processes impacting its components and the consolidated financial statements.   | High       | Additionally, management should consider preparing desired end-state documentation, such as narratives and graphical process flows, as part of its finance transformation objectives to address identified process gaps. | Through the UNTS Financial Transformation project sponsored by the Board of Regents and management, this observation is being addressed in the Business Process Remediation Thread.                                  | NA  | NA                           | NA                    |

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| External            | Deloitte & Touche in coordination with UNT System Internal Audit | Fiscal Year 2015              | NA            | Finance        | University of North Texas System Financial Reporting Analysis   | UNT System            | Ineffective Internal Control Design and Implementation: There are currently no governing practices to determine proper internal controls over financial reporting have been established by UNTS management to meet management's financial reporting assertions. Additionally, upon comparison of UNTS's current internal control environment to industry leading practices, considerable gaps in the design and implementation of internal controls needed to facilitate the preparation of accurate and reliable financial reporting were identified.  | High       | Implement an initiative to re-engineer business processes to verify internal controls over financial reporting are appropriately identified, implemented, and monitored by leveraging a risk-based assessment methodology. As part of this initiative, management should determine that internal controls for the key processes identified by UNTS management meet the circumstances for its financial statement assertions. Management should consider adopting the Committee of Sponsoring Organizations of the Treadway Commission (COSO) Internal Control-Integrated Framework as their basis for implementing effective internal controls. | Through the UNTS Financial Transformation project sponsored by the Board of Regents and management, this observation is being addressed in the Business Process Remediation Thread and Mock Audit Thread.  | NA  | NA                           | NA                    |
| External            | Deloitte & Touche in coordination with UNT System Internal Audit | Fiscal Year 2015              | NA            | Finance        | University of North Texas System Financial Reporting Analysis   | UNT System            | Improper Design of Information Technology Controls: Management currently has internal control design gaps in the database security procedures supporting the PeopleSoft Financials application. Security administration roles have not been fully and formally defined, and the logging and review of security events are not performed. Additionally, management has not performed a review of the following applications related to financial statement audit: Blackbaud; HSC Health – UNT Health Epicor; Dining Services; Facilities; Telecom – MySoft; and Residential Management System (Housing). | Moderate   | Implement a unified General Information Technology Controls (GITCs) framework for applications, databases, and operating systems that directly or indirectly impact the financial statements.   | Through the UNTS Financial Transformation project sponsored by the Board of Regents and management, this observation is being addressed in the IT Alignment Thread.  | NA  | NA                           | NA                    |
| External            | Deloitte & Touche in coordination with UNT System Internal Audit | Fiscal Year 2015              | NA            | Finance        | University of North Texas System Financial Reporting Analysis   | UNT System            | Improper Design of Information Technology Controls: Management currently has internal control design gaps in the database security procedures supporting the PeopleSoft Financials application. Security administration roles have not been fully and formally defined, and the logging and review of security events are not performed. Additionally, management has not performed a review of the following applications related to financial statement audit: Blackbaud; HSC Health – UNT Health Epicor; Dining Services; Facilities; Telecom – MySoft; and Residential Management System (Housing). | Moderate   | Management should perform a similar review of financially significant applications to assess the design and implementation of GITCs outside of PeopleSoft.  | Through the UNTS Financial Transformation project sponsored by the Board of Regents and management, this observation is being addressed in the IT Alignment Thread.  | NA  | NA                           | NA                    |
| External            | Deloitte & Touche in coordination with UNT System Internal Audit | Fiscal Year 2015              | NA            | Finance        | University of North Texas System Financial Reporting Analysis   | UNT System            | Lack of Continuous Accounting and Technical Training for Financial Reporting Personnel: Financial reporting office staff and management receive insufficient training on accounting methodologies, generally accepted accounting principles, financial reporting, internal controls, PeopleSoft, and the application of policies and procedures.  | High       | Research and implement regular financial reporting office-wide trainings for staff and managers on GAAP, Texas accounting code, internal controls, PeopleSoft, and other pertinent issues. Management should foster a culture of learning and continuous improvement.   | Through the UNTS Financial Transformation project sponsored by the Board of Regents and management, this observation is being addressed in the Change Management Thread.   | NA  | NA                           | NA                    |
| External            | Grant Thornton   | Fiscal Year 2015              | NA            | Finance        | Consolidated Annual Financial Report of the University of North Texas System  | UNT System            | In our opinion, based on our audit and the report of the other auditors, the financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities and the discretely presented component unit of the System as of August 31, 2014, and the respective changes in financial position and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.  | NA         | None  | NA   | NA  | NA                           | NA                    |
| External            | CPRIT  | Fiscal Year 2015              | NA            | Research       | Cancer Prevention and Research Institute of Texas (CPRIT) Report on the Schedule of Expenditures of State Awards  | UNTHSC, UNT           | In our opinion, the financial statement referred to above presents fairly, in all material respects, the expenditures of state awards for the CPRIT program of the University for the years ended August 31, 2013 and 2014, in accordance with accounting principles generally accepted in the United States of America.<br><br>This audit was outsourced to Grant Thornton.  | NA         | None  | NA   | NA  | NA                           | NA                    |
| External            | CPRIT  | Fiscal Year 2015              | NA            | Research       | Cancer Prevention and Research Institute of Texas (CPRIT) program Report on Compliance for Cancer Prevention & Research Institute of Texas Financial Assistance Program | UNTHSC, UNT           | As a result of our audit, we noted that the University had incomplete support for four out of the twenty-two and one out of twenty-five judgmentally selected expenditures for fiscal years 2013 and 2014, respectively. To be allowable under State awards, costs must have complete and adequate documentation.<br><br>This audit was outsourced to Grant Thornton.   | NA         | We recommend that the University maintain supporting documentation in accordance with record retention guidelines to evidence that funds were properly expended relative to all CPRIT grants. We also recommend that the University work with the grantor agency to resolve expended funds that could not be substantiated.   | Management agrees with the recommendation and will work with the Principal Investigators (PIs) and department administrators with CPRIT awards to review procedures for tracking and retaining appropriate documentation for participant incentive expenditures. | NA  | NA                           | Closed                |



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| External            | CPRIT                   | Fiscal Year 2015              | NA            | Research                             | Cancer Prevention and Research Institute of Texas (CPRIT) program Report on Compliance for Cancer Prevention & Research Institute of Texas Financial Assistance Program | UNTHSC, UNT           | As a result of our audit, we noted that the University was reimbursed for one travel related expenditure, in which the travel did not occur, out of the twenty-five expenditures judgmentally selected for testing. The University did not subsequently reimburse CPRIT for the expenditure.<br><br>This audit was outsourced to Grant Thornton.   | NA         | We recommend that the University implement controls that will identify all grant related travel credits so that they may be applied to the grant department. Any credits should be refunded in the financial status report.  | BSC identified this problem and has changed the procedure to ensure payments are only made against actual receipts on rental vehicles. The Office of Grant and Contract Management is in the process of requesting a refund check to send to CPRIT. | NA  | NA                           | Closed                |
| External            | CPRIT                   | Fiscal Year 2015              | NA            | Research                             | Cancer Prevention and Research Institute of Texas (CPRIT) program Report on Compliance for Cancer Prevention & Research Institute of Texas Financial Assistance Program | UNTHSC, UNT           | As a result of our audit, we noted that one employee listed on the FY 2014 Time and Effort Report was not included in the Personnel Level of Effort in the approved budget. Additionally, we noted two Research Assistants were not included in the approved Personnel Level of Effort budget.<br><br>This audit was outsourced to Grant Thornton.   | NA         | We recommend that the University review their policies and procedures to inform CPRIT of any changes made in personnel to the original approved grant budget. All employees who dedicate time to the project should either be included in the Personnel Level of Effort section of the approved grant budget or communicated to and approved by CPRIT. | Management agrees with the recommendation and will work with the PIs and department administrators to review procedures for managing the Personnel Level of Effort budget.  | NA  | NA                           | Closed                |
| External            | Merki & Associates P.C. | Fiscal Year 2015              | NA            | Governance and Regulatory Compliance | FY2014 NCAA Agreed-Upon Procedures (Athletics)  | UNT                   | We obtained the intercollegiate athletics statements of revenue and expenses for the year ended August 31, 2014 as prepared by management and included herein. We compared the amounts on the statements to the fiscal year 2014 transactions listing or verified proper summarization of amounts from the transactions listing of the entire athletic department and found differences. These differences were primarily category misclassifications, which were subsequently corrected. Additionally, we performed a review of the transactions listing for items improperly excluded from the statements. No such amounts were found. | NA         | Re-class all amounts listed on line 26 (equipment, uniforms and supplies) under Non-Program Specific report appropriately. Per the NCAA there should be no amounts on this line item for the Non-Program Specific report.  | None  | NA  | NA                           | Closed                |
| External            | Merki & Associates P.C. | Fiscal Year 2015              | NA            | Governance and Regulatory Compliance | FY2014 NCAA Agreed-Upon Procedures (Athletics)  | UNT                   | We obtained the intercollegiate athletics statements of revenue and expenses for the year ended August 31, 2014 as prepared by management and included herein. We compared the amounts on the statements to the fiscal year 2014 transactions listing or verified proper summarization of amounts from the transactions listing of the entire athletic department and found differences. These differences were primarily category misclassifications, which were subsequently corrected. Additionally, we performed a review of the transactions listing for items improperly excluded from the statements. No such amounts were found. | NA         | Re-class all amounts listed on Line 25 (Team Travel) under department ID 60800 and 60816 in the Non-program Specific report to Line 35 (Other Operating Expenses).   | None  | NA  | NA                           | Closed                |
| External            | Merki & Associates P.C. | Fiscal Year 2015              | NA            | Governance and Regulatory Compliance | FY2014 NCAA Agreed-Upon Procedures (Athletics)  | UNT                   | We obtained the intercollegiate athletics statements of revenue and expenses for the year ended August 31, 2014 as prepared by management and included herein. We compared the amounts on the statements to the fiscal year 2014 transactions listing or verified proper summarization of amounts from the transactions listing of the entire athletic department and found differences. These differences were primarily category misclassifications, which were subsequently corrected. Additionally, we performed a review of the transactions listing for items improperly excluded from the statements. No such amounts were found. | NA         | Provide explanations for the highlighted variances on each attached report. If any items need to be re-classified after examination of the variances please do so accordingly and re-submit the appropriate report(s) to our firm.   | None  | NA  | NA                           | Closed                |

UNTS Enterprise Audit Report Inventory

| Internal / External | Reporting Agency                | Fiscal Year Report was Issued | Report Number | Audit Category                       | Report Name  | Component Institution | Key Observations  | Risk Level | Recommendation Details  | Management Response  | Individual Responsible for Implementation                                       | Expected Implementation Date | Recommendation Status |
|---------------------|---------------------------------|-------------------------------|---------------|--------------------------------------|--|-----------------------|---|------------|---|--|---|------------------------------|-----------------------|
| External            | State Auditor's Office          | Fiscal Year 2015              | 15-021        | Finance                              | State of Texas Compliance with Federal Requirements for the Student Financial Assistance Cluster for the Fiscal Year Ended August 31, 2014 | UNT                   | <p><u>Cost of Attendance: Eligibility</u> - Cost of Attendance - For 28 (47 percent) of 60 students tested, the University of North Texas (University) incorrectly or inconsistently calculated COA. Specifically, the University included loan fees for Direct PLUS Loans in the COA budget for all dependent students, regardless of whether those students received that type of loan. The University does not have a process to remove the loan fees from the COA budget if a student does not accept a Direct PLUS loan.</p> <p>Because the University included loan fees for those students, it over awarded financial assistance to 3 of those 28 students.</p> <p>Not removing Direct PLUS loan fees from COA when necessary could result in higher COA budgets and increases the risk of over awarding financial assistance.</p>         | NA         | <p>The University should:</p> <ul style="list-style-type: none"> <li>- Include loan fees in COA only for students who receive loans.</li> </ul>   | <p><u>Cost of Attendance</u><br/>Management made changes to include loan fees in the COA budget only for students who receive loans.<br/>Implementation Date: August 2014<br/>Responsible Persons: Dena Guzman-Torres and Lacey Thompson</p>   | Dena Guzman-Torres and Lacey Thompson   | 8/1/2014                     | Closed                |
| External            | State Auditor's Office          | Fiscal Year 2015              | 15-021        | Finance                              | State of Texas Compliance with Federal Requirements for the Student Financial Assistance Cluster for the Fiscal Year Ended August 31, 2014 | UNT                   | <p><u>Satisfactory Academic Progress</u> : The University's SAP policy does not meet all federal requirements. As a result, for 6 (11 percent) of 54 students tested, the University did not correctly determine their SAP status. The University incorrectly disbursed financial assistance to five of the six students tested who did not meet SAP requirements.</p> <p>Having a policy that allows students to progress through their program at a pace that does not ensure that they will graduate within the maximum time frame increases the risk of federal assistance being disbursed to ineligible students.</p> <p>In addition, the University's SAP policy is less strict than its academic policy for graduate students. In addition, the University's SAP policy is less strict than its academic policy for graduate students.</p> | NA         | <p>The University should:</p> <ul style="list-style-type: none"> <li>- Ensure that its SAP policy meets federal requirements by calculating the quantitative pace requirement on a cumulative basis, rather than an annual basis; ensuring that the policy requires students to graduate within the maximum time frame; and making the policy at least as strict as its academic policy.</li> </ul> | <p><u>Satisfactory Academic Progress</u><br/>Management made changes to its SAP policy to meet federal requirements by calculating the quantitative pace requirement on a cumulative basis to ensure students graduate within the maximum time frame. For graduate students, management made changes to the policy to make it at least as strict as UNT's academic policy.</p> | Dena Guzman-Torres and Lacey Thompson   | 8/1/2014                     | Closed                |
| External            | State Auditor's Office          | Fiscal Year 2015              | 15-021        | Finance                              | State of Texas Compliance with Federal Requirements for the Student Financial Assistance Cluster for the Fiscal Year Ended August 31, 2014 | UNT                   | <p>For 1 (3 percent) of 40 students tested, the University of North Texas (University) did not correctly verify all required information on the student's FAFSA and did not correct student ISIR information when required. The University incorrectly categorized Social Security benefits as untaxed income for that student, which resulted in an overstatement of the student's EFC. That error occurred as a result of a manual error in the University's verification process. When auditors brought that issue to the University's attention, it removed the Social Security benefits as untaxed income and submitted corrections to the student's ISIR. Not properly verifying FAFSA information can result in the University over awarding or under awarding student financial assistance.</p>   | NA         | <p>The University should accurately verify all required FAFSA information for students selected for verification and request updated ISIRs when required.</p>   | <p>Management made changes to accurately categorize Social Security benefits for students selected for verification. Management corrected the ISIR information for the one student.</p>  | Dena Guzman-Torres and Lacey Thompson   | 12/1/2014                    | Closed                |
| External            | State Auditor's Office          | Fiscal Year 2015              | 15-022        | Finance                              | State of Texas Compliance with Federal Requirements for the Research and Development Cluster for the Fiscal Year Ended August 31, 2014     | UNT                   | None  | NA         | None  | NA   | NA  | NA                           | NA                    |
| External            | State Auditor's Office          | Fiscal Year 2015              | 15-313        | Finance                              | Federal Portion of the Statewide Single Audit Report for the Year Ended August 31, 2014  | UNT                   | NA  | NA         | None  | NA   | NA  | NA                           | NA                    |
| External            | State Office of Risk Management | Fiscal Year 2015              | NA            | Governance and Regulatory Compliance | COOP Plan Evaluation   | UNTHSC                | <p>COOP-15-01 Continuity of Operations (COOP) Plan - Emergency Operations procedures are incorporated throughout the University's COOP Plan. A COOP Plan should be a stand-alone plan.</p>  | NA         | <p>UNTHSC should have a separate Emergency Operations Plan to respond to and recover from an emergency. The primary goal of continuity is the continuation of essential functions during all-hazards emergencies or other situations that may disrupt normal operations.</p>  | <p>Greater distinction will be made between the COOP and the EOP.</p>  | Brandi Lara, Associate Director of Emergency Management and Business Continuity | 8/31/2016                    | Closed                |
| External            | State Office of Risk Management | Fiscal Year 2015              | NA            | Governance and Regulatory Compliance | COOP Plan Evaluation   | UNTHSC                | <p>COOP-15-02 Emergency Relocation Group (ERG) - UNTHSC should identify alternates for the ERG.</p>   | NA         | <p>UNTHSC should identify alternates for the ERG. For key positions and leadership, Orders of Succession should be used instead of alternates. Also, ERGs should be informed of and officially accepted their roles and responsibilities, in writing.</p>   | <p>The terminology has been changed and Orders of Succession has been implemented.</p>   | Brandi Lara, Associate Director of Emergency Management and Business Continuity | 8/31/2016                    | Closed                |

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| Internal / External | Reporting Agency                          | Fiscal Year Report was Issued | Report Number | Audit Category                       | Report Name  | Component Institution | Key Observations  | Risk Level | Recommendation Details  | Management Response   | Individual Responsible for Implementation                              | Expected Implementation Date | Recommendation Status |
|---------------------|---|-------------------------------|---------------|--------------------------------------|--|-----------------------|---|------------|---|---|--|------------------------------|-----------------------|
| External            | State Office of Risk Management           | Fiscal Year 2015              | NA            | Governance and Regulatory Compliance | COOP Plan Evaluation   | UNTHSC                | COOP-15-03 Consideration should be given to the University of North Texas System Enterprise COOP to include all campuses.         | NA         | In the future, the University of North Texas may want to consider creating an enterprise COOP Program to include all campuses. Uniform standards would assist in limiting redundancy and creating an effective model for the system and its campuses.   | This has been discussed between the campus emergency managers, but the System does not have a position responsible for coordination of a COOP program.  | Matthew Moncus, Director, Safety Office                                | 2/1/2016                     | Closed                |
| External            | Texas Comptroller of Public Accounts      | Fiscal Year 2015              | 773-15-01     | Finance                              | Post-Payment Audit   | UNT Dallas            | Payroll transactions and payroll deductions: Non-compliance with Human Resource Information System (HRIS) reporting requirements. | NA         | The University must ensure that all payroll and personnel transactions are reported to HRIS in a timely manner:<br>• Personnel transactions are timely when they are successfully reported to HRIS on or before the seventh day of the month following their effective date.  | The University agrees with this finding and requirements.<br><br>HRIS reporting is managed by the payroll area in the UNT System Controller's Office. The payroll system was upgraded to a new version of PeopleSoft during the time period of the review. Concurrently, the department experienced significant turnover in staffing and is now stabilized. However, the delayed reporting issue was corrected shortly after the system conversion was complete. New and existing employees are receiving training to ensure timely reporting is maintained.  | Mary Davis, Director of Payroll  | NA                           | Closed                |
| External            | Texas Comptroller of Public Accounts      | Fiscal Year 2015              | 773-15-01     | Finance                              | Post-Payment Audit   | UNT Dallas            | Payroll transactions and payroll deductions: Non-compliance with Human Resource Information System (HRIS) reporting requirements. | NA         | The University must ensure that all payroll and personnel transactions are reported to HRIS in a timely manner:<br>• Payroll transactions are timely when they are reported and posted by the seventh day of the month following their payment date.  | The University agrees with this finding and requirements.<br><br>HRIS reporting is managed by the payroll area in the UNT System Controller's Office. The payroll system was upgraded to a new version of PeopleSoft during the time period of the review. Concurrently, the department experienced significant turnover in staffing and is now stabilized. However, the delayed reporting issue was corrected shortly after the system conversion was complete. New and existing employees are receiving training to ensure timely reporting is maintained.  | Mary Davis, Director of Payroll  | NA                           | Closed                |
| External            | Texas Comptroller of Public Accounts      | Fiscal Year 2015              | 773-15-01     | Finance                              | Post-Payment Audit   | UNT Dallas            | Security: One employee who retained the security to expend funds after authority expired.   | NA         | The University must ensure that the person responsible for sending these requests to the Comptroller's office is aware of the designated employee's termination or revocation on or before the date the termination or revocation becomes effective. The University must also follow through with the Comptroller's office to ensure receipt of the request and removal of the employee's security. | The University agrees with this finding and recommendation.<br><br>Despite UNT Dallas promptly initiating internal notices of terminated employees via an electronic payroll request, there was a breakdown of automatic electronic communication between the campus and UNT System which has since been remediated. Furthermore, the USAS security processing for all employees under the UNT System will be formally centralized by Sept. 1, 2015. The formalization of centralization will allow for improved communication and monitoring of employee terminations or revocations. Processes within the System will be established to ensure confirmation is received from the Comptroller's office after revocation requests are submitted and matched with employee terminations or USAS revocations. | Randall J. Saxon, Senior Director UNT System Business Support Services | 9/1/2015                     | Closed                |
| External            | Texas Comptroller of Public Accounts      | Fiscal Year 2015              | 763-15-01     | Finance                              | Post-Payment Audit   | UNTHSC                | Payroll transactions and payroll deductions: Non-compliance with Human Resource Information System (HRIS) reporting requirements. | NA         | The Center must ensure that all payroll and personnel transactions are reported to HRIS in a timely manner:<br>• Personnel transactions are timely when they are successfully reported to HRIS on or before the seventh day of the month following their effective date.  | The UNT Health Science Center agrees with this finding and requirements.<br><br>HRIS reporting is currently managed by the Payroll Department in the UNT System Controller's Office. The payroll system was upgraded to a new version of PeopleSoft during the time period of the review. Concurrently, the department experienced significant turnover in staffing and is now stabilized. However, it is important to note that the delayed reporting issue was corrected shortly after the system conversion was complete and all employees (new and existing) continue to receive ongoing training to ensure timely reporting is maintained.   | Mary Davis, Director of Payroll  | NA                           | Closed                |
| External            | Texas Comptroller of Public Accounts      | Fiscal Year 2015              | 763-15-01     | Finance                              | Post-Payment Audit   | UNTHSC                | Payroll transactions and payroll deductions: Non-compliance with Human Resource Information System (HRIS) reporting requirements. | NA         | The Center must ensure that all payroll and personnel transactions are reported to HRIS in a timely manner:<br>• Payroll transactions are timely when they are reported and posted by the seventh day of the month following their payment date.  | The UNT Health Science Center agrees with this finding and requirements.<br><br>HRIS reporting is currently managed by the Payroll Department in the UNT System Controller's Office. The payroll system was upgraded to a new version of PeopleSoft during the time period of the review. Concurrently, the department experienced significant turnover in staffing and is now stabilized. However, it is important to note that the delayed reporting issue was corrected shortly after the system conversion was complete and all employees (new and existing) continue to receive ongoing training to ensure timely reporting is maintained.   | Mary Davis, Director of Payroll  | NA                           | Closed                |
| External            | Texas Higher Education Coordinating Board | Fiscal Year 2015              | NA            | Governance and Regulatory Compliance | Compliance Audit of Formula Funding (Division of Enrollment) | UNT                   | No findings/deficiencies.   | NA         | None  | NA  | NA   | NA                           | NA                    |



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| Internal / External | Reporting Agency                          | Fiscal Year Report was Issued | Report Number          | Audit Category                       | Report Name  | Component Institution | Key Observations   | Risk Level | Recommendation Details  | Management Response | Individual Responsible for Implementation | Expected Implementation Date | Recommendation Status |
|---------------------|---|-------------------------------|------------------------|--------------------------------------|--|-----------------------|--|------------|---|---------------------|---|------------------------------|-----------------------|
| External            | CPRIT                                     | Fiscal Year 2015              | G55184                 | Research                             | CPRIT Grant financial and compliance audit (State) (Office of Grant and Contract Administration)           | UNT                   | No findings/deficiencies.<br><br>This audit was outsourced to Grant Thornton.  | NA         | None  | NA                  | NA  | NA                           | NA                    |
| External            | OneStar Foundation                        | Fiscal Year 2015              | GF4190, GF4236, GF4271 | Research                             | OneStar financial and compliance audit (Federal) (Office of Grant and Contract Administration)             | UNT                   | No findings/deficiencies.  | NA         | None  | NA                  | NA  | NA                           | NA                    |
| External            | Texas Higher Education Coordinating Board | Fiscal Year 2015              | GF4167 P-16            | Research                             | College Readiness Grant financial audit (State) (Office of Grant and Contract Administration)              | UNT                   | No findings/deficiencies.  | NA         | None  | NA                  | NA  | NA                           | NA                    |
| External            | Texas Higher Education Coordinating Board | Fiscal Year 2015              | PF4006                 | Research                             | College Access Challenge Grant financial audit (State) (Office of Grant and Contract Administration)       | UNT                   | No findings/deficiencies.  | NA         | None  | NA                  | NA  | NA                           | NA                    |
| External            | Texas Higher Education Coordinating Board | Fiscal Year 2015              | GF2659                 | Research                             | Sandia National Lab (Federal) financial and compliance audit (Office of Grant and Contract Administration) | UNT                   | No findings/deficiencies.  | NA         | None  | NA                  | NA  | NA                           | NA                    |
| External            | Merki & Associates P.C.                   | Fiscal Year 2015              | NA                     | Governance and Regulatory Compliance | FY2014 NCAA Agreed-Upon Procedures (Athletics)   | UNT                   | We obtained the intercollegiate athletics statements of revenue and expenses for the year ended August 31, 2015 as prepared by management and included herein. We compared the amounts on the statements to the fiscal year 2015 transactions listing or verified proper summarization of amounts from the transactions listing of the entire athletic department and found differences. These differences were primarily category misclassifications, which were subsequently corrected. Additionally, we performed a review of the transactions listing for items improperly excluded from the statements. No such amounts were found. | NA         | Provide Direct Institutional Support budget vs actual figures for the year ended August 31, 2015 and explain any variances above 10% and \$50,000.  | None                | NA  | NA                           | Closed                |
| External            | Merki & Associates P.C.                   | Fiscal Year 2015              | NA                     | Governance and Regulatory Compliance | FY2014 NCAA Agreed-Upon Procedures (Athletics)   | UNT                   | We obtained the intercollegiate athletics statements of revenue and expenses for the year ended August 31, 2015 as prepared by management and included herein. We compared the amounts on the statements to the fiscal year 2015 transactions listing or verified proper summarization of amounts from the transactions listing of the entire athletic department and found differences. These differences were primarily category misclassifications, which were subsequently corrected. Additionally, we performed a review of the transactions listing for items improperly excluded from the statements. No such amounts were found. | NA         | Confirm the placement of Medical Expenses and Insurance is in line with NCAA and University standards and best practices.   | None                | NA  | NA                           | Closed                |
| External            | Merki & Associates P.C.                   | Fiscal Year 2015              | NA                     | Governance and Regulatory Compliance | FY2014 NCAA Agreed-Upon Procedures (Athletics)   | UNT                   | We obtained the intercollegiate athletics statements of revenue and expenses for the year ended August 31, 2015 as prepared by management and included herein. We compared the amounts on the statements to the fiscal year 2015 transactions listing or verified proper summarization of amounts from the transactions listing of the entire athletic department and found differences. These differences were primarily category misclassifications, which were subsequently corrected. Additionally, we performed a review of the transactions listing for items improperly excluded from the statements. No such amounts were found. | NA         | Provide explanations for any variances that exceed 10% and \$50,000. If any items need to be reclassified after examination of the variances, please do so accordingly and re-submit the appropriate reports. | None                | NA  | NA                           | Closed                |

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| Internal / External | Reporting Agency                                  | Fiscal Year Report was Issued | Report Number        | Audit Category                       | Report Name  | Component Institution | Key Observations   | Risk Level | Recommendation Details  | Management Response   | Individual Responsible for Implementation     | Expected Implementation Date | Recommendation Status |
|---------------------|---|-------------------------------|----------------------|--------------------------------------|--|-----------------------|--|------------|---|---|---|------------------------------|-----------------------|
| External            | Merki & Associates P.C.                           | Fiscal Year 2015              | NA                   | Governance and Regulatory Compliance | FY2014 NCAA Agreed-Upon Procedures (Athletics)                         | UNT                   | We obtained the intercollegiate athletics statements of revenue and expenses for the year ended August 31, 2015 as prepared by management and included herein. We compared the amounts on the statements to the fiscal year 2015 transactions listing or verified proper summarization of amounts from the transactions listing of the entire athletic department and found differences. These differences were primarily category misclassifications, which were subsequently corrected. Additionally, we performed a review of the transactions listing for items improperly excluded from the statements. No such amounts were found. | NA         | Confirm the placement of all NCAA distributions is in line with NCAA and University standards and best practices.   | None  | NA  | NA                           | Closed                |
| External            | Merki & Associates P.C.                           | Fiscal Year 2015              | NA                   | Governance and Regulatory Compliance | FY2014 NCAA Agreed-Upon Procedures (Athletics)                         | UNT                   | We obtained the intercollegiate athletics statements of revenue and expenses for the year ended August 31, 2015 as prepared by management and included herein. We compared the amounts on the statements to the fiscal year 2015 transactions listing or verified proper summarization of amounts from the transactions listing of the entire athletic department and found differences. These differences were primarily category misclassifications, which were subsequently corrected. Additionally, we performed a review of the transactions listing for items improperly excluded from the statements. No such amounts were found. | NA         | Confirm no Prepaid Expenses exist for FY2016 that need to be moved to FY2015.   | None  | NA  | NA                           | Closed                |
| External            | Texas Health and Human Services Commission (HHSC) | Fiscal Year 2015              | UNTHSC 138980111.2.6 | Research                             | Review of Project Milestone Progress; 1115 Waiver                      | UNTHSC                | Midpoint Assessment: Identify Risk To Project Achievement - Project #138980111.2.6<br><br>This audit was outsourced to Myers and Stauffer, LLC.  | NA         | None  | NA  | NA  | NA                           | NA                    |
| External            | Texas Health and Human Services Commission (HHSC) | Fiscal Year 2015              | UNTHSC 138980111.1.7 | Research                             | Review of Project Milestone Progress; 1115 Waiver                      | UNTHSC                | Midpoint Assessment: Identify Risk To Project Achievement - Project #138980111.1.7<br><br>This audit was outsourced to Myers and Stauffer, LLC.  | NA         | None  | NA  | NA  | NA                           | NA                    |
| External            | Texas Health and Human Services Commission (HHSC) | Fiscal Year 2015              | UNTHSC 138980111.1.8 | Research                             | Review of Project Milestone Progress; 1115 Waiver                      | UNTHSC                | Midpoint Assessment: Identify Risk To Project Achievement - Project #138980111.1.8<br><br>This audit was outsourced to Myers and Stauffer, LLC.  | NA         | Possible Plan Modification: Provider (HHSC) should consider revising the language for the goal I-18.3 to make clear they are reporting on individuals. NOTE: HHSC completed revision.   | NA  | NA  | NA                           | NA                    |
| External            | Texas Health and Human Services Commission (HHSC) | Fiscal Year 2015              | UNTHSC 138980111.1.4 | Research                             | Review of Project Milestone Progress; 1115 Waiver                      | UNTHSC                | Midpoint Assessment: Identify Risk To Project Achievement - Project #138980111.1.4<br><br>This audit was outsourced to Myers and Stauffer, LLC.  | NA         | None  | NA  | NA  | NA                           | NA                    |
| External            | National Science Foundation                       | Fiscal Year 2015              | NA                   | Research                             | National Science Foundation (NSF) Desk Review of all NSF Awards (OGCA) | UNT                   | NA. This was outsourced to Booze-Allen-Hamilton.   | NA         | None  | NA  | NA  | NA                           | NA                    |
| External            | Texas Comptroller of Public Accounts              | Fiscal Year 2015              | 769-15-01            | Finance                              | Post-Payment Audit   | UNT System            | Payroll transactions and payroll deductions:<br>Incorrect payment of accrued vacation time.  | NA         | We recommend the System enhance its internal controls to prevent incorrect payments of accrued vacation time.<br><br>The System should consider recovering the amount of overpayments in accordance with Texas Government Code, Chapter 666, unless it determines it is not cost effective to do so. In addition, the System must compensate the employee for the underpaid amount. | The UNT System Administration agrees with this finding and requirements. During the time period audited, the Payroll Department was in a stage of transition to a centralized, shared service organization established to provide payroll services to all UNT System institutions.<br><br>The UNT System is also currently undergoing a major financial transformation to review all financial-related processing activities throughout all institutions. All payroll processing activities are being reviewed to establish best practices and controls that will help minimize errors in the future.<br><br>Vacation payouts were calculated using an annualized approach. The underpayment error identified an unknown weakness in this approach and therefore identified a need to change the methodology, which has since been made. Also, under the historical practice, individual vacation payout calculations were completed with no review. A new process has been implemented that provides for a secondary review of payout calculations.<br><br>The two overpayments that were the results of human error were analyzed to determine the cost/benefit for attempting to collect overpayments from past employees. | Abdul Mohammad, Senior Director of Operations | NA                           | Closed                |

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| Internal / External | Reporting Agency                     | Fiscal Year Report was Issued | Report Number | Audit Category | Report Name        | Component Institution | Key Observations  | Risk Level | Recommendation Details  | Management Response  | Individual Responsible for Implementation                        | Expected Implementation Date              | Recommendation Status |
|---------------------|--------------------------------------|-------------------------------|---------------|----------------|--------------------|-----------------------|---|------------|---|--|--|---|-----------------------|
| External            | Texas Comptroller of Public Accounts | Fiscal Year 2015              | 769-15-01     | Finance        | Post-Payment Audit | UNT System            | Payroll transactions and payroll deductions: Incorrect longevity payment amount.  | NA         | The System should verify months of service data for its employees and enhance its internal controls to prevent incorrect longevity payment amounts.<br><br>In addition, the System should verify all personnel files and ensure that prior state service is properly verified and documented for its employees.   | The UNT System Administration agrees with this finding and requirements. During the time period audited, the Human Resources Department was in a stage of transition to a centralized, shared service organization established to provide HR related services to all UNT System institutions.<br><br>The UNT System is currently undergoing a major financial transformation to review all financial-related processing activities throughout all institutions. Longevity processing is being reviewed to establish best practices and controls that will help minimize errors in the future.<br><br>The Human Resources Department will finalize implementation of an automated process that calculates state service date and create a Prior State Service web page on our Human Resources website to provide each employee with general information about Prior State Service and prior state service periods we have on record.<br><br>The overpayment amounts identified during the audit were collected from the employees.<br><br>Update 07/17/2017: Human Resources has over 1,500 employees whose months of service data still needs to be reviewed. Dorothy Cummings has updated the implementation date to January 31, 2018. (per Joey Saxon) | Luis Lewin, Associate Vice Chancellor Human Resources            | Original 09/01/2016<br>Revised 01/31/2018 | Open                  |
| External            | Texas Comptroller of Public Accounts | Fiscal Year 2015              | 769-15-01     | Finance        | Post-Payment Audit | UNT System            | Payroll transactions and payroll deductions: Non-compliance with Human Resource Information System (HRIS) reporting requirements. | NA         | The System must ensure that all payroll and personnel transactions are reported to HRIS in a timely manner:<br>• Personnel transactions are timely when they are successfully reported to HRIS on or before the seventh day of the month following the effective date.  | The UNT System Administration agrees with this finding and requirements. HRIS reporting is currently managed by the Payroll Department in the UNT System Controller's Office. The payroll system was upgraded to a new version of PeopleSoft during the time period of the review. Concurrently, the department experienced significant turnover in staffing and is now stabilized.<br><br>However, it is important to note that the delayed reporting issue was corrected shortly after the system conversion was complete and all employees (new and existing) continue to receive ongoing training to ensure timely reporting is maintained.  | Abdul Mohammad, Senior Director of Operations                    | NA  | Closed                |
| External            | Texas Comptroller of Public Accounts | Fiscal Year 2015              | 769-15-01     | Finance        | Post-Payment Audit | UNT System            | Payroll transactions and payroll deductions: Non-compliance with Human Resource Information System (HRIS) reporting requirements. | NA         | The System must ensure that all payroll and personnel transactions are reported to HRIS in a timely manner:<br>• Payroll transactions are timely when they are reported and posted in HRIS by the seventh day of the month following the payment date.  | The UNT System Administration agrees with this finding and requirements. HRIS reporting is currently managed by the Payroll Department in the UNT System Controller's Office. The payroll system was upgraded to a new version of PeopleSoft during the time period of the review. Concurrently, the department experienced significant turnover in staffing and is now stabilized.<br><br>However, it is important to note that the delayed reporting issue was corrected shortly after the system conversion was complete and all employees (new and existing) continue to receive ongoing training to ensure timely reporting is maintained.  | Abdul Mohammad, Senior Director of Operations                    | NA  | Closed                |
| External            | Texas Comptroller of Public Accounts | Fiscal Year 2015              | 769-15-01     | Finance        | Post-Payment Audit | UNT System            | Security:<br>• Four employees who retained the ability to expend funds after termination.   | NA         | The System must ensure that the person responsible for sending the Comptroller's office the notifications is aware of the designated employee's revocation on or before the date the revocation becomes effective. The System must also follow through with the Comptroller's office to ensure receipt of the request and removal of the employee's security. | The UNT System Administration agrees with this finding and requirements. The process and oversight of managing approvers for expenditures was placed under scrutiny and a new centralized tracking process has been identified to improve controls in this area. This new centralization process will be implemented next fiscal year (beginning Sept. 1, 2015) to better monitor employee terminations and remove expenditure authorization in a timely manner. Future system enhancements are planned to include automated notification of employees terminating who have senior level authority for expenditure approvals and access to critical systems, including USAS, HRIS, banking and internal systems.<br><br>The UNT System Administration will also work closely with the State Comptroller's Office to confirm receipt of requests related to terminating access in the future.   | Joey Saxon, Senior Director UNT System Business Support Services | 12/31/2015                                | Closed                |



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| Internal / External | Reporting Agency                     | Fiscal Year Report was Issued | Report Number | Audit Category                       | Report Name                 | Component Institution | Key Observations   | Risk Level | Recommendation Details   | Management Response  | Individual Responsible for Implementation   | Expected Implementation Date | Recommendation Status |
|---------------------|--------------------------------------|-------------------------------|---------------|--------------------------------------|-----------------------------|-----------------------|--|------------|--|--|---|------------------------------|-----------------------|
| External            | Texas Comptroller of Public Accounts | Fiscal Year 2015              | 769-15-01     | Finance                              | Post-Payment Audit          | UNT System            | Security:<br>• One employee who retained the security to expend funds after authority expired.   | NA         | The System must ensure that the person responsible for sending the Comptroller these notifications is aware of the designated employee's revocation on or before the date the revocation becomes effective. The System must also follow through with the Comptroller to ensure the receipt of the notification and that the removal of the employee's security occurs. | The UNT System Administration agrees with this finding and requirements. The process and oversight of managing USAS access was placed under scrutiny and a new centralized tracking process has been identified to improve controls in this area. This new centralization process will be implemented next fiscal year (beginning Sept. 1, 2015) to better monitor employee terminations and remove access in a timely manner. Future system enhancements are planned to include automated notification of employees terminating who have senior level authority for expenditure approvals and access to critical systems, including USAS, HRIS, banking and internal systems.<br><br>The UNT System Administration will also work closely with the State Comptroller's Office to confirm receipt of requests related to terminating access in the future. | Joey Saxon, Senior Director<br>UNT System Business Support Services                   | 12/31/2015                   | Closed                |
| External            | Texas Comptroller of Public Accounts | Fiscal Year 2015              | 769-15-01     | Finance                              | Post-Payment Audit          | UNT System            | Internal Control Structure:<br>Two employees can adjust payment instructions in the Texas Identification Number System (TINS) and approve paper vouchers.  | NA         | The System should periodically review the controls over expenditure processing and segregate each task to the extent possible to ensure that no individual is able to process payments without oversight.  | The UNT System Administration agrees with this finding and requirements. The UNT System is also currently undergoing a major financial transformation to review all financial related processing activities throughout all institutions. All USAS, TINS and signature card processing activities are being reviewed to establish best practices and controls that will help minimize errors in the future.   | Joey Saxon, Senior Director<br>UNT System Business Support Services                   | 12/31/2015                   | Closed                |
| External            | State Office of Risk Management      | Fiscal Year 2015              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report | UNT                   | 15-07-01 Safety: Electrical Safety: Adequate Power (Chemical Bunker)<br>SORM noted during the consultation that UNT-Denton was utilizing an extension cord as a permanent conduit of power in the chemical bunker outside of the Chemistry Building.   | NA         | SORM recommends that UNT-Denton install the correct number and array of electrical power receptacles and circuits to meet the electrical needs of the chemical bunker, as per the OSHA standard referenced below.<br>Reference: OSHA, 20 CFR 1910.305(g)(1)(iii)[A]  | NA   | Charlie Fox, Director of Environmental Management                                     | 9/19/2015                    | Closed                |
| External            | State Office of Risk Management      | Fiscal Year 2015              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report | UNT Dallas            | 15-07-01 Safety: Electrical Safety: Knockouts in Electrical Panelboard<br>SORM noted during the consultation that knockouts were missing from a panelboard on the fourth floor of Building 1 in the mechanical room.   | NA         | SORM recommends that UNT-Dallas insert the proper knockouts per the electrical code.<br>Reference: NFPA-70 (2014), "National Electrical Code," Article 110.12[A]   | This recommendation was completed on 08/12/2015  | Wayne McInnis, Assistant Director for Facilities                                      | 8/31/2015                    | Closed                |
| External            | State Office of Risk Management      | Fiscal Year 2015              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report | UNT System            | 15-07-01 Safety: Emergency Management: Shelter-in-Place Drill<br>SORM noted during the consultation that UNT-System has not yet conducted a shelter-in-place drill for employees located in the building at 1901 Main Street in Dallas.  | NA         | SORM recommends that UNT-System conduct a shelter-in-place drill for these employees in order to enhance their knowledge of appropriate protocols in the event of an emergency.<br>Reference: RMTSA Guidelines, Volume III, Section Two, Chapter 6, Subchapter 6.5   | A shelter-in-place drill will be conducted for the UNT System building.  | Justin Stewart, Assistant Director<br>Emergency Programs & Investigations Coordinator | 9/30/2015                    | Closed                |
| External            | State Office of Risk Management      | Fiscal Year 2015              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report | UNT                   | 15-07-02 Safety: Electrical Safety: GFCI for Vending Machines (Terrill Hall)<br>SORM noted during the consultation that the cord-and plug-connected vending machines in Terrill Hall did not have a ground-fault circuit interrupter as an integral part of the attachment plug.   | NA         | SORM recommends that UNT-Denton protect these machines by complying with the relevant section of the National Electrical Code, as referenced below.<br>Reference: NFPA-70 (2014), "National Electrical Code," Article 422.51(A) and (B)  | NA   | Randy Fite, Senior Director, Facilities Maintenance                                   | 12/31/2015                   | Closed                |
| External            | State Office of Risk Management      | Fiscal Year 2015              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report | UNT Dallas            | 15-07-02 Safety: Fire Safety: Fire Door Rating<br>SORM noted during the consultation that the walls in Room 361 of Building 1, the server room, were 1-hour fire rated. However, the door of the room was missing the correct marking to determine its fire rating.  | NA         | SORM recommends that UNT-Dallas work with the door manufacturer to determine its fire rating, mark it properly, or replace it if it is insufficient for this location.<br>References: NFPA-101 (2015), "Life Safety Code," Chapter 7.2.1.15.2; NFPA-80 (2016), "Fire Doors and Opening Protectives," Chapters 4.1.4, 4.1.4.2.1, and 4.2.1.1                            | Dallas Facilities will work with DFW Door to determine the fire rating.  | Wayne McInnis, Assistant Director for Facilities                                      | 9/30/2015                    | Closed                |
| External            | State Office of Risk Management      | Fiscal Year 2015              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report | UNT                   | 15-07-03 Safety: Accessibility: Fire Extinguisher Containers (Terrill Hall)<br>SORM noted during the consultation that the metal fire extinguisher containers in Terrill Hall, which were between 27 and 80 inches from the floor, appeared to be protruding more than 4 inches from the wall into the circulation path. After measurement, if they are indeed protruding 4 inches or greater from the wall. | NA         | SORM recommends that UNT-Denton install boxes from the bottom of the fire extinguisher containers to the floor to meet Texas Accessibility Standard requirements. If they are fewer than 4 inches from the wall, no action would be necessary.<br>Reference: Texas Accessibility Standards, Chapter 3, Section 307, "Protruding Objects"                               | NA   | Randy Fite, Senior Director, Facilities Maintenance                                   | 3/31/2016                    | Closed                |
| External            | State Office of Risk Management      | Fiscal Year 2015              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report | UNT Dallas            | 15-07-03 Safety: Electrical Safety: Vending Machines/GFCI<br>SORM noted during the consultation that the cord-and plug-connected vending machines on the UNT-Dallas campus did not have a ground-fault circuit interrupter as an integral part of the attachment plug.   | NA         | SORM recommends that UNT-Dallas protect these machines by complying with the relevant section of the National Electrical Code, as referenced below. Reference: NFPA-70 (2014), "National Electrical Code," Article 422.51(A) and (B)   | Inline GFCI Cord sets have been ordered for the vending machines.  | Wayne McInnis, Assistant Director for Facilities                                      | 9/30/2015                    | Closed                |
| External            | State Office of Risk Management      | Fiscal Year 2015              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report | UNT                   | 15-07-04 Safety: Fire Safety: Housekeeping (Terrill Hall - Basement)<br>SORM noted during the consultation that a large quantity of bankers' boxes and other paperwork has accumulated in the basement of Terrill Hall, representing an increased fire load for the building.  | NA         | SORM recommends that UNT-Denton remove these items from this area and store them in a manner that does not represent such a hazard.<br>Reference: RMTSA Guidelines, Volume III, Section Two, Chapter 6, Subchapter 6.8   | NA   | Vicki Campbell, Psychology Chair  | 8/31/2016                    | Closed                |

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| External            | State Office of Risk Management  | Fiscal Year 2015              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report               | UNT                   | 15-07-05 Safety: Fire Safety: Exit Signage (Terrill Hall)<br>SORM noted during the consultation that one emergency egress in Terrill Hall lacked code-compliant exit signage.  | NA         | SORM recommends that UNT-Denton erect and maintain exit signage in this area that meets the requirements of the Life Safety Code, as referenced below.<br>References: NFPA-101 (2014), "Life Safety Code," Chapters 39.2.10; 7.10.2.1; 3.3.188.6  | NA                  | Randy Fite, Senior Director, Facilities Maintenance | 12/15/2015                   | Closed                |
| External            | State Office of Risk Management  | Fiscal Year 2015              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report               | UNT                   | 15-07-06 Safety: Fire Safety: Marking of Kitchen Appliances<br>SORM noted during the consultation that some of the mobile cooking appliances in the kitchen of Bruce Hall had not had their proper locations marked relative to the fire suppression nozzles in the ventilation hoods.   | NA         | SORM recommends that UNT-Denton have a qualified professional determine the proper locations for these (and all) mobile kitchen appliances relative to the fire suppression system's nozzles, and then mark the locations in some manner, as per the NFPA referenced below. Once marked, all appliances should be returned to their proper locations after cleaning, etc., to maintain the integrity of the ventilation-hood fire suppression system.<br>References: NFPA-96 (2014), "Standard for Ventilation and Fire Protection of Commercial Cooking Operations," Chapters 12.1.2.2; 12.1.2.3.1   | NA                  | Bill McNeace  | 8/31/2016                    | Closed                |
| External            | State Office of Risk Management  | Fiscal Year 2015              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report               | UNT                   | 15-07-07 Safety: Fire Safety: Emergency Egress (Bruce Hall Kitchen - Serving Area)<br>SORM noted during the consultation that the emergency egress for employees working the serving lines in the Bruce Hall Dining Facility does not appear to comply with the Life Safety Code with regard to unobstructed access to an exit point in the event of an emergency.                         | NA         | SORM recommends that UNT-Denton arrange the egress in this area such that the Authority Having Jurisdiction (the State Fire Marshal's Office) finds the required path of travel to be acceptable and in accordance with the requirements of the Life Safety Code.<br>References: NFPA-101 (2014), "Life Safety Code," Chapters 39.2.1.1; 7.1.10.2.2; 7.5.2.1  | NA                  | Randy Fite, Senior Director, Facilities Maintenance | 8/31/2016                    | Closed                |
| External            | State Office of Risk Management  | Fiscal Year 2015              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report               | UNT                   | 15-07-08 Safety: Hazard Communication/Chemical Safety/GHS: Pool Chemicals<br>a) SORM noted during the consultation that the Material Safety Data Sheets being used in the training room are outdated, and do not meet the requirements of the current OSHA Hazard Communication Standard with regard to the Globally Harmonized System of Classification and Labelling of Chemicals (GHS.) | NA         | SORM recommends that UNT contact all of their chemical manufacturers (for all campuses/locations where chemicals are being used) and request GHS-compliant Safety Data Sheets, which are mandatory for manufacturers to supply to employers as of June 1, 2015.   | NA                  | Charlie Fox, Director of Environmental Management   | 9/19/2015                    | Closed                |
| External            | State Office of Risk Management  | Fiscal Year 2015              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report               | UNT                   | 15-07-08 Safety: Hazard Communication/Chemical Safety/GHS: Pool Chemicals<br>b) SORM noted during the consultation that no measurements of levels of exposure to the pool chemicals being used in the training room have been conducted and documented to determine if established threshold limits could be exceeded by employees using these chemicals as part of their job duties.      | NA         | SORM recommends that UNT-Denton determine and document the level of exposure that these employees have and then determine (based on information contained within the new Safety Data Sheets to be provided by the chemical manufacturers) how to protect the employees with administrative, engineering, and/or Personal Protective Equipment controls. Additionally, the university could also choose to transfer this risk via contracting with a third-party vendor, or by using less hazardous chemicals.<br>References: OSHA, 29 CFR 1910.1200, "Hazard Communication Standard" (Revised, 2012); United Nations (2003), "Globally Harmonized System of Classification and Labelling of Chemicals (GHS)"; <a href="https://www.osha.gov/dsg/hazcom/effectivedates.html">https://www.osha.gov/dsg/hazcom/effectivedates.html</a> | NA                  | NA  | NA                           | Closed                |
| External            | Hartford Steam Boiler Inspection and Insurance Company (HSB), Steritech Group Inc. | Fiscal Year 2015              | NA            | Governance and Regulatory Compliance | Loss Prevention Report, Food Safety Audit | UNT                   | 21 reports/audits performed; 34 findings identified. For more detailed information please see the reports from Risk Management.  | NA         | NA  | NA                  | NA  | NA                           | NA                    |

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| External            | Hartford Steam Boiler Inspection and Insurance Company (HSB) | Fiscal Year 2015              | NA            | Governance and Regulatory Compliance | Loss Prevention Report  | UNTHSC                | 2 reports prepared; no findings identified. For more detailed information please see the reports from Risk Management.  | NA         | NA  | NA  | NA  | NA                           | NA                    |
| External            | State Fire Marshal's Office                                  | Fiscal Year 2015              | RRO12282C     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a 247 room four story structure classified as a mixed occupancy consisting of existing dormitory, and assembly. Features of fire protection include a complete fire alarm system, smoke detection, sprinkler system, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 1<br>The basement area located under the kitchen has only one means of egress and was formally considered a normally unoccupied space that was used for storage only. Within the last year or so two offices and a large dishwashing unit were installed in the area. This changed the area use to a normally occupied area since employees now work in the space and a second approved means of egress is now required.<br>NFPA 101, Life Safety Code, Chapters 29.2.4.1 and 7.4.1.1 | Second exit to be planned and installed.  | NA  | 8/1/2015                     | Closed                |
| External            | State Fire Marshal's Office                                  | Fiscal Year 2015              | RRO12282C     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a 247 room four story structure classified as a mixed occupancy consisting of existing dormitory, and assembly. Features of fire protection include a complete fire alarm system, smoke detection, sprinkler system, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 2<br>The music practice cube area on the first floor has only one means of egress and has low headroom due to mechanical equipment hanging from the ceiling.<br>NFPA 101, Life Safety Code, Chapters 29.2.4.1, 7.4.1.1 and 7.1.5.1  | Second exit to be planned and installed.  | NA  | 8/1/2015                     | Closed                |
| External            | State Fire Marshal's Office                                  | Fiscal Year 2015              | RRO12282C     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a 247 room four story structure classified as a mixed occupancy consisting of existing dormitory, and assembly. Features of fire protection include a complete fire alarm system, smoke detection, sprinkler system, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 3<br>In the first floor laundry / old elevator control equipment the old elevator control cage area has liquid in the drip pan under the unit that appears to be hydraulic fluid.<br>NFPA 101, Life Safety Code, Chapters 4.6.12.1  | Inquiring with the elevator maintenance company about completing an equipment demo. | NA  | 8/1/2015                     | Closed                |
| External            | State Fire Marshal's Office                                  | Fiscal Year 2015              | RRO12282C     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a 247 room four story structure classified as a mixed occupancy consisting of existing dormitory, and assembly. Features of fire protection include a complete fire alarm system, smoke detection, sprinkler system, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 4<br>Dormitory rooms are not provided with a required exit path diagram on or immediately adjacent to the exit door from each sleeping room. A diagram shall reflect the actual floor arrangement, room identification and exit path travel from each room.<br>NFPA 101, Life Safety Code, Chapter 29.7.4.1   | Exit path diagrams being produced in-house.   | NA  | 8/31/2015                    | Closed                |
| External            | State Fire Marshal's Office                                  | Fiscal Year 2015              | RRO13193C     | Governance and Regulatory Compliance | Fire Safety Inspection Report   | UNT                   | Building 1104 Finding 1<br>The sprinkler system lacks a current annual inspection tag. The last inspection tag is dated 2009.   | NA         | NFPA 101, Life Safety Code, Chapter 4.6.12.1  | NA  | NA  | NA                           | Closed                |



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| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Building 1104 Finding 1<br>The sprinkler system lacks a current annual inspection tag. The last inspection tag is dated 2009.  | NA         | NFPA 101, Life Safety Code, Chapter 4.6.12.1                               | Fire sprinkler system will be inspected and updated as required. | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management Services | 12/1/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Building 1104 Finding 1<br>The sprinkler system lacks a current annual inspection tag. The last inspection tag is dated 2009.  | NA         | NFPA 101, Life Safety Code, Chapter 4.6.12.1                               | Completed.   | NA  | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Building 1104 Finding 2<br>The fire alarm system lacks a current annual inspection tag. The last inspection tag is dated 1994. The fire alarm control panel indicates a trouble signal and is also in alarm status as well as the alarm silence switch has been activated. It is unknown by the Risk Management staff how long this panel has been in this status. | NA         | NFPA 101, Life Safety Code, Chapter 4.6.12.1                               | Fire alarm system will be inspected and updated as required.     | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management Services | 12/1/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Building 1108 Unit 3000 Finding 1<br>The directional exit sign by room 3012 does not work when tested in the battery backup power mode.  | NA         | NFPA 101, Life Safety Code, Chapter 4.6.12.1                               | Facilities will repair exit sign.                                | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management Services | 12/1/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193C     | Governance and Regulatory Compliance | Fire Safety Inspection Report  | UNT                   | Building 1108 Unit 3000 Finding 1<br>The exit door by rooms 3000 and 3042 lack an approved landings outside the door.  | NA         | NFPA 101, Life Safety Code, Chapters 39.2.1.1, 7.2.1.3.2 and 7.1.10.1      | NA   | NA  | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Building 1108 Unit 3000 Finding 2<br>The main entrance/exit door is equipped with panic hardware and has an additional locking device installed.   | NA         | NFPA 101, Life Safety Code, Chapters 39.2.2.2.1, 7.2.1.5.12 and 7.2.5.10.2 | Door systems will remove additional locking device.              | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management Services | 12/1/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Building 1108 Unit 3000 Finding 3<br>The exit door by room 3042 lacks an approved landing outside the door. Vegetation has been cut down outside the door and the remains of the bush create a tripping hazard.  | NA         | NFPA 101, Life Safety Code, Chapters 39.2.1.1, 7.2.1.3.2 and 7.1.10.1      | Facilities will remove vegetation and add sidewalk.              | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management Services | 3/31/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Building 1112 Unit 4000 Finding 1<br>The training room has on occupant load in excess of 100 when the room divider is open and lacks the required panic hardware on the doors.   | NA         | NFPA 101, Life Safety Code, Chapter 13.2.2.2.3                             | Will install panic hardware.                                     | NA  | 3/31/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Building 1112 Unit 4000 Finding 1<br>The training room has on occupant load in excess of 100 when the room divider is open and lacks the required panic hardware on the doors.   | NA         | NFPA 101, Life Safety Code, Chapter 13.2.2.2.3                             | Panic hardware will be installed.                                | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management Services | 3/31/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Building 1112 Unit 4000 Finding 2<br>The fire alarm panel lacks a current annual inspection tag. The last inspection tag is dated February 2013.   | NA         | NFPA 101, Life Safety Code, Chapter 4.6.12.1                               | Fire Systems to conduct inspection.                              | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management Services | 12/23/2015                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Building 1112 Unit 4000 Finding 3<br>The fire sprinkler system lacks a current annual inspection tag. The last inspection tag is dated February 2013.  | NA         | NFPA 101, Life Safety Code, Chapter 4.6.12.1                               | Fire Systems to conduct inspection.                              | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management Services | 12/1/2014                    | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO12282C     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Denton Residential | UNT                   | Clark Hall<br>Clark Hall is a 233 room three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.   | NA         | FINDING 1<br>Dormitory rooms are not provided with a required exit path diagram on or immediately adjacent to the exit door from each sleeping room. A diagram shall reflect the actual floor arrangement, room identification and exit path travel from each room.<br>NFPA 101, Life Safety Code, Chapter 29.7.4.1 | Exit path diagrams being produced in-house.  | NA  | 8/31/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO12282C     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Denton Residential | UNT                   | College Inn<br>The College Inn consist of four three-story buildings with a total of 286 rooms classified as a mixed occupancy consisting of existing apartment, dormitory, assembly and business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers. | NA         | FINDING 1<br>The West section second floor by the 200 number rooms and third floor by the 300 number rooms exterior walkways have dead ends in excess of the allowed 20 foot maximum.<br>NFPA 101, Life Safety Code, Chapters 29.2.1, 31.2.1 and 7.5.3.3  | We have hired licensed engineer (RL Woods) to perform an assessment of the balconies and design the new stairs needed. The assessment has been performed and we are waiting on the final report. Once we have the report and subsequent drawings we will hire a contractor to install. | NA  | 8/1/2015                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO12282C     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Denton Residential | UNT                   | College Inn<br>The College Inn consist of four three-story buildings with a total of 286 rooms classified as a mixed occupancy consisting of existing apartment, dormitory, assembly and business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers. | NA         | FINDING 2<br>The South East side of the building exterior walkway has dead ends on the second and third floor in excess of the allowed 20 foot maximum allowed.<br>NFPA 101, Life Safety Code, Chapters 29.2.1, 31.2.1 and 7.5.3.3  | We have hired licensed engineer (RL Woods) to perform an assessment of the balconies and design the new stairs needed. The assessment has been performed and we are waiting on the final report. Once we have the report and subsequent drawings we will hire a contractor to install. | NA  | 8/1/2015                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO12282C     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Denton Residential | UNT                   | College Inn<br>The College Inn consist of four three-story buildings with a total of 286 rooms classified as a mixed occupancy consisting of existing apartment, dormitory, assembly and business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers. | NA         | FINDING 3<br>The McCoy room lacks emergency lighting<br>NFPA 101, Life Safety Code, Chapters 13.2.9.1 and 7.9.1   | Completed  | NA  | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO12282C     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Denton Residential | UNT                   | College Inn<br>The College Inn consist of four three-story buildings with a total of 286 rooms classified as a mixed occupancy consisting of existing apartment, dormitory, assembly and business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers. | NA         | FINDING 4<br>The mechanical chase areas have unsealed penetrations.<br>NFPA 101, Life Safety Code, Chapters 4.6.12.1 and 8.3.5.1  | Sealing penetrations in progress.  | NA  | 1/31/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO12282C     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Denton Residential | UNT                   | College Inn<br>The College Inn consist of four three-story buildings with a total of 286 rooms classified as a mixed occupancy consisting of existing apartment, dormitory, assembly and business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers. | NA         | FINDING 5<br>Dormitory rooms are not provided with a required exit path diagram on or immediately adjacent to the exit door from each sleeping room. A diagram shall reflect the actual floor arrangement, room identification and exit path travel from each room.<br>NFPA 101, Life Safety Code, Chapter 29.7.4.1 | Exit path diagrams being produced in-house.  | NA  | 8/31/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO12282C     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Denton Residential | UNT                   | Crumley Hall<br>Crumley Hall is a 121 room three-story mixed occupancy consisting of existing dormitory and business. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | NA         | FINDING 1<br>Dormitory rooms are not provided with a required exit path diagram on or immediately adjacent to the exit door from each sleeping room. A diagram shall reflect the actual floor arrangement, room identification and exit path travel from each room.<br>NFPA 101, Life Safety Code, Chapter 29.7.4.1 | Exit path diagrams being produced in-house.  | NA  | 8/31/2015                    | Closed                |

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| Internal / External | Reporting Agency            | Fiscal Year Report was Issued | Report Number | Audit Category                       | Report Name   | Component Institution | Key Observations   | Risk Level | Recommendation Details  | Management Response  | Individual Responsible for Implementation                                   | Expected Implementation Date | Recommendation Status |
|---------------------|-----------------------------|-------------------------------|---------------|--------------------------------------|---|-----------------------|--|------------|---|--|---|------------------------------|-----------------------|
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO12282C     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Denton Residential | UNT                   | Honors Hall<br>Honors Hall is a 200 room five-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, sprinkler coverage throughout, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | NA         | FINDING 1<br>A communicating space between the first and second floors exists and is open to the egress corridor on the second floor.<br>NFPA 101, Life Safety Code, Chapters 29.3.1.1.1 and 8.6.6  | Anticipating on adding sheetrock and glass walls with sprinklers on one side.  | NA  | 8/1/2015                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO12282C     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Denton Residential | UNT                   | Honors Hall<br>Honors Hall is a 200 room five-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, sprinkler coverage throughout, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | NA         | FINDING 2<br>Dormitory rooms are not provided with a required exit path diagram on or immediately adjacent to the exit door from each sleeping room. A diagram shall reflect the actual floor arrangement, room identification and exit path travel from each room.<br>NFPA 101, Life Safety Code, Chapter 29.7.4.1   | Exit path diagrams being produced in-house.  | NA  | 8/31/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO12282C     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Denton Residential | UNT                   | Kerr Hall Building-A<br>Kerr Hall-Building-A is a 476 room seven-story high-rise, classified as a mixed occupancy of existing dormitory and assembly. Features of fire protection include a complete fire alarm system, sprinkler coverage throughout, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 1<br>Unsealed penetrations exist in the wall separating the basement mechanical room and the adjoining occupancy at the HVAC ducting.<br>NFPA 101, Life Safety Code, Chapters 4.6.12.1 and 8.3.5.1  | Sealing penetrations in progress.  | NA  | 12/19/2015                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO12282C     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Denton Residential | UNT                   | Kerr Hall Building-A<br>Kerr Hall-Building-A is a 476 room seven-story high-rise, classified as a mixed occupancy of existing dormitory and assembly. Features of fire protection include a complete fire alarm system, sprinkler coverage throughout, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 2<br>Dormitory rooms are not provided with a required exit path diagram on or immediately adjacent to the exit door from each sleeping room. A diagram shall reflect the actual floor arrangement, room identification and exit path travel from each room.<br>NFPA 101, Life Safety Code, Chapter 29.7.4.1   | Exit path diagrams being produced in-house.  | NA  | 8/31/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO12282C     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Denton Residential | UNT                   | Kerr Hall Building-B<br>Kerr Hall-Building-B is a 476 room eight-story high-rise, classified as a mixed occupancy of existing dormitory and business. Features of fire protection include a complete fire alarm system, sprinkler coverage throughout, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | NA         | FINDING 1<br>Dormitory rooms are not provided with a required exit path diagram on or immediately adjacent to the exit door from each sleeping room. A diagram shall reflect the actual floor arrangement, room identification and exit path travel from each room.<br>NFPA 101, Life Safety Code, Chapter 29.7.4.1   | Exit path diagrams being produced in-house.  | NA  | 8/31/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13195A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - Kristin Farmer Autism Center                  | UNT                   | Kristin Farmer Autism Center<br>One building was re-inspected with the following violations remaining. Please respond to this office within 20 days of receipt of this report, detailing your intentions to correct the violations and a timeline for their completion.  | NA         | Finding 1<br>Multiple exit doors including the main entrance are equipped with electronically controlled egress system that does not meet NFPA 101 Life Safety Code requirements in the following areas or written documentation was not available at the time the inspection was conducted...<br>• The doors shall unlock upon activation of the fire sprinkler system<br>• The doors shall unlock upon loss of building power controlling the locking system<br>• Once the lock has been released by application of the releasing device relocking shall be by manual means only.<br>• A readily visible sign shall be placed on each door<br>NFPA 101, Life Safety Code, Chapters 39.2.2.2.5 and 7.2.1.6.1 | Fire and Door Systems will reconfigure delayed-egress locking system to meet NFPA 101, Chapters 39.2.2.2.5 and 7.2.1.6.1 and add required sign at doors. | Tommy Jones, Firefighter/EMT, ACO U.N.T. Emergency Services Risk Management | 11/30/2014                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13195A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - Kristin Farmer Autism Center                  | UNT                   | Kristin Farmer Autism Center<br>One building was re-inspected with the following violations remaining. Please respond to this office within 20 days of receipt of this report, detailing your intentions to correct the violations and a timeline for their completion.  | NA         | Finding 2<br>The front main entrance doors have delayed egress locking devices installed. Assembly occupancy shall not have delayed egress locking devices on the main entrance/ exit doors.<br>NFPA 101, Life Safety Code, Chapters 13.2.2.2.5 and 7.2.1.6.1   | Fire and Door Systems will research solutions.   | Tommy Jones, Firefighter/EMT, ACO U.N.T. Emergency Services Risk Management | 4/30/2015                    | Closed                |



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| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13195A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - Kristin Farmer Autism Center | UNT                   | Kristin Farmer Autism Center<br>One building was re- inspected with the following violations remaining. Please respond to this office within 20 days of receipt of this report, detailing your intentions to correct the violations and a timeline for their completion. | NA         | Finding 3<br>The north east exit door by the fire alarm control panel is equipped with panic hardware and has an additional key locking device installed.<br>NFPA 101, Life Safety Code, Chapters 39.2.2.2.1, 7.2.1.5.12, 7.2.1.5.1 and 7.2.1.5.10.2   | Door systems will remove locking device.   | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management | 2/26/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13195A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - Kristin Farmer Autism Center | UNT                   | Kristin Farmer Autism Center<br>One building was re- inspected with the following violations remaining. Please respond to this office within 20 days of receipt of this report, detailing your intentions to correct the violations and a timeline for their completion. | NA         | Finding 4<br>Both sets of exit doors leading to the playground are equipped with panic hardware and have an additional key locking device installed.   | Door systems will remove locking device.   | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management | 2/26/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13195A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - Kristin Farmer Autism Center | UNT                   | Kristin Farmer Autism Center<br>One building was re- inspected with the following violations remaining. Please respond to this office within 20 days of receipt of this report, detailing your intentions to correct the violations and a timeline for their completion. | NA         | Finding 5<br>The playground exit gate is equipped with a maglock with a request to exit button and also has standard latching lever hardware installed. Opening the gate requires more than the one motion allowed by the code.<br>Additionally written documentation was not available to show that the maglock releases upon loss of building power and activation of the fire sprinkler activated fire alarm system.<br>NFPA 101, Life Safety Code, Chapters 39.2.2.2.1 and 7.2.1.6.2 | Fire and Door Systems will remove standard gate latching lever and ensure maglock releases upon loss of building power and activation of the fire sprinkler activated fire alarm system. | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management | 11/30/2014                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13195A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - Kristin Farmer Autism Center | UNT                   | Kristin Farmer Autism Center<br>One building was re- inspected with the following violations remaining. Please respond to this office within 20 days of receipt of this report, detailing your intentions to correct the violations and a timeline for their completion. | NA         | Finding 6<br>The multipurpose room has an occupancy load in excess of 100 people and lacks the required panic hardware on the exit doors.<br>NFPA 101, Life Safety Code, Chapter 13.2.2.2.3  | Panic hardware to be installed on all exit doors from multipurpose room.   | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management | 12/30/2014                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13195A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - Kristin Farmer Autism Center | UNT                   | Kristin Farmer Autism Center<br>One building was re- inspected with the following violations remaining. Please respond to this office within 20 days of receipt of this report, detailing your intentions to correct the violations and a timeline for their completion. | NA         | Finding 7<br>The exit corridor by room 136 is used to store large amount of combustible material.<br>NFPA 101, Life Safety Code, Chapters 39.2.1.1, 7.1.10.1 and 4.5.3.2   | Storage will be removed.   | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management | 11/30/2014                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13195A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - Kristin Farmer Autism Center | UNT                   | Kristin Farmer Autism Center<br>One building was re- inspected with the following violations remaining. Please respond to this office within 20 days of receipt of this report, detailing your intentions to correct the violations and a timeline for their completion. | NA         | Finding 8<br>The emergency light unit by room 117 does not operate when tested.<br>NFPA 101, Life Safety Code, Chapter 4.6.12.1  | Facilities will repair emergency light.  | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management | 4/30/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13195A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - Kristin Farmer Autism Center | UNT                   | Kristin Farmer Autism Center<br>One building was re- inspected with the following violations remaining. Please respond to this office within 20 days of receipt of this report, detailing your intentions to correct the violations and a timeline for their completion. | NA         | Finding 9<br>The fire alarm system lacks a current annual inspection tag. The last inspection tag is dated August 2012.<br>NFPA 101, Life Safety Code, Chapter 4.6.12.1  | Completed  | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13195A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - Kristin Farmer Autism Center | UNT                   | Kristin Farmer Autism Center<br>One building was re- inspected with the following violations remaining. Please respond to this office within 20 days of receipt of this report, detailing your intentions to correct the violations and a timeline for their completion. | NA         | Finding 10<br>The fire sprinkler system lacks a current annual inspection tag. The last inspection tag is dated 2013, no other information is punched on the tag.<br>NFPA 101, Life Safety Code, Chapter 4.6.12.1  | In progress  | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management | 11/30/2014                   | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13195A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - Kristin Farmer Autism Center | UNT                   | Kristin Farmer Autism Center<br>One building was re- inspected with the following violations remaining. Please respond to this office within 20 days of receipt of this report, detailing your intentions to correct the violations and a timeline for their completion. | NA         | Finding 11<br>The fire department connection for the fire sprinkler system is missing the protective cover on one of the 2 1/2 inch connections, additionally the connection does not swivel.<br>NFPA 101, Life Safety Code, Chapter 4.6.12.1  | Completed   | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13195A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - Kristin Farmer Autism Center | UNT                   | Kristin Farmer Autism Center<br>One building was re- inspected with the following violations remaining. Please respond to this office within 20 days of receipt of this report, detailing your intentions to correct the violations and a timeline for their completion. | NA         | Finding 12<br>The wall and ceiling construction separating the business occupancy from the dwelling unit occupancy lacks the required two hour fire rated construction.<br>NFPA 101, Life Safety Code, Chapters 39.1.3.1.1, 6.1.14.1 and 6.1.14.4.1  | Plan is to change occupancy of this area to office space and add a second exit from 2 <sup>nd</sup> floor. This area will not be used or occupied until second exit is added. | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management | 8/31/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13195A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - Kristin Farmer Autism Center | UNT                   | Kristin Farmer Autism Center<br>One building was re- inspected with the following violations remaining. Please respond to this office within 20 days of receipt of this report, detailing your intentions to correct the violations and a timeline for their completion. | NA         | Finding 13<br>The smoke detector in the second floor dwelling unit living area has been removed from the ceiling.  | Fire systems investigated location and determined detector had been moved to location above stairs. Base removed and covered.   | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management | Completed.                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13195A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - Kristin Farmer Autism Center | UNT                   | Kristin Farmer Autism Center<br>One building was re- inspected with the following violations remaining. Please respond to this office within 20 days of receipt of this report, detailing your intentions to correct the violations and a timeline for their completion. | NA         | Finding 14<br>Power strips are interconnected throughout the office areas.<br>NFPA 101, Life Safety Code, Chapters 39.5.1, 9.1.2; and NFPA 70 National Electrical Code   | Interconnected power strips will be removed.  | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management | 11/30/2014                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13195A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - Kristin Farmer Autism Center | UNT                   | Kristin Farmer Autism Center<br>One building was re- inspected with the following violations remaining. Please respond to this office within 20 days of receipt of this report, detailing your intentions to correct the violations and a timeline for their completion. | NA         | Finding 15<br>An extension cord is being used as a replacement for permanent wiring in room 112<br>NFPA 101, Life Safety Code, Chapters 39.5.1, 9.1.2; and NFPA 70 National Electrical Code  | Extension cord will be removed.   | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management | 11/30/2014                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13195A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - Kristin Farmer Autism Center | UNT                   | Kristin Farmer Autism Center<br>One building was re- inspected with the following violations remaining. Please respond to this office within 20 days of receipt of this report, detailing your intentions to correct the violations and a timeline for their completion. | NA         | Finding 16<br>An electrical splice box is missing the cover plate in room 140.<br>NFPA 101, Life Safety Code, Chapters 39.5.1, 9.1.2; and NFPA 70 National Electrical Code   | Box cover will be replaced.   | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management | 11/30/2014                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13195B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - Kristin Farmer Autism Center | UNT                   | Kristin Farmer Autism Center<br>One building was re- inspected with the following violations remaining. Please respond to this office within 20 days of receipt of this report, detailing your intentions to correct the violations and a timeline for their completion. | NA         | Finding 1<br>Multiple exit doors including the main entrance are equipped with electronically controlled egress system that does not meet NFPA 101 Life Safety Code requirements in the following areas or written documentation was not available at the time the inspection was conducted..<br>• The doors shall unlock upon activation of the fire sprinkler system<br>• The doors shall unlock upon loss of building power controlling the locking system<br>• Once the lock has been released by application of the releasing device relocking shall be by manual means only.<br>• A readily visible sign shall be placed on each door<br>NFPA 101, Life Safety Code, Chapters 39.2.2.2.5 and 7.2.1.6.1 | Signs are in place. Still need to test operations on the doors.   | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management | 4/30/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13195B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - Kristin Farmer Autism Center | UNT                   | Kristin Farmer Autism Center<br>One building was re- inspected with the following violations remaining. Please respond to this office within 20 days of receipt of this report, detailing your intentions to correct the violations and a timeline for their completion. | NA         | Finding 2<br>The north east exit door by the fire alarm control panel is equipped with panic hardware and has an additional key locking device installed.<br>NFPA 101, Life Safety Code, Chapters 39.2.2.2.1, 7.2.1.5.12, 7.2.1.5.1 and 7.2.1.5.10.2   | Door systems will remove locking device.  | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management | 2/26/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13195B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - Kristin Farmer Autism Center | UNT                   | Kristin Farmer Autism Center<br>One building was re- inspected with the following violations remaining. Please respond to this office within 20 days of receipt of this report, detailing your intentions to correct the violations and a timeline for their completion. | NA         | Finding 3<br>Both sets of exit doors leading to the playground are equipped with panic hardware and have an additional key locking device installed.<br>NFPA 101, Life Safety Code, Chapters 39.2.2.2.1, 7.2.1.5.12, 7.2.1.5.1 and 7.2.1.5.10.2  | Door systems will remove locking device.  | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management | 2/26/2015                    | Closed                |

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|---------------------|-----------------------------|-------------------------------|---------------|--------------------------------------|---|-----------------------|---|------------|--|---|--|------------------------------|-----------------------|
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13195B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - Kristin Farmer Autism Center                  | UNT                   | Kristin Farmer Autism Center<br>One building was re- inspected with the following violations remaining. Please respond to this office within 20 days of receipt of this report, detailing your intentions to correct the violations and a timeline for their completion.  | NA         | Finding 4<br>The playground exit gate is equipped with a maglock with a request to exit button and also has standard latching lever hardware installed. Opening the gate requires more than the one motion allowed by the code.<br>Additionally written documentation was not available to show that the maglock releases upon loss of building power and activation of the fire sprinkler activated fire alarm system.<br>NFPA 101, Life Safety Code, Chapters 39.2.2.2.1 and 7.2.1.6.2 | Fire and Door Systems will research solutions. Need to repair mag lock and remove latch from a paddle handle. | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management | 4/30/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13195B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - Kristin Farmer Autism Center                  | UNT                   | Kristin Farmer Autism Center<br>One building was re- inspected with the following violations remaining. Please respond to this office within 20 days of receipt of this report, detailing your intentions to correct the violations and a timeline for their completion.  | NA         | Finding 5<br>The multipurpose room has an occupancy load in excess of 100 people and lacks the required panic hardware on the exit doors.<br>NFPA 101, Life Safety Code, Chapter 13.2.2.2.3  | Panic hardware installed on all exit doors. Complete.   | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13195B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - Kristin Farmer Autism Center                  | UNT                   | Kristin Farmer Autism Center<br>One building was re- inspected with the following violations remaining. Please respond to this office within 20 days of receipt of this report, detailing your intentions to correct the violations and a timeline for their completion.  | NA         | Finding 6<br>The wall and ceiling construction separating the business occupancy from the dwelling unit occupancy lacks the required two hour fire rated construction.<br>NFPA 101, Life Safety Code, Chapters 39.1.3.1.1, 6.1.14.1 and 6.1.14.4.1   | Will send official letter to building representative not to use the space.                                    | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management | 3/31/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO12282C     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Denton Residential | UNT                   | Legends Hall<br>Legends Hall is a four-story 276 room structure classified as existing dormitory occupancy.<br>Features of fire protection include a complete fire alarm system, full sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 1<br>IT rooms throughout the building have unsealed penetrations between floors.<br>NFPA 101, Life Safety Code, Chapters 4.6.12.1 and 8.3.5.1  | Sealing penetrations in progress.   | NA   | 1/31/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO12282C     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Denton Residential | UNT                   | Legends Hall<br>Legends Hall is a four-story 276 room structure classified as existing dormitory occupancy.<br>Features of fire protection include a complete fire alarm system, full sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 2<br>Dormitory rooms are not provided with a required exit path diagram on or immediately adjacent to the exit door from each sleeping room. A diagram shall reflect the actual floor arrangement, room identification and exit path travel from each room.<br>NFPA 101, Life Safety Code, Chapter 29.7.4.1  | Exit path diagrams being produced in-house.   | NA   | 8/31/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO12282E     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential  | UNT                   | Maple Hall<br>Maple Hall is a 326 room three-story existing dormitory occupancy.<br>Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.   | NA         | FINDING 1<br>Dormitory rooms are not provided with a required exit path diagram on or immediately adjacent to the exit door from each sleeping room. A diagram shall reflect the actual floor arrangement, room identification and exit path travel from each room.<br>NFPA 101, Life Safety Code, Chapter 29.7.4.1  | Install exit path diagram in each room.   | NA   | 12/31/2015                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO12282C     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Denton Residential | UNT                   | Maple Hall<br>Maple Hall is a 326 room three-story existing dormitory occupancy.<br>Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.   | NA         | FINDING 1<br>Dormitory rooms are not provided with a required exit path diagram on or immediately adjacent to the exit door from each sleeping room. A diagram shall reflect the actual floor arrangement, room identification and exit path travel from each room.<br>NFPA 101, Life Safety Code, Chapter 29.7.4.1  | Exit path diagrams being produced in-house.   | NA   | 8/31/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO12282C     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Denton Residential | UNT                   | Mozart Hall<br>Mozart Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, sprinkler coverage throughout and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | NA         | FINDING 1<br>Unsealed vertical penetrations exist where the electrical panels are installed throughout the building.   | Sealing penetrations in progress.   | NA   | 1/31/2015                    | Closed                |



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| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO12282C     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Denton Residential | UNT                   | Mozart Hall<br>Mozart Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, sprinkler coverage throughout and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | NA         | FINDING 2<br>A communicating space between the first and second floors exists and is open to the egress corridor on the second floor.   | Install fire-rated wall.  | NA   | 8/1/2015                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO12282C     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Denton Residential | UNT                   | Mozart Hall<br>Mozart Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, sprinkler coverage throughout and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | NA         | FINDING 3<br>Wainscoting is installed on the bottom section of the corridor and stairwell throughout the building and does not meet class A or B interior finish requirements.<br>NFPA 101, Life Safety Code, Chapters 29.3.3.2 and 10.2.3  | Apply intumescent paint.  | NA   | 8/31/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO12282C     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Denton Residential | UNT                   | Mozart Hall<br>Mozart Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, sprinkler coverage throughout and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | NA         | FINDING 4<br>Dormitory rooms are not provided with a required exit path diagram on or immediately adjacent to the exit door from each sleeping room. A diagram shall reflect the actual floor arrangement, room identification and exit path travel from each room.<br>NFPA 101, Life Safety Code, Chapter 29.7.4.1 | Exit path diagrams being produced in-house.   | NA   | 8/31/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square    | UNT                   | Rick and Trey's Sports Bar Finding 1<br>A second cooking range is located in the kitchen across the room from the vent a hood and is not protected by a vent hood or wet chemical fire suppression system.  | NA         | NFPA 101, Life Safety Code, Chapter 13.3.2, 9.2.3; and NFPA 96 Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations  | Rick and Trey's Sports Bar will complete installation of a vent hood or wet chemical fire suppression system. Risk Management Services (RMS) will verify. | NA   | 3/31/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193C     | Governance and Regulatory Compliance | Fire Safety Inspection Report   | UNT                   | Rick and Trey's Sports Bar Finding 1<br>A second cooking range is located in the kitchen and is not protected by a vent hood or wet chemical fire suppression system.   | NA         | NFPA 101, Life Safety Code, Chapter 13.3.2, 9.2.3; and NFPA 96 Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations<br>Operating Features Violation  | NA  | NA   | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square    | UNT                   | Rick and Trey's Sports Bar Finding 1<br>Exit signs throughout the building do not operate when tested in the battery backup mode.   | NA         | NFPA 101, Life Safety Code, Chapter 4.6.12.1  | UNT will coordinate with lessee to repair exit sign   | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services<br>Risk Management Services | 12/1/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square    | UNT                   | Rick and Trey's Sports Bar Finding 10<br>The fire sprinkler system lacks a current annual inspection tag. The system was installed in 2012 and has not been inspected since the installation.   | NA         | NFPA 101, Life Safety Code, Chapter 4.6.12.1  | Rick and Trey's Sports Bar must complete inspection. RMS will verify.   | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services<br>Risk Management Services | 12/1/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square    | UNT                   | Rick and Trey's Sports Bar Finding 11<br>The fire alarm system lacks a current annual inspection tag. The system was installed in 2012 and has not been inspected since the installation.   | NA         | NFPA 101, Life Safety Code, Chapter 4.6.12.1  | Rick and Trey's Sports Bar must complete inspection. RMS will verify.   | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services<br>Risk Management Services | 12/1/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square    | UNT                   | Rick and Trey's Sports Bar Finding 12<br>The wet chemical fire suppression system installed to protect commercial cooking appliances under the vent a hood system lacks a current semiannual inspection tag. The system was installed in 2012 and has not been inspected since the installation.<br>Note: the discharge nozzles are directed to the back wall behind the cooking equipment and if the system was activated little or no agent would spray on the cooking equipment. | NA         | NFPA 101, Life Safety Code, Chapter 4.6.12.1  | Rick and Trey's Sports Bar must complete inspection. RMS will verify.   | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services<br>Risk Management Services | 12/1/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square    | UNT                   | Rick and Trey's Sports Bar Finding 13<br>The portable fire extinguishers throughout the building lack current annual inspection tags. The last inspection was conducted in July of 2013.<br>Note: The extinguishers have University inspection tags.  | NA         | NFPA 101, Life Safety Code, Chapter 4.6.12.1.   | Rick and Trey's Sports Bar must complete inspection. RMS will verify.   | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services<br>Risk Management Services | 12/1/2014                    | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Rick and Trey's Sports Bar Finding 14<br>A second cooking range is located in the kitchen across the room from the vent a hood and is not protected by a vent hood or wet chemical fire suppression system.  | NA         | NFPA 101, Life Safety Code, Chapter 13.3.2, 9.2.3; and NFPA 96 Standard for Ventilation | Rick and Trey's Sports Bar must install a complete Type I cooking hood system equipped with an automatic fire suppression system that is monitored by the premises fire alarm panel, or remove range. Range shall be removed until the cooking hood, fire suppression system and monitoring are complete. RMS will verify. | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services<br>Risk Management Services | 12/23/2014                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Rick and Trey's Sports Bar Finding 15<br>Both the bar and the outdoor patio area have occupancy loads calculated by the City of Denton prior to the expansion of both areas and the university buying the property. The occupancy loads need to be re-calculated by the campus Fire Marshal and up to date signs posted. | NA         | NFPA 101, Life Safety Code, Chapters 13.7.9.3.1, 13.7.9.3.2 and 13.7.9.3.3              | UNT to recalculate occupancy loads.  | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services<br>Risk Management Services | 12/1/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Rick and Trey's Sports Bar Finding 2<br>The emergency lighting units do not operate when tested.   | NA         | NFPA 101, Life Safety Code, Chapter 4.6.12.1  | UNT will coordinate with lessee to repair emergency lights.  | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services<br>Risk Management Services | 12/1/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Rick and Trey's Sports Bar Finding 3<br>The illuminated exit sign by the rest room hallway in the main bar area is not illuminated in the normal building power mode.  | NA         | NFPA 101, Life Safety Code, Chapter 4.6.12.1  | UNT will coordinate with lessee to repair exit sign.   | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services<br>Risk Management Services | 12/1/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Rick and Trey's Sports Bar Finding 4<br>The fenced in outdoor patio seating area has an occupant load in excess of 50 and lacks the required remotely located second exit.   | NA         | NFPA 101, Life Safety Code, Chapter 13.2.4.4  | Rick and Trey's Sports Bar must install second exit. Risk Management System (RMS) will verify.   | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services<br>Risk Management Services | 12/1/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Rick and Trey's Sports Bar Finding 5<br>The patio area exit sign directs occupants away from the exit gate and into an area without an exit.   | NA         | NFPA 101, Life Safety Code, Chapters 13.2.10.1 and 7.10.2.2                             | Rick and Trey's Sports Bar must install second exit sign. RMS will verify.   | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services<br>Risk Management Services | 12/1/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Rick and Trey's Sports Bar Finding 6<br>The patio exit gate lacks an exit sign to clearly identify the exit location.  | NA         | NFPA 101, Life Safety Code, Chapters 13.2.10.1and 7.10.1.2.1                            | Rick and Trey's Sports Bar must install exit sign. RMS will verify.  | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services<br>Risk Management Services | 12/1/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Rick and Trey's Sports Bar Finding 7<br>Exit doors have double cylinder deadbolt locks installed and lack the required panic hardware.   | NA         | NFPA 101, Life Safety Code, Chapter 13.2.2.2.3  | Rick and Trey's Sports Bar must install panic hardware and remove deadbolt locks. RMS will verify.   | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services<br>Risk Management Services | 12/1/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Rick and Trey's Sports Bar Finding 8<br>The front exit door from the game room section was locked and no staff member on site had a key to unlock the door.<br>Note At the time of the inspection the bar was open for business. The bar owner was called in from home to unlock the door.                               | NA         | NFPA 101, Life Safety Code, Chapters13.2.1, 7.2.1.5.1 and 7.2.1.5.3                     | Rick and Trey's Sports Bar must install panic hardware and remove deadbolt locks. RMS will verify.   | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services<br>Risk Management Services | 12/1/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Rick and Trey's Sports Bar Finding 9<br>A large beer pong game restricts access to the rear exit on the main bar side.   | NA         | NFPA 101, Life Safety Code, Chapters 13.2.5.1.1 and 7.1.10.1 and 7.1.10.2.1             | Rick and Trey's Sports Bar must move beer pong game. RMS will verify.  | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services<br>Risk Management Services | 12/1/2014                    | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO12282C     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Denton Residential | UNT                   | Santa Fe Hall<br>Santa Fe Hall is a 157 unit three-story structure classified as existing apartment occupancy. Features of fire protection include a complete fire alarm system, full automatic sprinkler system, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 1<br>A communicating space between the first and second floors exists and is open to the egress corridor on the second floor.<br>NFPA 101, Life Safety Code, Chapters 31.3.6.3.1 and 8.6.6  | Install fire-rated wall.                                       | NA   | 8/1/2015                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO12282C     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Denton Residential | UNT                   | Traditions Hall<br>Traditions Hall is a 373 room three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, full automatic sprinkler system, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss.                     | NA         | FINDING 1<br>A communicating space between the first and second floors exists and is open to the egress corridor on the second floor.<br>NFPA 101, Life Safety Code, Chapters 29.3.1.1.1 and 8.6.6  | Install fire-rated wall.                                       | NA   | 8/1/2015                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO12282C     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Denton Residential | UNT                   | Traditions Hall<br>Traditions Hall is a 373 room three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, full automatic sprinkler system, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss.                     | NA         | FINDING 2<br>Dormitory rooms are not provided with a required exit path diagram on or immediately adjacent to the exit door from each sleeping room. A diagram shall reflect the actual floor arrangement, room identification and exit path travel from each room.<br>NFPA 101, Life Safety Code, Chapter 29.7.4.1 | Exit path diagrams being produced in-house.                    | NA   | 8/31/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square    | UNT                   | Unit 110 Finding 1<br>The portable fire extinguishers lack annual inspection tags.   | NA         | NFPA 101, Life Safety Code, Chapter 4.6.12.1  | UNT will coordinate with lessee to inspect fire extinguishers. | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services<br>Risk Management Services | 12/1/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square    | UNT                   | Unit 110 Finding 1<br>The portable fire extinguishers lack annual inspection tags.   | NA         | NFPA 101, Life Safety Code, Chapter 4.6.12.1  | Tenet will have the fire extinguishers inspected.              | NA   | 3/31/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square    | UNT                   | Unit 110 Finding 2<br>Extension cords are used to power exercise equipment throughout the room.  | NA         | NFPA 101, Life Safety Code, Chapters 39.5.1, 9.1.2; and NFPA 70 National Electrical Code  | Tenant will remove extension cords. RMS will verify.           | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services<br>Risk Management Services | 12/23/2014                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square    | UNT                   | Unit 110 Finding 2<br>Extension cords are used to power exercise equipment throughout the room.  | NA         | NFPA 101, Life Safety Code, Chapters 39.5.1, 9.1.2; and NFPA 70 National Electrical Code  | Tenet will have the extension cords removed.                   | NA   | 3/31/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square    | UNT                   | Unit 110 Finding 3<br>The electrical outlet within six feet of the sink lacks Ground Fault Circuit Interrupter (GFCI) protection.  | NA         | NFPA 101, Life Safety Code, Chapters 39.5.1, 9.1.2; and NFPA 70 National Electrical Code  | Tenant will install GFCI protection. RMS will verify.          | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services<br>Risk Management Services | 12/23/104                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square    | UNT                   | Unit 110 Finding 4<br>The electrical outlet located behind the clothes dryer is missing the protective cover plate.  | NA         | NFPA 101, Life Safety Code, Chapters 39.5.1, 9.1.2; and NFPA 70 National Electrical Code  | Tenant will install cover plate. RMS will verify.              | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services<br>Risk Management Services | 12/23/2014                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square    | UNT                   | Unit 112 Finding 1<br>The fire alarm system installation not been completed the system is not operational.   | NA         | NFPA 101, Life Safety Code, Chapter 4.6.12.1  | The fire alarm system installation has been completed.         | NA   | NA                           | Closed                |



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| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Unit 112 Finding 1<br>The fire alarm system lacks a current inspection tag.  | NA         | NFPA 101, Life Safety Code, Chapter 4.6.12.1   | New system, installation in progress.  | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management Services | 1/30/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Unit 112 Finding 2<br>The main entrance lacks a manual fire alarm pull station within five feet of the exit door.                                  | NA         | NFPA 101, Life Safety Code, Chapters 39.3.4.1, 9.6.2.3; and NFPA 72 National Fire Alarm and Signaling Code | Will install manual fire alarm pull station near front door.   | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management Services | 1/30/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Unit 112 Finding 2<br>The main entrance lacks a manual fire alarm pull station within five feet of the exit door.                                  | NA         | NFPA 101, Life Safety Code, Chapters 39.3.4.1, 9.6.2.3; and NFPA 72 National Fire Alarm and Signaling Code | Will install manual fire alarm pull station near front door.   | NA  | 3/31/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Unit 112 Finding 3<br>The portable fire extinguishers lack current inspection tags. The last inspection was conducted in July 2013.                | NA         | NFPA 101, Life Safety Code, Chapter 4.6.12.1   | Fire Systems to conduct inspection.  | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management Services | 12/1/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Unit 112 Finding 4<br>Storage is located in front of the electrical panels.  | NA         | NFPA 101, Life Safety Code, Chapters 39.5.1, 9.1.2; and NFPA 70 National Electrical Code                   | Occupant will remove storage. RMS will verify.   | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management Services | 1/30/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Unit 114 Finding 1<br>The portable fire extinguishers lack current inspection tags.  | NA         | NFPA 101, Life Safety Code, Chapter 4.6.12.1   | Fire Systems will conduct inspection. If space is unoccupied, fire extinguishers will be removed until such time the space is re-occupied. | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management Services | 1/30/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Unit 120 Finding 1<br>The rear exit door has a sliding dead bolt lock installed in addition to the standard door lock.                             | NA         | NFPA 101, Life Safety Code, Chapters 39.2.2.1, 7.2.1.5.1, 7.2.1.5.3 and 7.2.1.5.10                         | Sliding dead bolt lock to be removed.  | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management Services | 12/1/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Unit 120 Finding 2<br>The portable fire extinguishers lack a current annual inspection tag. The last inspection tag is dated July 2013.            | NA         | NFPA 101, Life Safety Code, Chapter 4.6.12.1   | Fire Systems will conduct inspection. If space is unoccupied, fire extinguishers will be removed until such time the space is re-occupied. | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management Services | 12/1/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Unit 120 Finding 3<br>The unused gas lines into the building lack protective caps.   | NA         | NFPA 101, Life Safety Code, Chapters 13.5.1 and 9.1.1  | Facilities will install protective caps.   | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management Services | 12/1/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Unit 200 Finding 1<br>The main entrance door has a keyed dead bolt lock installed but is missing the thumb latch on the interior side of the door. | NA         | NFPA 101, Life Safety Code, Chapters 39.2.2.2.1, 7.2.1, 5.1 and 7.2.1.5.3                                  | Space unoccupied. When space is occupied, will bring locks up to code.   | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management Services | NA                           | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Unit 210 Finding 1<br>The main entrance/exit door is equipped with panic hardware and has an additional locking devices installed.  | NA         | NFPA 101, Life Safety Code, Chapters 39.2.2.2.1, 7.2.1.5.12 and 7.2.5.10.2  | Space unoccupied. When space is occupied, will bring locks up to code.   | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management Services | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Unit 210 Finding 2<br>The rear double exit door is equipped with standard latching locking hardware installed and has an additional locking device installed.   | NA         | NFPA 101, Life Safety Code, Chapters 39.2.2.2.1, 7.2.1.5.1 and 7.2.1.5.10.2 | Space unoccupied. When space is occupied, will bring locks up to code.   | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management Services | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Unit 220 Finding 1<br>The main entrance/exit door is equipped with panic hardware and has an additional locking device installed.   | NA         | NFPA 101, Life Safety Code, Chapters 39.2.2.2.1, 7.2.1.5.12 and 7.2.5.10.2  | Space unoccupied. When space is occupied, will bring locks up to code.   | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management Services | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Unit 220 Finding 1b<br>The sprinkler heads in the corridor by room 2249 still have the orange protective shipping covers installed.   | NA         | NFPA 101, Life Safety Code, Chapter 4.6.12.1                                | Fire systems to remove covers.   | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management Services | 12/1/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Unit 229 Finding 1<br>The main entrance door is equipped with a double cylinder dead bolt locking device.   | NA         | NFPA 101, Life Safety Code, Chapters 39.2.2.2.1 and 7.2.1.5.5.1             | Space unoccupied. When space is occupied, will bring locks up to code.   | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management Services | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Unit 3000 Finding 1<br>The main entrance/exit door is equipped with panic hardware and has an additional locking device installed.  | NA         | NFPA 101, Life Safety Code, Chapters 39.2.2.2.1, 7.2.1.5.12 and 7.2.5.10.2  | Door systems removed additional locking device. Complete.  | NA  | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Unit 3000 Finding 2<br>The exit door by room 3042 lacks an approved landing outside the door. Vegetation has been cut down outside the door and the remains of the bush create a tripping hazard.   | NA         | NFPA 101, Life Safety Code, Chapters 39.2.1.1, 7.2.1.3.2 and 7.1.10.1       | Remove vegetation and add sidewalk. Teague Nall & Perkins is designing the Woodhill 3000 ADA parking modifications and has included this within their scope. | NA  | 3/31/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193C     | Governance and Regulatory Compliance | Fire Safety Inspection Report  | UNT                   | Unit 333 Finding 1<br>The wall between the warehouse and the adjacent tenant space occupied by the Doctors office is not properly fire stopped at the joint where the wall meets the roof.  | NA         | NFPA 101, Life Safety Code, Chapters 8.3.6.1, 8.3.6.2 and 8.3.6.5           | NA   | NA  | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Unit 333 Finding 1<br>The emergency light by the rest rooms does not operate when tested.   | NA         | NFPA 101, Life Safety Code, Chapter 4.6.12.1                                | UNT to research lease to determine responsibility and will repair or have tenant repair depending on terms of lease.   | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management Services | 12/1/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Unit 333 Finding 1<br>The wall between the warehouse and the adjacent tenant space occupied by the Doctors office is not properly fire stopped at the joint where the wall meets the roof.  | NA         | NFPA 101, Life Safety Code, Chapters 8.3.6.1, 8.3.6.2 and 8.3.6.5           | UNT will correct deficiency.   | NA  | 3/31/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Unit 333 Finding 2<br>The drywall joints are not taped and covered with joint compound on one wall which separates the warehouse from the doctor's office. This allows fire and smoke to enter into the void space between the wall and spread into the adjacent tenant space and does not meet the requirements for a fire wall between different occupancy types. | NA         | NFPA 101 Life Safety Code, Chapters 8.3.6.1, 8.3.6.2 and 8.3.6.5            | UNT will correct deficiency.   | NA  | 3/31/2015                    | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193C     | Governance and Regulatory Compliance | Fire Safety Inspection Report  | UNT                   | Unit 333 Finding 2<br>The drywall joints are not taped and covered with joint compound on one wall which separates the warehouse from the doctor's office. This allows fire and smoke to enter into the void space between the wall and spread into the adjacent tenant space and does not meet the requirements for a fire wall between different occupancy types. | NA         | NFPA 101 Life Safety Code, Chapters 8.3.6.1, 8.3.6.2 and 8.3.6.5                         | NA   | NA   | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Unit 333 Finding 2<br>The rear double exit door from the back room has a sliding deadbolt lock installed in addition to the standard latching / lock hardware.  | NA         | NFPA 101, Life Safety Code, Chapters 39.2.2.2.1, 7.2.1.5.1 and 7.2.1.5.10.2              | UNT will coordinate with lessee to remove additional lock.       | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services<br>Risk Management Services | 12/1/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Unit 333 Finding 3<br>Documentation was not available to show that the wall between the Doctors office and the warehouse occupancy was designed and installed to meet the two hour fire rated separation requirements between business occupancy and storage occupancy.   | NA         | NFPA 101, Life Safety Code, Chapters 6.1.14.4.1 and 6.1.14.4.2                           | UNT will correct deficiency.                                     | NA   | 3/31/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193C     | Governance and Regulatory Compliance | Fire Safety Inspection Report  | UNT                   | Unit 333 Finding 3<br>Documentation was not available to show that the wall between the Doctors office and the warehouse occupancy was designed and installed to meet the two hour fire rated separation requirements between business occupancy and storage occupancy.   | NA         | NFPA 101, Life Safety Code, Chapters 6.1.14.4.1 and 6.1.14.4.2                           | NA   | NA   | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Unit 333 Finding 3<br>The rear exit door from the warehouse area has four locking devices installed.  | NA         | NFPA 101, Life Safety Code, Chapters 42.2.2.2.1, 7.2.1.5.10 and 7.2.1.5.10               | UNT will coordinate with lessee to remove extra locking devices. | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services<br>Risk Management Services | 12/1/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Unit 333 Finding 4<br>The wall between the warehouse and the adjacent tenant space occupied by the Doctors office is not properly fire stopped at the joint where the wall meets the roof.  | NA         | NFPA 101, Life Safety Code, Chapters 8.3.6.1, 8.3.6.2 and 8.3.6.5                        | UNT will coordinate with lessee to repair.                       | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services<br>Risk Management Services | 12/1/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Unit 333 Finding 5<br>The drywall joints are not taped and covered with joint compound on one wall which separates the warehouse from the doctor's office. This allows fire and smoke to enter into the void space between the wall and spread into the adjacent tenant space and does not meet the requirements for a fire wall between different occupancy types. | NA         | NFPA 101 Life Safety Code, Chapters 8.3.6.1, 8.3.6.2 and 8.3.6.5                         | UNT will coordinate with lessee to repair.                       | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services<br>Risk Management Services | 12/1/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Unit 333 Finding 6<br>Documentation was not available to show that the wall between the Doctors office and the warehouse occupancy was designed and installed to meet the two hour fire rated separation requirements between business occupancy and storage occupancy.   | NA         | NFPA 101, Life Safety Code, Chapters 6.1.14.4.1 and 6.1.14.4.2                           | UNT will coordinate with lessee.                                 | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services<br>Risk Management Services | 12/1/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Unit 333 Finding 7<br>The light switch located by the oxygen bottle storage rack is missing the protective cover plate.   | NA         | NFPA 101, Life Safety Code, Chapters 42.5.1, 9.1.2; and NFPA 70 National Electrical Code | UNT will coordinate with lessee to replace missing cover plate.  | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services<br>Risk Management Services | 12/1/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square | UNT                   | Unit 333 Finding 8<br>The electrical conduit with the outlet box by the oxygen bottle storage rack has been pulled from its wall mounting.  | NA         | NFPA 101, Life Safety Code, Chapter 4.6.12.1   | UNT will coordinate with lessee to repair.                       | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services<br>Risk Management Services | 12/1/2014                    | Closed                |



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| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square    | UNT                   | Unit 337 Finding 1<br>The emergency light unit by exam room 3 does not work when tested.   | NA         | NFPA 101, Life Safety Code, Chapter 4.6.12.1   | Tenet will fix light.  | NA  | 2/15/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square    | UNT                   | Unit 337 Finding 1<br>The illuminated exit sign by the blood draw station does not work when tested in the battery backup power mode.  | NA         | NFPA 101, Life Safety Code, Chapter 4.6.12.1   | Tenant responsible to repair exit sign.  | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management Services | 1/30/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square    | UNT                   | Unit 337 Finding 2<br>The emergency light unit by exam room 3 does not work when tested.   | NA         | NFPA 101, Life Safety Code, Chapter 4.6.12.1   | Tenant responsible to repair emergency light.  | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management Services | 1/30/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square    | UNT                   | Unit 337 Finding 3<br>Surge protectors are interconnected in the office area.  | NA         | NFPA 101, Life Safety Code, Chapters 39.5.1, 9.1.2; and NFPA 70 National Electrical Code   | Completed  | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management Services | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square    | UNT                   | Unit 337 Finding 4<br>Unapproved multi outlet adapters are plugged into electrical outlets throughout the office.  | NA         | NFPA 101, Life Safety Code, Chapters 39.5.1, 9.1.2; and NFPA 70 National Electrical Code   | Tenant will remove outlet adapters.  | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management Services | 1/30/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square    | UNT                   | Unit 360 Finding 1<br>There are multiple locking devices installed on all egress doors.  | NA         | NFPA 101, Life Safety Code, Chapters 13.2.2.2 and 7.2.1.5.10   | Space is unoccupied. When space is occupied, will bring locks up to code.  | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management Services | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square    | UNT                   | Unit 360 Finding 2<br>The fire alarm system lacks a current annual inspection tag. The last inspection tag is dated 2010.  | NA         | NFPA 101, Life Safety Code, Chapter 4.6.12.1   | Fire Systems will conduct inspection.  | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management Services | 12/1/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square    | UNT                   | Unit 360 Finding 3<br>The fire sprinkler system lacks a current annual inspection tag. The last inspection tag is dated 2009.  | NA         | NFPA 101, Life Safety Code, Chapter 4.6.12.1   | Fire Systems will conduct inspection.  | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management Services | 12/1/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO13193A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Woodhill Square    | UNT                   | Units 100, 106 and 108 Finding 1<br>The portable fire extinguishers lack current annual inspection tags.   | NA         | NFPA 101, Life Safety Code, Chapter 4.6.12.1   | Fire Systems will conduct inspection. If space is unoccupied, fire extinguishers will be removed until such time the space is re-occupied. | Tommy Jones, Firefighter/EMT, ACO<br>U.N.T. Emergency Services Risk Management Services | 1/30/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO12282C     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Denton Residential | UNT                   | Victory Hall<br>Victory Hall is a four-story mixed occupancy consisting of existing dormitory and assembly use. Features of fire protection include a complete fire alarm system, sprinkler coverage throughout and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 1<br>The sidewall sprinkler head in stair 2-ground floor has receded and is obstructed by the gypsum wall board.<br>NFPA 101, Life Safety Code, Chapter 4.6.12.1; and NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection Systems | Fire systems is sourcing the correct cover for the sprinkler head.   | NA  | 8/31/2015                    | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO12282C     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Denton Residential | UNT                   | Victory Hall<br>Victory Hall is a four-story mixed occupancy consisting of existing dormitory and assembly use. Features of fire protection include a complete fire alarm system, sprinkler coverage throughout and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.   | NA         | FINDING 2<br>Dormitory rooms are not provided with a required exit path diagram on or immediately adjacent to the exit door from each sleeping room. A diagram shall reflect the actual floor arrangement, room identification and exit path travel from each room.  | Exit path diagrams being produced in-house.              | NA  | 8/31/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO12282C     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Denton Residential | UNT                   | West Hall<br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, and portable fire extinguishers. The building is equipped with illuminated exit signs, and emergency lighting units in the event of emergencies involving power loss.    | NA         | FINDING 1<br>The commercial cooking equipment has wheels on the units and subject to being moved. This allows the units to be located in an area not in direct alignment with the UL-300 suppression system nozzle coverage as originally designed. NFPA 101, Life Safety Code, Chapter 29.3.2.5.1; and NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations | Requesting Dining input                                  | NA  | 5/29/2015                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO12282C     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Denton Residential | UNT                   | West Hall<br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, and portable fire extinguishers. The building is equipped with illuminated exit signs, and emergency lighting units in the event of emergencies involving power loss.    | NA         | FINDING 2<br>The boiler room has unsealed penetrations. NFPA 101, Life Safety Code, Chapters 4.6.12.1 and 8.3.5.1  | Hiring a contractor to complete the work.                | NA  | 12/19/2015                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO12282C     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Denton Residential | UNT                   | West Hall<br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, and portable fire extinguishers. The building is equipped with illuminated exit signs, and emergency lighting units in the event of emergencies involving power loss.    | NA         | FINDING 3<br>The UL-300 wet chemical fire suppression system is red tagged stating "no electrical shut off to the fryers" tag is dated 8-14-2014 NFPA 101, Life Safety Code, Chapters 4.6.12.1   | Electrician is scheduled to complete the work next week. | NA  | 12/1/2014                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2015              | RRO12282C     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas, Denton Residential | UNT                   | West Hall<br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, and portable fire extinguishers. The building is equipped with illuminated exit signs, and emergency lighting units in the event of emergencies involving power loss.    | NA         | FINDING 4<br>Dormitory rooms are not provided with a required exit path diagram on or immediately adjacent to the exit door from each sleeping room. A diagram shall reflect the actual floor arrangement, room identification and exit path travel from each room. NFPA 101, Life Safety Code, Chapter 29.7.4.1   | Exit path diagrams being produced in-house.              | NA  | 8/31/2015                    | Closed                |
| Internal            | UNT System Internal Audit   | Fiscal Year 2015              | 1507 HSC      | Governance and Regulatory Compliance | Family Medicine Residency Program   | UNTHSC                | None   | NA         | NA   | NA   | NA  | NA                           | NA                    |
| Internal            | UNT System Internal Audit   | Fiscal Year 2015              | 1532 UNT      | Governance and Regulatory Compliance | UNT Facilities Certification Review   | UNT                   | Based on the results of procedures performed, we concluded the projects and acquisitions of real property submitted to Texas Higher Education Coordinating Board (THECB) received required approvals, re-approvals or review, and were completed in accordance with rules established by the Texas Administrative Code and within the parameters specified in the project applications that were submitted to THECB.               | NA         | None   | NA   | NA  | NA                           | NA                    |
| Internal            | UNT System Internal Audit   | Fiscal Year 2015              | 1502 UNT      | Governance and Regulatory Compliance | UNT Presidents' Expenditures  | UNT                   | Travel reimbursements were not reviewed and approved by the Chancellor as required by the terms of the employment agreements. Instead, travel reimbursements were reviewed and approved by Vice President for Finance or the Vice President for Research.<br>We discussed this observation with management and prior to the end of our work, management changed this practice and now all vouchers are approved by the Chancellor. | NA         | None   | NA   | NA  | NA                           | NA                    |
| Internal            | UNT System Internal Audit   | Fiscal Year 2015              | 1501 SYS      | Governance and Regulatory Compliance | Chancellor's Expenditures Review  | UNT System            | None   | NA         | None   | NA   | NA  | NA                           | NA                    |

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| Internal            | UNT System Internal Audit     | Fiscal Year 2015              | 1503 HSC          | Governance and Regulatory Compliance | HSC Presidents' Expenditures Review                               | UNTHSC                | Auditors reviewed purchases made via the eProcurement (EPro) process and with the purchasing card (PCard) for fiscal year 2014. The results disclosed that PCard reconciliations did not contain a reconciler signature. This observation was discussed with management during the review, who agreed to take the PCard refresher training course offered by the BSC and that future expense reports generated by the Citibank Global Management System are prepared and will include cardholder, reconciler and approver signatures.  | NA         | None   | NA  | NA  | NA                           | NA                    |
| Internal            | UNT System Internal Audit     | Fiscal Year 2015              | 1504 DAL          | Governance and Regulatory Compliance | UNT Dallas President's Expenditures Review                        | UNT Dallas            | Auditors reviewed purchases made via the eProcurement (EPro) process and with the purchasing card (PCard) for fiscal year 2014. The results disclosed that PCard reconciliations did not contain a reconciler signature. This observation was discussed with management during the review, who agreed to take the PCard refresher training course offered by the BSC and that future expense reports generated by the Citibank Global Management System are prepared and will include cardholder, reconciler and approver signatures.  | NA         | None   | NA  | NA  | NA                           | NA                    |
| Internal            | UNT System IT Shared Services | Fiscal Year 2015              | NA                | Information Technology               | Local Audit of Phone Numbers and User Access - IT Shared Services | UNT System            | NA   | NA         | NA   | NA  | NA  | NA                           | NA                    |
| Internal            | UNT System Internal Audit     | Fiscal Year 2015              | 1508 UNT          | Governance and Regulatory Compliance | Student-Managed Investment Fund Review                            | UNT                   | Based on procedures performed, the SMIF was in compliance with the Donor's Agreement for calendar year 2014. The funds were appropriately accounted for in accordance with guidelines.   | NA         | None   | NA  | NA  | NA                           | NA                    |
| Internal            | UNT System Internal Audit     | Fiscal Year 2015              | 1505 UNT          | Governance and Regulatory Compliance | FY 2014 Investments Audit   | UNT                   | Accuracy of Quarterly Investment Report - The book and market value amounts reported in the Total Cash and Investment Amounts section on the UNT Quarterly Investment Report for the period ending May 31, 2014, were not accurate.  | Low        | Implement a review process of the UNT Quarterly Investment Reports to assure the accuracy of information prior to the issuance of the quarterly report to the Board of Regents and posting of the report on the institution's investment disclosure website. | Concur. It is imperative that information reported by Finance be complete and accurate. Implement a review process of investment reporting prior to issuance to the Board or posting to the public.   | James Mauldin, Associate Vice Chancellor for Treasury                 | 11/20/2015                   | Closed                |
| Internal            | UNT System Internal Audit     | Fiscal Year 2015              | 1526 UNTHSC & UNT | Governance and Regulatory Compliance | Cancer Prevention and Research Institute of Texas (CPRIT)         | UNTHSC                | Noncompliance with Business Support Services (BSS) Purchasing Policy – BSS Purchasing Policies for obtaining gift cards used as research participant payments were not followed for 6 of 23 (26%) transactions reviewed for grant ID PP110190. A total of \$8,000 in cash was disbursed from BSS at the request of the University to an UNTHSC employee, who then purchased gift cards from a local vendor.<br><br>The University was unable to provide support documentation evidencing expenditures related to the purchase and disbursement of gift cards. This issue was included in the audit report issued by Grant Thornton on August 12, 2015. | High       | We recommend the Assistant Vice President of Research Administration at UNTHSC to re-educate faculty and staff on policies related to the attainment of gift cards used as research participant payments.  | Management agrees with the recommendation and will send a group email to all active award account holders and will post in the Daily News a reminder to follow the procurement guidelines for purchasing gift cards for research participants.  | LeAnn Forsberg, AVP Research Administration                           | 11/15/2015                   | Closed                |
| Internal            | UNT System Internal Audit     | Fiscal Year 2015              | 1526 UNTHSC & UNT | Governance and Regulatory Compliance | Cancer Prevention and Research Institute of Texas (CPRIT)         | UNT                   | Noncompliance with Business Support Services (BSS) Purchasing Policy – BSS Purchasing Policies for obtaining gift cards used as research participant payments were not followed for 6 of 23 (26%) transactions reviewed for grant ID PP110190. A total of \$8,000 in cash was disbursed from BSS at the request of the University to an UNTHSC employee, who then purchased gift cards from a local vendor.<br><br>The University was unable to provide support documentation evidencing expenditures related to the purchase and disbursement of gift cards. This issue was included in the audit report issued by Grant Thornton on August 12, 2015. | High       | We recommend the Assistant Vice President of Research Administration at UNTHSC to re-educate faculty and staff on policies related to the attainment of gift cards used as research participant payments.  | Management agrees with the recommendation and will send a group email to all active award account holders and will post in the Daily News a reminder to follow the procurement guidelines for purchasing gift cards for research participants.  | LeAnn Forsberg, AVP Research Administration                           | 11/15/2015                   | Closed                |
| Internal            | UNT System Internal Audit     | Fiscal Year 2015              | 1526 UNTHSC & UNT | Governance and Regulatory Compliance | Cancer Prevention and Research Institute of Texas (CPRIT)         | UNTHSC                | Noncompliance with Business Support Services (BSS) Purchasing Policy – BSS Purchasing Policies for obtaining gift cards used as research participant payments were not followed for 6 of 23 (26%) transactions reviewed for grant ID PP110190. A total of \$8,000 in cash was disbursed from BSS at the request of the University to an UNTHSC employee, who then purchased gift cards from a local vendor.<br><br>The University was unable to provide support documentation evidencing expenditures related to the purchase and disbursement of gift cards. This issue was included in the audit report issued by Grant Thornton on August 12, 2015. | High       | In addition, we recommend the Associate Vice Chancellor for Finance and Administration to re-educate staff on the review process of support documentation that is provided by UNT components to ensure it is appropriate based on the request.               | Business Support Services (formerly Business Services Center) concurs with the recommendation. We have notified our procurement staff of the expectation that they follow the current guidelines associated with the gift card purchases. Additionally, we have also implemented a secondary approval process for all gift card purchase requests. The secondary approval must come from the Senior Director of Procurement, Director of Purchasing or Associate Vice Chancellor for Finance and Administration effectively immediately (10/29/2015). | Donna Asher, Associate Vice Chancellor for Finance and Administration | 10/29/2015                   | Closed                |



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| Internal            | UNT System Internal Audit | Fiscal Year 2015              | 1526 UNTHSC & UNT | Governance and Regulatory Compliance | Cancer Prevention and Research Institute of Texas (CPRIT) | UNT                   | Noncompliance with Business Support Services (BSS) Purchasing Policy – BSS Purchasing Policies for obtaining gift cards used as research participant payments were not followed for 6 of 23 (26%) transactions reviewed for grant ID PP110190. A total of \$8,000 in cash was disbursed from BSS at the request of the University to an UNTHSC employee, who then purchased gift cards from a local vendor.<br><br>The University was unable to provide support documentation evidencing expenditures related to the purchase and disbursement of gift cards. This issue was included in the audit report issued by Grant Thornton on August 12, 2015.  | High       | In addition, we recommend the Associate Vice Chancellor for Finance and Administration to re-educate staff on the review process of support documentation that is provided by UNT components to ensure it is appropriate based on the request.                                 | Business Support Services (formerly Business Services Center) concurs with the recommendation. We have notified our procurement staff of the expectation that they follow the current guidelines associated with the gift card purchases. Additionally, we have also implemented a secondary approval process for all gift card purchase requests. The secondary approval must come from the Senior Director of Procurement, Director of Purchasing or Associate Vice Chancellor for Finance and Administration effectively immediately (10/29/2015). | Donna Asher, Associate Vice Chancellor for Finance and Administration   | 10/29/2015                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2015              | 1506 HSC          | Governance and Regulatory Compliance | FY 2014 Investments Audit                                 | UNTHSC                | UNTHSC is in compliance with the PFIA, Regents Rule 10.100, and the UNT System Regulation 08.2000. In addition, UNTHSC is in compliance with state higher education investment reporting requirements including SAO Article III, Rider 5 requirements.  | NA         | None   | NA  | NA  | NA                           | NA                    |
| Internal            | UNT System Internal Audit | Fiscal Year 2015              | 1505 SYS          | Governance and Regulatory Compliance | FY 2014 Investments Audit                                 | UNT System            | Compliance with System Policy Requirements – Based on Internal Audit's detail review of investment information reported for period ending May 31, 2014, the resulting recalculation of short term and long term investment percentages for UNT System based on market values were 50.6% and 49.4% respectively. These percentage investment results were not within establish Board approved investment percentage range requirements for short and long term investments.<br><br>Per UNT System policy 08.2000 the range for short term investments is to be at least 55% but not more than 75%. For long term investments the percentage range is to be at least 25% but not more than 45%. | Low        | Review the Investment of System Funds Regulation 08.2000 pertaining to short and long term investment percentages to determine if the percentage requirement ranges should be updated to reflect the potential actual investment needs of the UNT System and its institutions. | Concur. System Regulation 08.2000 is already under review for potential revisions, including appropriate percentage ranges for each investment pool. In addition, the increased professional staffing in Treasury will allow for improved compliance with the current and future versions of the regulation. Review of System Regulation 08.2000 to determine if modification is needed and resulting Board Order, if so.   | James Mauldin, Associate Vice Chancellor for Treasury   | 12/1/2015                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2015              | 1505 DAL          | Governance and Regulatory Compliance | FY 2014 Investments Audit                                 | UNT Dallas            | UNT Dallas is in compliance with the PFIA, Regents Rule 10.100, and the UNT System Regulation 08.2000. In addition, UNT Dallas is in compliance with state higher education investment reporting requirements including SAO Article III, Rider 5 requirements.  | NA         | None   | NA  | NA  | NA                           | NA                    |
| Internal            | UNT System Internal Audit | Fiscal Year 2015              | 15-031 UNT        | Academic and Students                | Office of Sustainability Audit                            | UNT                   | Three employees were paid from the Environmental Service Fee (ESF) fund while working on activities not eligible under the fund. The following specific issues were identified:<br>• A student employee was paid \$1,785 from the fund while working on a website not related to the fund.<br>• A student employee was paid \$1,919 from the fund while working on activities not related to the fund.<br>• The Assistant Director was paid \$16,643 from the fund from January 2015 to May 2015 while working on activities not related to the fund.   | Moderate   | Recommendations to Hope Garcia, Executive Director of Student Affairs Administration:<br>1. Determine all payroll amounts incorrectly expensed to the fund and move to appropriate funding sources.  | 1. Management agrees. Management agrees to locate a new fund that more appropriately aligns with incorrect expenses.  | 1. Elizabeth With, Vice President of Student Affairs and Hope Garcia, Executive Director of Student Affairs Administration  | 2/1/2016                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2015              | 15-031 UNT        | Academic and Students                | Office of Sustainability Audit                            | UNT                   | Three employees were paid from the Environmental Service Fee (ESF) fund while working on activities not eligible under the fund. The following specific issues were identified:<br>• A student employee was paid \$1,785 from the fund while working on a website not related to the fund.<br>• A student employee was paid \$1,919 from the fund while working on activities not related to the fund.<br>• The Assistant Director was paid \$16,643 from the fund from January 2015 to May 2015 while working on activities not related to the fund.   | Moderate   | Recommendations to Hope Garcia, Executive Director of Student Affairs Administration:<br><br>Implement a procedure to assure expenses are reviewed and funds are only spent on allowable purposes. Implementation will ensure compliance with TEC Section 54.5041.             | 2. Management agrees. An advisor of the We Mean Green Fund (WMGF) will oversee activity of the WMGF Committee and provide guidance to committee on purpose of the fee and allowable purposes through the Committee Bylaws and ongoing training for returning and new committee members.   | 2. Hope Garcia, Executive Director, of Student Affairs Administration and Gary Cocke, Student Coordinator of Sustainability | 2/1/2016                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2015              | 15-031 UNT        | Academic and Students                | Office of Sustainability Audit                            | UNT                   | Excess funds transferred from the Environmental Service Fee (ESF) fund to another department for an approved project were not claimed after project was completed. \$3,818 out of the total funds transferred for a project remained with the department when the project was complete. The excess funds were not transferred back to the fund.   | Low        | Recommendations to Hope Garcia, Executive Director of Student Affairs Administration:<br><br>Recover funds remaining after the project was completed.  | 3. Management agrees. Management agrees to determine the department that was transferred funds and request the excess of \$3,818 be returned.   | 3. Elizabeth With, Vice President of Student Affairs and Hope Garcia, Executive Director of Student Affairs Administration  | 2/1/2016                     | Closed                |

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| Internal            | UNT System Internal Audit  | Fiscal Year 2015              | 15-031 UNT               | Academic and Students                | Office of Sustainability Audit  | UNT                   | Excess funds transferred from the Environmental Service Fee (ESF) fund to another department for an approved project were not claimed after project was completed. \$3,818 out of the total funds transferred for a project remained with the department when the project was complete. The excess funds were not transferred back to the fund.   | Low        | Recommendations to Hope Garcia, Executive Director of Student Affairs Administration:<br><br>Develop procedures to fully account for use of money transferred from the ESF fund. Implementation will ensure compliance with TEC Section 54.5041.   | 4. Management agrees. If funds are committed to an effort in partnership with another department, funds may only be used in one of two ways:<br>a. Through IDO which lists exact line time costs;<br>b. By directly purchasing items/services from the ESF rather than transferring a lump sum.  | 4. Hope Garcia, Executive Director, of Student Affairs Administration  | 2/1/2016                     | Closed                |
| Internal            | UNT System Internal Audit  | Fiscal Year 2015              | 15-031 UNT               | Academic and Students                | Office of Sustainability Audit  | UNT                   | Two tablets and a parking pass were not eligible to be paid using Environmental Service Fee (ESF). The following specific issues were identified:<br>• \$10 was used to pay for a parking pass.<br>• \$875 was used to purchase tablets.  | Low        | Recommendations to Hope Garcia, Executive Director of Student Affairs Administration:<br><br>Move the expenditures incorrectly charged to the fund to an alternative funding source.   | 6. Management agrees. An advisor of the We Mean Green Fund (WGMF) will oversee activity of the WGMF Committee and provide guidance to committee on purpose of the fee and allowable purposes through the Committee Bylaws and ongoing training for returning and new committee members.  | 6. Hope Garcia, Executive Director of Student Affairs Administration and Gary Cocke, Student Coordinator of Sustainability | 2/1/2016                     | Closed                |
| Internal            | UNT System Internal Audit  | Fiscal Year 2015              | 15-031 UNT               | Academic and Students                | Office of Sustainability Audit  | UNT                   | Two tablets and a parking pass were not eligible to be paid using Environmental Service Fee (ESF). The following specific issues were identified:<br>• \$10 was used to pay for a parking pass.<br>• \$875 was used to purchase tablets.  | Low        | Recommendations to Hope Garcia, Executive Director of Student Affairs Administration:<br><br>Implement a procedure to assure expenses are reviewed and funds are only spent on allowable purposes. Implementation will ensure compliance with TEC Section 54.5041.   | 6. Management agrees. An advisor of the We Mean Green Fund (WGMF) will oversee activity of the WGMF Committee and provide guidance to committee on purpose of the fee and allowable purposes through the Committee Bylaws and ongoing training for returning and new committee members.  | 6. Hope Garcia, Executive Director of Student Affairs Administration and Gary Cocke, Student Coordinator of Sustainability | 2/1/2016                     | Closed                |
| Internal            | UNTHSC Institutional Compliance Office   | Fiscal Year 2015              | NA                       | Governance and Regulatory Compliance | Safety and Security Audit (conducted by UNTHSC Institutional Compliance Office) | UNTHSC                | Safety Coordinator Training needs to be completed by each Safety Coordinator  | NA         | Institutional Compliance recommends that the Safety Office maintains a process that ensures that each UNTHSC Safety Coordinator has completed Safety Coordinator training. If training is not completed or is unable to be completed by the Safety Coordinator, then a new Safety Coordinator should be appointed for that department. | New Employee Safety training is currently in the process of being updated and moved to UNTHSC's new We Comply Training Platform. This will allow for more accurate reporting. The new Safety Training is set to roll out in September 2015.  | Matthew Moncus, Director, Safety Office  | 9/2015                       | Closed                |
| Internal            | UNTHSC Institutional Compliance Office   | Fiscal Year 2015              | NA                       | Governance and Regulatory Compliance | Safety and Security Audit (conducted by UNTHSC Institutional Compliance Office) | UNTHSC                | Institutional Compliance (IC) found that per the Fire Drill Report, corrective actions needed to be implemented and another Fire Drill should have been scheduled five to six months after to evaluate the efficiency of the corrective actions. Facilities had scheduled a complete fire alarm upgrade for the Gibson D. Lewis Library and the Safety Officer decided to perform the next drill in the building after the upgrade was completed. Funding for the fire alarm upgrade has been secured by Facilities for fiscal year 2016. The engineering has been completed, the next step is the installation. Brian Jordon is the Project Manager. | NA         | IC recommends that the Safety Office conduct at least one emergency of fire drill exercise in the PCC and other high occupancy, multi-story buildings.   | A fire drill schedule has been implemented that tests each building at least once a year. A large scare emergency management exercise will be conducted in the PCC in October, 2016.   | Matthew Moncus, Director, Safety Office  | 10/28/2016                   | Closed                |
| External            | City of Denton   | Fiscal Year 2016              | NA                       | Governance and Regulatory Compliance | Fats, Oils, and Grease (FOG) Trap Inspection                                    | UNT                   | No findings/issues identified.  | NA         | No findings/issues identified.   | No findings/issues identified.   | NA   | NA                           | NA                    |
| External            | City of Denton   | Fiscal Year 2016              | 7015 0640 0002 6192 7927 | Governance and Regulatory Compliance | City of Denton NOV  | UNT                   | During compliance monitoring activities conducted by the City of Denton on April 19, 2016, the mercury value for a sample collected at Outfall 004, had a value of 0.0029 mg/L exceeding the value established by the permit. As a result, UNT is Non-Compliant pursuant to City of Denton Code of Ordinances Chapter 26 Section 26-187; to-wit: discharge of wastewater containing mercury exceeding established Local Limits into Sanitary Sewer System.  | NA         | Submit the following within 15 days of receipt of this notice: The problem per the Notice of Violation issued. The possible cause of the problem. The steps being taken to minimize or curtail the recurrence of the problem.  | The university is taking a comprehensive, multiple-stepped approach to minimizing future violations, both in the short and long-term. In addition to continuing our hazardous waste training program, which is required for all individuals who work in laboratories; inspecting laboratories to facilitate compliance with environmental, and health and safety laws; following RCRA rules for segregating, packing, and disposing of waste to reduce the chance for pollutants to enter the sanitary sewer or storm water transport systems. | NA   | NA                           | Closed                |
| External            | City of Denton   | Fiscal Year 2016              | 7015 0640 0002 6192 7934 | Governance and Regulatory Compliance | City of Denton NOV  | UNT                   | During compliance monitoring activities conducted by the City of Denton between April 19, and April 21, 2016, the copper values for three samples collected at Outfall 004, had a value of 1.5804 mg/L on April 19, a value of 2.1484 mg/L on April 20, and a value of 0.8595 mg/L on April 21, all three exceeding the value established by the permit. As a result, UNT is Non-Compliant pursuant to City of Denton Code of Ordinances Chapter 26 Section 26-187; to-wit: discharge of wastewater containing copper exceeding established Local Limits into Sanitary Sewer System.  | NA         | Submit the following within 15 days of receipt of this notice: The problem per the Notice of Violation issued. The possible cause of the problem. The steps being taken to minimize or curtail the recurrence of the problem.  | The university is taking a comprehensive, multiple-stepped approach to minimizing future violations, both in the short and long-term. In addition to continuing our hazardous waste training program, which is required for all individuals who work in laboratories; inspecting laboratories to facilitate compliance with environmental, and health and safety laws; following RCRA rules for segregating, packing, and disposing of waste to reduce the chance for pollutants to enter the sanitary sewer or storm water transport systems. | NA   | NA                           | Closed                |
| External            | Myers and Stauffer LC on behalf of Texas Health and Human Services Commission (HHSC) | Fiscal Year 2016              | UNTHSC 138980111.3.208   | Governance and Regulatory Compliance | Verification of Patient Outcome Baseline Milestone Achievement; 1115 Waiver     | UNTHSC                | No errors found in baseline. Supporting documentation for sample baseline data had 2 identified issues. Baseline Rate = .702128   | NA         | None   | NA   | NA   | NA                           | NA                    |

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| External            | Myers and Stauffer LC on behalf of Texas Health and Human Services Commission (HHSC) | Fiscal Year 2016              | UNTHSC 138980111.3.204 | Governance and Regulatory Compliance | Verification of Patient Outcome Baseline Milestone Achievement; 1115 Waiver  | UNTHSC                | Verify Patient Outcome Baseline Data - Project#138980111.3.204  | NA         | None   | NA  | NA  | NA                           | NA                    |
| External            | Myers and Stauffer LC on behalf of Texas Health and Human Services Commission (HHSC) | Fiscal Year 2016              | UNTHSC 138980111.2.5   | Governance and Regulatory Compliance | Verification of Patient Outcome Baseline Milestone Achievement; 1115 Waiver  | UNTHSC                | Verify that 75 Patients Received Services Between 10/1/2013 and 9/30/2014 - Project# 138980111.2.5  | NA         | None   | NA  | NA  | NA                           | NA                    |
| External            | Myers and Stauffer LC on behalf of Texas Health and Human Services Commission (HHSC) | Fiscal Year 2016              | UNTHSC 138980111.1.2   | Governance and Regulatory Compliance | Verification of Community Based Clinics/Mobile Teams Milestone Achievement   | UNTHSC                | Verify that 2 community based clinics were established and providing services between 10/1/2013 and 9/30/2014. Verify that 4 mobile clinic teams were established and providing services between 10/1/2013 and 9/30/2014. - Project# 138980111.1.2                    | NA         | None   | NA  | NA  | NA                           | NA                    |
| External            | State Auditor's Office   | Fiscal Year 2016              | 16-016                 | Finance                              | State of Texas Compliance with Federal Requirements for the Student Financial Assistance Cluster for the Fiscal Year Ended August 31, 2015 | UNT                   | <u>Cost of Attendance:</u> For 15 (24 percent) of 62 students tested, the University of North Texas (University) incorrectly or inconsistently calculated COA. Making incorrect COA calculations could result in under awards or over awards of financial assistance. | NA         | The University should:<br><br>- Include loan fees in COA only for students who receive loans and ensure that it does not make over awards of financial assistance as a result of removing the loan fees.   | <u>Cost of Attendance (COA)</u><br>Management implemented changes last year in August 2014 to include loan fees in the COA budget for students who receive loans and ensure that the changes do not cause over awards of financial assistance as a result of removing the loan fees. Management modified the existing process to make adjustments more frequently throughout the year. Management implemented changes to identify students who have default values within the COA and have an ISIR to calculate each student's COA based on the correct budget. | Dena Guzman-Torres and Lacey Thompson     | 7/1/2015                     | Closed                |
| External            | State Auditor's Office   | Fiscal Year 2016              | 16-016                 | Finance                              | State of Texas Compliance with Federal Requirements for the Student Financial Assistance Cluster for the Fiscal Year Ended August 31, 2015 | UNT                   | <u>Cost of Attendance:</u> For 15 (24 percent) of 62 students tested, the University of North Texas (University) incorrectly or inconsistently calculated COA. Making incorrect COA calculations could result in under awards or over awards of financial assistance. | NA         | The University should:<br><br>-Calculate each student's COA based on the correct budget.   | <u>Cost of Attendance (COA)</u><br>Management implemented changes last year in August 2014 to include loan fees in the COA budget for students who receive loans and ensure that the changes do not cause over awards of financial assistance as a result of removing the loan fees. Management modified the existing process to make adjustments more frequently throughout the year. Management implemented changes to identify students who have default values within the COA and have an ISIR to calculate each student's COA based on the correct budget. | Dena Guzman-Torres and Lacey Thompson     | 7/1/2015                     | Closed                |
| External            | State Auditor's Office   | Fiscal Year 2016              | 16-016                 | Finance                              | State of Texas Compliance with Federal Requirements for the Student Financial Assistance Cluster for the Fiscal Year Ended August 31, 2015 | UNT                   | <u>Satisfactory Academic Progress:</u> The University's SAP policy did not meet certain federal requirements at the beginning of the award year. As a result, for 2 (3 percent) of 62 students tested, the University did not correctly determine their SAP status.   | NA         | The University should:<br><br>-Continue to ensure that its SAP policy meets federal requirements by calculating the quantitative pace requirement on a cumulative basis, rather than an annual basis; ensuring that the policy requires students to graduate within the maximum time frame; and making the SAP policy at least as strict as its academic policy. | <u>Satisfactory Academic Progress</u><br>Management implemented changes in the middle of the term last year in November 2014, after it was identified by the auditors, to its SAP policy to meet federal requirements by calculating the quantitative pace requirement on a cumulative basis, rather than an annual basis; to ensure students graduate within the maximum time frame to make the SAP policy as strict as its academic policy.   | Dena Guzman-Torres and Lacey Thompson     | 11/1/2014                    | Closed                |
| External            | State Auditor's Office   | Fiscal Year 2016              | 16-016                 | Finance                              | State of Texas Compliance with Federal Requirements for the Student Financial Assistance Cluster for the Fiscal Year Ended August 31, 2015 | UNT                   | <u>Federal Pell Grant:</u> The University did not disburse Federal Pell Grant funds to one student who was eligible to receive those funds.   | NA         | The University should:<br><br>- Disburse Federal Pell Grant funds to all eligible students.  | <u>Pell Grants</u><br>Management implemented changes to ensure the disbursement of Federal Pell Grant funds to all eligible students.   | Abby Goynes and Lacey Thompson            | 7/1/2015                     | Closed                |



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| External            | State Auditor's Office          | Fiscal Year 2016              | 16-016        | Finance                              | State of Texas Compliance with Federal Requirements for the Student Financial Assistance Cluster for the Fiscal Year Ended August 31, 2015 | UNT                   | For 4 (7 percent) of 60 students who had a status change, the University submitted inaccurate effective dates to NSLDS. That occurred because the University had identified errors in its February 2015 report submission to NSC and, therefore, delayed submission of its enrollment report. That delay caused the effective dates to be reflected inaccurately in NSLDS. Not reporting effective dates accurately could affect determinations that guarantors, lenders, and servicers of student loans make related to in-school status, deferments, grace periods, repayment schedules, and the federal government's payment of interest subsidies. | NA         | The University should accurately report effective dates to NSLDS.  | Management is attentive to the U.S. Department of Education requirements regarding reporting dates of student enrollment status changes. Management has implemented a change to the internal National Student Clearinghouse Enrollment Report to help ensure the accuracy enrollment change dates. | Bryan Heard                                      | 8/1/2015                     | Closed                |
| External            | State Auditor's Office          | Fiscal Year 2016              | 16-017        | Research                             | State of Texas Compliance with Federal Requirements for the Research and Development Cluster for the Fiscal Year Ended August 31, 2015     | UNT                   | During this audit, the University of North Texas's (University) Office of General Counsel disclosed to auditors that the University conducted an internal investigation related to the effort that one of its researchers charged to a federal award. The University determined that the associated payroll charges of \$68,236 resulted from unintentional errors related to the effort that researcher reported. In response to the increased risk related to payroll charges, auditors tested additional payroll related expenditures at the University but did not identify any additional instances of noncompliance or control deficiencies.     | NA         | 2015-127 The University should:<br>-Coordinate the repayment of all questioned costs with the awarding agency.   | The University of North Texas will deduct \$68,236 in questioned costs from the next invoice submitted to the awarding agency. Supporting documentation will be provided to the State Auditor's Office.  | Dr. David Schultz and Britt Krhovjak             | 2/29/2016                    | Closed                |
| External            | State Auditor's Office          | Fiscal Year 2016              | 16-017        | Research                             | State of Texas Compliance with Federal Requirements for the Research and Development Cluster for the Fiscal Year Ended August 31, 2015     | UNT                   | During this audit, the University of North Texas's (University) Office of General Counsel disclosed to auditors that the University conducted an internal investigation related to the effort that one of its researchers charged to a federal award. The University determined that the associated payroll charges of \$68,236 resulted from unintentional errors related to the effort that researcher reported. In response to the increased risk related to payroll charges, auditors tested additional payroll related expenditures at the University but did not identify any additional instances of noncompliance or control deficiencies.     | NA         | 2015-127 The University should:<br>-Improve controls related to the review and approval of effort charged to federal awards to help ensure that all charges are based on the effort contributed to federal awards.   | A regular training regimen is being implemented with all principal investigators involved in federally funded research. The training includes reinforcement of requirements for supporting documentation for hours worked and allocation of effort.  | Dr. David Schultz and Britt Krhovjak             | 9/30/2016                    | Closed                |
| External            | State Auditor's Office          | Fiscal Year 2016              | 16-027        | Finance                              | Agencies', Higher Education Institutions', and Community Colleges' Compliance with Public Investment Reporting Requirements                | All Components        | Were Not Fully Compliant with the Act (Source: State Auditor's Office review of the compliance audit reports that internal or external auditors issued.)   | NA         | None   | NA   | NA   | NA                           | NA                    |
| External            | State Auditor's Office          | Fiscal Year 2016              | 16-317        | Finance                              | Federal Portion of the Statewide Single Audit Report for the Year Ended August 31, 2015  | UNT                   | NA   | NA         | None   | NA   | NA   | NA                           | NA                    |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Risk Management Program Review   | UNT Dallas            | 16-11-01 Safety: Fire Safety: Mechanical/Boiler/Electrical Equipment Rooms - SORM noted during the consultation that mechanical, boiler, and electrical equipment ("chiller") rooms on campus were being used to store combustible materials such as cardboard boxes, paper, etc.  | NA         | SORM recommends that the university remove all combustible materials from all boiler rooms, mechanical rooms, and electrical equipment rooms in accordance with the NFPA standard referenced below. (Note: Chapter 10.18.5.2 of NFPA-1 (2015) states that "Materials and supplies for the operation and maintenance of the equipment in the room shall be permitted.") In one area of the large mechanical room in Building 1, a room has been constructed which if built to code would be sufficient to house combustible materials. Currently, it does not meet code, however, and therefore, all combustible materials should be removed from this location. Reference: NFPA-1 (2015), "Fire Code," Chapters 10.18.5.1, 10.18.5.2 | When have proposals and plans from 3 contractors to bring the storage area up.   | Wayne McInnis, Assistant Director for Facilities | 4/30/2016                    | Closed                |

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| Internal / External | Reporting Agency                | Fiscal Year Report was Issued | Report Number | Audit Category                       | Report Name                    | Component Institution | Key Observations  | Risk Level | Recommendation Details  | Management Response   | Individual Responsible for Implementation        | Expected Implementation Date                                       | Recommendation Status   |
|---------------------|---------------------------------|-------------------------------|---------------|--------------------------------------|--------------------------------|-----------------------|---|------------|---|---|--|--|---|
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Risk Management Program Review | UNT Dallas            | 16-11-02 Safety: Fire Safety: Emergency Equipment/Hazard Communication (Chiller Room #147) - SORM noted during the consultation that the Chiller Room (Room #147) was being used for storing an excessive amount of furniture and other pieces of equipment. This room has emergency procedures for a spill of the chiller chemicals which include the use of Self-Contained Breathing Apparatus (SCBA) gear. However, egress to the gear is blocked by all of the equipment being stored in the room. In addition, there are no Safety Data Sheets (SDS) nor an eyewash station present in the room.   | NA         | SORM recommends that the university immediately clean out this room such that the emergency procedures can be implemented as required, implement an OSHA-compliant hazard communication program vis-a-vis these chemicals, including the placement of the correct SDSs in the room, and install an ANSI-compliant eyewash station in the room. All employees exposed to these hazards should be trained on safety policies and procedures as part of the hazard communication program.<br>References: OSHA, 29 CFR 1910.1200, "Hazard Communication"; ANSI/ISEA, z358.1 (2014), "Standard for Emergency Eyewash and Shower Equipment" | On 1/28/16 we submitted a RFP for a Modular building that will eliminate the need to store these items in the machine room.   | Wayne McInnis, Assistant Director for Facilities | Expected Imp. Date: 3/30/2016<br><br>Revised Imp. Date: 2/28/2017  | Closed  |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Risk Management Program Review | UNT Dallas            | 16-11-03 Safety: Electrical Safety: Exterior Outlet (Outside of Kitchen) - SORM noted during the consultation that an exterior outlet outside of the kitchen was missing its required cover.  | NA         | SORM recommends that the university replace this cover in accordance with the NFPA standard referenced below.<br>Reference: NFPA-70 (2014), "National Electrical Code," Article 406.9 (B) (1)   | Recommendation has been implemented.  | Wayne McInnis, Assistant Director for Facilities | 12/2/2015  | Closed  |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Risk Management Program Review | UNT Dallas            | 16-11-04 Safety: Fire Safety: Firestops in Telecommunications Room - SORM noted during the consultation that telecommunications room #361 was lacking required firestops on wall penetrations made due to data-communications wiring.   | NA         | SORM recommends that the university firestop these penetrations in accordance with the NFPA standard referenced below.<br>Reference: NFPA-101 (2015), "Life Safety Code," Chapter 8.3.5.1   | Recommendation has been implemented.  | Wayne McInnis, Assistant Director for Facilities | 12/2/2015  | Closed  |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Risk Management Program Review | UNT Dallas            | 16-11-05 Safety: Fire Safety: Fire Doors, Equipment, and Assemblies - SORM noted during the consultation that the fire doors and assemblies on campus were in varying states of compliance with the fire and life safety codes with regard to the display of their fire-resistance ratings.   | NA         | SORM recommends that the university conduct an inventory of all fire doors, equipment, and assemblies and then ensure that each are labeled in accordance with the NFPA standard referenced below.<br>Reference: NFPA-101 (2015), "Life Safety Code," Chapters 8.3.3.1, 8.3.3.2, 8.3.3.2.2, 8.3.3.2.3, 8.3.3.2.3.1  | We are going through the building's submittals and plans from construction to confirm the fire code ratings and have it displayed properly. Also working with UNT Risk Management to get them properly rated. | Wayne McInnis, Assistant Director for Facilities | Expected Imp. Date: 3/30/2016<br><br>Revised Imp. Date: 11/30/2017 | All SORM recommendations are open until the next SORM visit, in November, 2017. |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Risk Management Program Review | UNT Dallas            | 16-11-06 Safety: Light Bulb Cover (Mechanical Room- Building #1) - SORM noted during the consultation that light bulbs in the southeast corner of the mechanical room in Building #1 were fewer than eight feet from ground level and were missing a required cover.  | NA         | SORM recommends that the university cover these bulbs, as per the OSHA standard referenced below.<br>Reference: OSHA, 29 CFR 1910.305 (j)(1)(i)   | Recommendation has been implemented.  | Wayne McInnis, Assistant Director for Facilities | 1/14/2016  | Closed  |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Risk Management Program Review | UNT Dallas            | 16-11-07 Safety: Fire Safety: Storage Under Stairwell - SORM noted during the consultation that the State Fire Marshal's Office recommended that the university either remove a sprinklered, locked storage room under a stairwell in Building #1, or construct a doorway that leads directly outside and remove the doorway in the interior of the building, replacing it with a wall.   | NA         | SORM recommends that the university comply with the findings of the State Fire Marshal's Office in the timeframe as directed by the SFMO.<br>Reference: NFPA-1 (2015), "Fire Code," Chapters 1.6, 1.7.3.1   | We have proposals from 3 contractors to remove the enclosure and bring the stair well up to code.   | Wayne McInnis, Assistant Director for Facilities | 4/30/2016  | Closed  |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Risk Management Program Review | UNT Dallas            | 16-11-08 Risk Management: Policies/Procedures: Facilities Maintenance Staff - SORM noted during the consultation that there were several factors that may cause additional stresses on the current structure of the facilities maintenance staff, potentially resulting in required maintenance procedures not being completed as required by various safety codes. These factors include but are not limited to:<br>a) Growth in the square footage of the university's structures, with new buildings being constructed and/or the expansion of current facilities.<br>b) New emphasis from the Texas State Fire Marshal's Office on the enforcement of the SFMO directive from 2005 about frequency of testing of natural gas lines.<br>c) Adoption of NFPA-1 (Fire Code-2012) as the inspection document of the State Fire Marshal's Office, who is the Authority Having Jurisdiction regarding fire/life safety of all state assets. This standard works in conjunction with the previously-adopted NFPA-101 (Life Safety Code), however, it covers many more hazards. | NA         | Considering these and other factors, SORM recommends that the university use a formal risk assessment process to consider whether the current structure and size of the facilities maintenance staff is and will continue to be adequate to meet these needs and others that may emerge over time.<br>Reference: RMTSA Guidelines, Volume III, Section Two, Chapter 2, Subchapter 2.4   | Risk assessment to be complete by 7/31/16   | Wayne McInnis, Assistant Director for Facilities | Expected Imp. Date: 7/31/2016<br><br>Revised Imp. Date: 11/30/2017 | All SORM recommendations are open until the next SORM visit, in November, 2017. |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Risk Management Program Review | UNTHSC                | 16-11-01 Safety: Fire Safety: Fire Extinguisher (Library) - SORM noted during the consultation that the fire extinguisher in the Center for Innovative Learning, room 448 in the Library, was a Carbon Dioxide "B/C" type of extinguisher.  | NA         | SORM recommends that UNTHSC replace this extinguisher with an A/B/C Dry Chemical type of extinguisher due to the hazard classification and type of combustible material present in this location, as per the NFPA standards referenced below.<br>References: NFPA-101 (2015), "Life Safety Code," Chapters 39.3.5; 9.7.4.1; NFPA-10 (2013), "Standard for Portable Fire Extinguishers," Chapters 5.1, 5.2.1, 5.4.1.2  | Fire Extinguisher was replaced with the proper type.  | Matthew Moncus, Director, Safety Office          | 11/13/2015   | Closed  |

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| Internal / External | Reporting Agency                | Fiscal Year Report was Issued | Report Number | Audit Category                       | Report Name                    | Component Institution | Key Observations   | Risk Level | Recommendation Details  | Management Response   | Individual Responsible for Implementation | Expected Implementation Date | Recommendation Status |
|---------------------|---------------------------------|-------------------------------|---------------|--------------------------------------|--------------------------------|-----------------------|--|------------|---|---|---|------------------------------|-----------------------|
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Risk Management Program Review | UNTHSC                | 16-11-02 Safety: Fire Safety: Exit Signage (PCC Building) - SORM noted during the consultation that the hallway on the first floor near room 174 was lacking a required exit sign to direct travel in emergency situations.  | NA         | SORM recommends that the university install an approved, listed exit sign in accordance with the NFPA standard referenced below.<br>References: NFPA-101 (2015), "Life Safety Code," Chapters 39.2.10, 7.10.2.1   | Signs will be ordered and installed by Facilities.  | Matthew Moncus, Director, Safety Office   | 1/31/2016                    | Closed                |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Risk Management Program Review | UNTHSC                | 16-11-03 Safety: Fire Safety: Escutcheon Plate (PCC Building) - SORM noted during the consultation that an escutcheon plate was missing on one of the sprinkler heads on the first floor of the PCC building, near room 174.   | NA         | SORM recommends that the university replace this escutcheon plate in accordance with the NFPA standard referenced below.<br>References: NFPA-101 (2015), "Life Safety Code," Chapters 4.6.12.4, 9.7.1.1; NFPA-13 (2016), "Standard for the Installation of Sprinkler Systems," Chapter 6.2.7  | Escutcheon plate was replaced.  | Matthew Moncus, Director, Safety Office   | 11/6/2015                    | Closed                |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Risk Management Program Review | UNTHSC                | 16-11-04 Safety: Electrical Safety: Junction Box Cover (RES Building) - SORM noted during the consultation that a junction box in room 1M3 on the first floor of the RES building was missing its required cover.  | NA         | SORM recommends that the university cover the junction box in accordance with the NFPA standard referenced below.<br>Reference: NFPA-70 (2014), "National Electrical Code," Article 314.28(C)   | Cover was replaced by Facilities.   | Matthew Moncus, Director, Safety Office   | 11/12/2015                   | Closed                |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Risk Management Program Review | UNTHSC                | 16-11-05 Safety: Fire Safety: Exit Signs (PCC Building) - SORM noted during the consultation that many of the exit signs at the end of the hallways in the PCC Building were insufficiently lit and some were pointing in the wrong direction for egress.  | NA         | SORM recommends that the university replace all exit signs that are not illuminated in accordance with the NFPA standard below, and ensure that the chevrons point in the correct direction of travel.<br>References: NFPA-101 (2015), "Life Safety Code," Chapters 21.2.10, 7.10, 7.10.5.1   | Signs will be ordered and installed by Facilities.  | Matthew Moncus, Director, Safety Office   | 1/31/2016                    | Closed                |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Risk Management Program Review | UNTHSC                | 16-11-06 Safety: Chemical Safety/Hazard Communication: Eyewash Stations (RES Building) - SORM noted during the consultation that many of the eyewash stations in the RES Building had not been inspected since August of 2015.   | NA         | SORM recommends that the university conduct documented inspections of these eyewash stations with a frequency in accordance with the manufacturer's specifications and the ANSI standard referenced below.<br>Reference: ANSI/ISEA (2014), z358.1, "Standard for Emergency Eyewash and Shower Equipment"  | The Safety Office has created an inspection checklist with frequencies for eyewashes and safety showers, and will conduct the inspections accordingly.  | Matthew Moncus, Director, Safety Office   | 11/30/2015                   | Closed                |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Risk Management Program Review | UNTHSC                | 16-11-07 Safety: Fire Safety: Mechanical/Boiler/Electrical Equipment Rooms - SORM noted during the consultation that many of the mechanical, boiler, and electrical equipment rooms on campus were being used to store combustible materials such as cardboard boxes, paper, etc.                                | NA         | SORM recommends that the university remove all combustible materials from boiler rooms, mechanical rooms, and electrical equipment rooms in accordance with the NFPA standard referenced below. (Note: Chapter 10.19.5.2 of NFPA-1 states that "Materials and supplies for the operation and maintenance of the equipment in the room shall be permitted.")<br>Reference: NFPA-1 (2015), "Fire Code," Chapters 10.19.5.1, 10.19.5.2 | Combustible materials have been removed from mechanical/electrical/boiler rooms.  | Matthew Moncus, Director, Safety Office   | 12/4/2015                    | Closed                |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Risk Management Program Review | UNTHSC                | 16-11-08 Safety: Occupational Noise: Testing (EAD Boiler Room) - SORM noted during the consultation that the EAD Boiler Room was an area of concern with regard to excess occupational noise.  | NA         | SORM recommends that the university measure the noise levels in this area as per the OSHA standard referenced below, and determine if a hearing protection program should be implemented.<br>Reference: OSHA, 29 CFR 1910.95, "Occupational Noise Testing"  | Noise levels were measured and were determined to be below the 85dB threshold for implementing a hearing protection program. However, hearing protection will be made available and training will be conducted on proper usage of hearing protection for employees who may work in that area. | Matthew Moncus, Director, Safety Office   | 12/11/2015                   | Closed                |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Risk Management Program Review | UNTHSC                | 16-11-09 Safety: Fire Safety: Electrical Panelboard (CBH Building) - SORM noted during the consultation that an electrical panelboard in room 5ME1 was missing a list of what each circuit breaker controls.   | NA         | SORM recommends that the university label this panelboard in accordance with the NFPA standard referenced below.<br>Reference: NFPA-70 (2014), "National Electrical Code," Article 408.4  | The Facilities Electrician has been assigned to properly label the panel board.   | Matthew Moncus, Director, Safety Office   | 12/23/2015                   | Closed                |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Risk Management Program Review | UNTHSC                | 16-11-10 Safety: Fire Safety: Escutcheon Plate (CBH Building) - SORM noted during the consultation that an escutcheon plate over a sprinkler head on the fifth floor of the CBH Building was missing.  | NA         | SORM recommends that the university replace this escutcheon plate in accordance with the NFPA standards referenced below.<br>References: NFPA-101 (2015), "Life Safety Code," Chapters 4.6.12.4, 9.7.1.1; NFPA-13 (2016), "Standard for the Installation of Sprinkler Systems," Chapter 6.2.7   | Escutcheon plate was replaced.  | Matthew Moncus, Director, Safety Office   | 11/6/2015                    | Closed                |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Risk Management Program Review | UNTHSC                | 16-11-11 Safety: Fire Safety: Exit Sign (CBH Building) - SORM noted during the consultation that an exit sign near the 2S2 stairwell is insufficiently lit.  | NA         | SORM recommends that the university replace this exit sign with one that performs in accordance with the NFPA standard referenced below.<br>Reference: NFPA-101 (2015), "Life Safety Code," Chapters 39.2.10, 7.10, 7.10.5.1  | Signs will be ordered and installed by Facilities.  | Matthew Moncus, Director, Safety Office   | 1/31/2016                    | Closed                |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Risk Management Program Review | UNTHSC                | 16-11-12 Safety: Fire Safety: Electrical Panelboard (UNT-System HR Building) - SORM noted during the consultation that an electrical panelboard in the exterior mechanical room of the UNT-System HR Building was missing a required knockout and a list indicating which circuit each circuit breaker controls. | NA         | SORM recommends that the university insert the knockout and label as per the NFPA standard referenced below.<br>Reference: NFPA-70 (2015), "National Electrical Code," Articles 408.4, 110.12 [A]   | Building is scheduled to be unoccupied within the next 2 months, and is scheduled to be demolished soon after.  | Matthew Moncus, Director, Safety Office   | 2/29/2016                    | Closed                |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Risk Management Program Review | UNTHSC                | 16-11-13 Safety: Electrical Safety: GFCI Protection – Electric Water Fountain (General Services Building) - SORM noted during the consultation that an electric water fountain in the General Services Building was not protected by either a GFCI receptacle or circuit breaker.                                | NA         | SORM recommends that the university install GFCI protection in this area in accordance with the NFPA standard referenced below.<br>Reference: NFPA-70 (2015), "National Electrical Code," Article 422.52  | The Facilities Electrician has been assigned the task to provide GFCI protection for the water fountains.   | Matthew Moncus, Director, Safety Office   | 1/31/2016                    | Closed                |



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| External            | State Office of Risk Management                                     | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Risk Management Program Review  | UNTHSC                | 16-11-14 Safety: Emergency Management: Shelter-in-Place Drill - SORM noted during the consultation that although the university has excellent emergency management policies in place, a shelter-in-place drill had not been conducted recently.   | NA         | SORM recommends that the university conduct a "worst case scenario" shelter-in-place drill for all buildings on campus, including both employees and students in the procedure. Reference: RMTSA Guidelines, Volume III, Section Two, Chapter 6, Subchapter 6.5   | A shelter-in-place drill matrix has been created that establishes a drill schedule for each building on campus. Each building will be drilled individually and performance will be evaluated by the Safety Office. A campus wide drill will be integrated into our annual emergency management exercise. | Matthew Moncus, Director, Safety Office   | 10/28/2016 (Exercise is scheduled based on availability of City of Fort Worth resources.)  | Closed                |
| External            | State Office of Risk Management                                     | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Risk Management Program Review  | UNTHSC                | 16-11-15 Risk Management: Policies/Procedures: Incident Investigations - SORM noted during the consultation that root cause analyses of appropriate incidents is not currently occurring in a formalized manner.  | NA         | SORM recommends that the university provide incident investigation training for at least the University Safety Officer. Upon completion of this training, root cause analyses should be conducted for each appropriate incident that occurs. Reference: RMTSA Guidelines, Volume III, Section Two, Chapter 5, Subchapter 5.7  | The Safety Director will attend an incident investigation course and conduct root cause analyses for each incident.  | Matthew Moncus, Director, Safety Office   | 5/31/2016<br>Not yet implemented. SORM stopped offering this course, and an alternative has not been identified.   | Closed                |
| External            | State Office of Risk Management                                     | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Risk Management Program Review  | UNTHSC                | 16-11-16 Risk Management: Policies/Procedures: Facilities Maintenance Staff - SORM noted during the consultation that there were several factors that may cause additional stresses on the current structure of the facilities maintenance staff, potentially resulting in required maintenance procedures not being completed as required by various safety codes. These factors include but are not limited to:<br><ul style="list-style-type: none"> <li>• Growth in the square footage of the university's structures, with new buildings being constructed and/or the expansion of current facilities.</li> <li>• New emphasis from the Texas State Fire Marshal's Office on the enforcement of the SFMO directive from 2005 about frequency of testing of natural gas lines.</li> <li>• Adoption of NFPA-1 (Fire Code) as the inspection document of the State Fire Marshal's Office, who is the Authority Having Jurisdiction regarding fire/life safety of all state assets. This standard works in conjunction with the previously-adopted NFPA-101 (Life Safety Code), however, it covers many more hazards.</li> <li>• The availability of and desire to obtain and utilize an infra-red scanning device to detect electrical issues on campus before they result in failure and subsequent fire.</li> </ul> | NA         | Considering all of these factors, SORM recommends that the university use a formal risk assessment process to consider whether the current structure and size of the facilities maintenance staff is and will continue to be adequate to meet these needs and others that may emerge over time. Reference: RMTSA Guidelines, Volume III, Section Two, Chapter 2, Subchapter 2.4 | An assessment will be conducted to determine appropriate staffing levels.  | Matthew Moncus, Director, Safety Office   | 8/31/2016<br>Not yet implemented. An assessment of only Safety personnel revealed appropriate staffing levels based on square footage, population, and workload. | Closed                |
| External            | Grant Thornton  | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Financial Report of the University of North Texas for SACS Accreditation                      | UNT                   | Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with accounting principles generally accepted in the United States of America.   | NA         | None  | NA   | NA  | NA   | NA                    |
| External            | Southern Association of Colleges and Schools Commission on Colleges | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Southern Association of Colleges and Schools Commission on Colleges Fifth-Year Interim Report | UNTHSC                | Regional SACSCOC Accreditation  | NA         | None  | NA   | NA  | NA   | NA                    |
| External            | Texas Department of State Health Services                           | Fiscal Year 2016              | 1005327       | Governance and Regulatory Compliance | Radiation Safety Program Audit  | UNTHSC                | We have determined that your radiation safety program appears to be in compliance.  | NA         | None  | NA   | NA  | NA   | NA                    |

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| External            | Texas Higher Education Coordinating Board | Fiscal Year 2016              | GF2684        | Research       | Sandia National Lab (Federal) financial and compliance audit (Office of Grant and Contract Administration) | UNT                   | Based on our review of the costs claimed by the contractor, no adjustments of the contractor's claim came to our attention that exceeded established materiality levels.<br><br>The contractor's management concurred with the results of the audit.  | NA         | None  | NA   | NA  | NA                           | NA                    |        |
| External            | CPRIT                                     | Fiscal Year 2016              | NA            | Research       | Cancer Prevention and Research Institute of Texas Program-Specific Audit Report                            | UNTHSC, UNT           | 2015-001 Condition – There were two employees listed on the FY15 Effort Report that were not listed in the Personnel Level of Effort in the original approved grant budget.<br>Questioned Costs – \$47,412<br>Context – Out of 2,661 expenditures totaling \$1,643,255, a sample of 40 expenditures totaling \$105,128 was selected for testing. Four payroll related expenditures totaling \$300.60 for individuals that were not included on the approved Personnel Level of Effort budget. The total payroll related expenditures charged to the CPRIT program for these two employees totaled \$47,412. The sample selected was not, and was not intended to be, statistically valid.<br><br>This audit was outsourced to BKD, LLP. | NA         | The University should review their policies and procedures to ensure that CPRIT is notified and provides approval when necessary for any changes to employees or positions named in the original approved grant budget. | Management agrees with the recommendation and has already resolved the issue as it was discovered during the prior year audit. Audits for FY13 and FY14 were combined and completed August 14, 2015 which prevented any corrective action from being implemented during FY15. Management provided written and verbal training to Principal Investigators regarding CPRIT's notification and approval procedures related to names and positions listed in the Personnel Level of Effort section of the approved budget. | NA  | NA                           | Closed                |        |
| External            | CPRIT                                     | Fiscal Year 2016              | NA            | Research       | Cancer Prevention and Research Institute of Texas Program-Specific Audit Report                            | UNTHSC, UNT           | 2013-001 Condition – The University had incomplete support for four out of the twenty-two and one of twenty-five judgmentally selected expenditures for fiscal years 2013 and 2014, respectively. To be allowed under State awards, costs must have complete and adequate documentation.<br>Questioned Costs – 2013: \$2,839.73; 2014: \$2,340.00<br>Context – The University was unable to provide complete evidence for expenditures related to the purchase and disbursement of gift cards that were deemed necessary and reasonable for proper and efficient performance and administration of the CPRIT program.<br><br>This audit was outsourced to BKD, LLP.   | NA         | None  | NA   | NA  | NA                           | NA                    | Closed |
| External            | CPRIT                                     | Fiscal Year 2016              | NA            | Research       | Cancer Prevention and Research Institute of Texas Program-Specific Audit Report                            | UNTHSC, UNT           | 2014-001 Condition – The University had incomplete support for four out of the twenty-two and one of twenty-five judgmentally selected expenditures for fiscal years 2013 and 2014, respectively. To be allowed under State awards, costs must have complete and adequate documentation.<br>Questioned Costs – 2013: \$2,839.73; 2014: \$2,340.00<br>Context – The University was unable to provide complete evidence for expenditures related to the purchase and disbursement of gift cards that were deemed necessary and reasonable for proper and efficient performance and administration of the CPRIT program.<br><br>This audit was outsourced to BKD, LLP.   | NA         | None  | NA   | NA  | NA                           | NA                    | Closed |
| External            | CPRIT                                     | Fiscal Year 2016              | NA            | Research       | Cancer Prevention and Research Institute of Texas Program-Specific Audit Report                            | UNTHSC, UNT           | 2014-002 Condition – The University was reimbursed for one travel related expenditure, in which the travel did not occur, out of the twenty-five expenditures judgmentally selected for testing. The University did not subsequently reimburse CPRIT for the expenditure.<br>Questioned Costs – \$142.02<br>Context – The University requested reimbursement for an expenditure that did not occur.<br><br>This audit was outsourced to BKD, LLP.   | NA         | None  | NA   | NA  | NA                           | NA                    | Closed |

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|---------------------|--|-------------------------------|-----------------------------|--------------------------------------|---|-----------------------|--|------------|---|---|--|------------------------------|-----------------------|--------|
| External            | CPRIT  | Fiscal Year 2016              | NA                          | Research                             | Cancer Prevention and Research Institute of Texas Program-Specific Audit Report | UNTHSC, UNT           | 2014-003 Condition – One employee on the FY 2014 Time and Effort Report that was not included in the Personnel Level of Effort in the approved budget. Additionally, two Research Assistants were not included in the approved Personnel Level of Effort budget. Questioned Costs – \$3,532.15<br>Context – The University added a second Program Coordinator to the project that was not included in the budget. Additionally, two employees were paid for work on the project who were not listed on the Personnel Level of Effort budget. CPRIT requires notification of all changes in personnel. Changes in key personnel that dedicate at least 10% of their time to a CPRIT funded project or program must also be communicated in writing to CPRIT.<br><br>This audit was outsourced to BKD, LLP.                                | NA         | None  | NA  | NA   | NA                           | NA                    | Closed |
| External            | Food and Drug Administration                                       | Fiscal Year 2016              | UNTHSC; Protocol Compliance | Governance and Regulatory Compliance | Protocol Compliance; TCOM/Medical Education                                     | UNTHSC                | None   | NA         | NA  | NA  | NA   | NA                           | NA                    |        |
| External            | International Association of Campus Law Enforcement Administrators | Fiscal Year 2016              | NA                          | Governance and Regulatory Compliance | Review for IACLEA Accreditation   | UNTHSC                | IACLEA Accreditation   | NA         | None  | NA  | NA   | NA                           | NA                    |        |
| External            | Department of Education  | Fiscal Year 2016              | NA                          | Finance                              | Financial Aid Audit   | UNT Dallas            | No findings/deficiencies.  | NA         | None  | NA  | NA   | NA                           | NA                    |        |
| External            | State Fire Marshal's Office  | Fiscal Year 2016              | RR011761F                   | Governance and Regulatory Compliance | Fire Safety Inspection Report   | UNT Dallas            | Building One - Finding 1: Two buildings were re-inspected for the fifth time with the following previously listed violations not corrected. Please respond to this office within 30 days of receipt of this report, detailing your intentions to correct the violations and a new timeline for their completion.<br><br>The original inspection was conducted in July of 2013. Timelines for corrective actions supplied by the University are not being met. The UNT System Fire Marshal has been notified of the lack of correcting the outstanding violations by the UNT Dallas campus staff.<br><br>The fire doors at the following locations are missing the bottom vertical rod and floor latching point or have not had fire pins installed.<br><br>Double doors by rooms 362 and 381corridor and stairwell.                      | NA         | NFPA 101, Life Safety Code, Chapters 8.3.3.1and NFPA 80 Standard for Fire Doors and other Opening Protectives | Has been corrected.. Vertical rods and floor latching were installed earlier this year. | Wayne McInnis, Assistant Director for Facilities | NA                           | Closed                |        |
| External            | State Fire Marshal's Office  | Fiscal Year 2016              | RR011761F                   | Governance and Regulatory Compliance | Fire Safety Inspection Report   | UNT Dallas            | Building One - Finding 2: Two buildings were re-inspected for the fifth time with the following previously listed violations not corrected. Please respond to this office within 30 days of receipt of this report, detailing your intentions to correct the violations and a new timeline for their completion.<br><br>The original inspection was conducted in July of 2013. Timelines for corrective actions supplied by the University are not being met. The UNT System Fire Marshal has been notified of the lack of correcting the outstanding violations by the UNT Dallas campus staff.<br><br>The area under the stairwell on the first floor has been enclosed and is used for storage. The entrance to this area is located in the stairwell. The enclosure has been removed however storage still remains under the stairs. | NA         | NFPA 101, Life Safety Code, Chapters 39.2.2.3.1, 7.2.2.5.3.2 and 7.2.3.3.1                                    | The enclosed storage under the stairwell has been removed.                              | Wayne McInnis, Assistant Director for Facilities | NA                           | Closed                |        |



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|---------------------|---|-------------------------------|---------------|--------------------------------------|--|-----------------------|--|------------|--|---|--|---|--|
| External            | State Fire Marshal's Office                         | Fiscal Year 2016              | RR011761F     | Governance and Regulatory Compliance | Fire Safety Inspection Report  | UNT Dallas            | <p>Founders Hall - Finding 1: Two buildings were re-inspected for the fifth time with the following previously listed violations not corrected. Please respond to this office within 30 days of receipt of this report, detailing your intentions to correct the violations and a new timeline for their completion.</p> <p>The original inspection was conducted in July of 2013. Timelines for corrective actions supplied by the University are not being met. The UNT System Fire Marshal has been notified of the lack of correcting the outstanding violations by the UNT Dallas campus staff.</p> <p>The fire doors throughout the building are missing the bottom vertical rod and floor latching point.</p> | NA         | NFPA 101, Life Safety Code, Chapters 8.3.3.1 and NFPA 80 Standard for Fire Doors and other Opening Protectives<br><br>Building Services Violation  | There was one set of fire doors that were identified needing the bottom vertical rod and that has been installed.   | Wayne McInnis, Assistant Director for Facilities | NA  | Closed   |
| External            | State Fire Marshal's Office                         | Fiscal Year 2016              | RR011761F     | Governance and Regulatory Compliance | Fire Safety Inspection Report  | UNT Dallas            | <p>Founders Hall - Finding 2: Two buildings were re-inspected for the fifth time with the following previously listed violations not corrected. Please respond to this office within 30 days of receipt of this report, detailing your intentions to correct the violations and a new timeline for their completion.</p> <p>The original inspection was conducted in July of 2013. Timelines for corrective actions supplied by the University are not being met. The UNT System Fire Marshal has been notified of the lack of correcting the outstanding violations by the UNT Dallas campus staff.</p> <p>There is unapproved storage of miscellaneous items in mechanical rooms and penthouses.</p>               | NA         | NFPA 101, Life Safety Code, Chapters 39.5.1, 9.1.2, 9.2.1; NFPA 70, National Electrical Code and NFPA 90A, Standard for the Installation of Air Conditioning and Ventilating Systems   | We still have the storage issue in the building and are working to lease a Modular building to place the items. I am actually meeting with the company on Tuesday 10/18/16, to walk the site where it will be placed. | Wayne McInnis, Assistant Director for Facilities | Expected Imp. Date: NA<br>Revised Imp. Date: 11/30/2017 | All SFMO recommendations are open until the next SFMO visit. |
| External            | Department of the Treasury Internal Revenue Service | Fiscal Year 2016              | N/A           | Finance                              | Tax Exempt and Government Entities Exempt Organizations Examinations | UNT Dallas            | <p>The audit identified the deficiencies discussed in the enclosed addendum. To avoid penalties, loss of exempt status, or both, you must comply with the requirements specified in the addendum.</p> <p>We audited the returns for the tax periods listed above and determined your organization continues to qualify for exemption from federal income tax under Section 510(c)(3) of the Internal Revenue Code. We accept your returns as filed.</p>  | NA         | During the examination of your Form 990, Return of Organization Exempt from Income Tax, for tax year ended December 31, 2014, we noted the following:<br><br>1) During our examination of the organization's Form 990, and related records, we determined that when you completed Schedule A, "Reason for Non-Private Foundation Status", you claimed you are described in Section 509(a)(1) and 170(b)(1)(A)(i) of the Code. The examination and interview held that you aren't a church. You also indicated that you are a Type III functionally integrated, a supporting organization. Based on your determination letter, we concluded that our determination of your organization's exempt status is Section 509(a)(1) and 170(b)(1)(A)(iv). Accordingly, please check the correct box in the future. | NA  | NA   | NA  | NA   |
| External            | Department of the Treasury Internal Revenue Service | Fiscal Year 2016              | N/A           | Finance                              | Tax Exempt and Government Entities Exempt Organizations Examinations | UNT Dallas            | <p>The audit identified the deficiencies discussed in the enclosed addendum. To avoid penalties, loss of exempt status, or both, you must comply with the requirements specified in the addendum.</p> <p>We audited the returns for the tax periods listed above and determined your organization continues to qualify for exemption from federal income tax under Section 510(c)(3) of the Internal Revenue Code. We accept your returns as filed.</p>  | NA         | During the examination of your Form 990, Return of Organization Exempt from Income Tax, for tax year ended December 31, 2014, we noted the following:<br><br>2) During our review of your Form 990, we noted that some amounts shown on your balance sheet did not reflect those recorded on your books of account. You should make certain that accurate information is reported on your return in the future. Omitting material information from your Form 990 may subject you to a penalty under Section 6652(c) of the Internal Revenue Code of 1986.  | NA  | NA   | NA  | NA   |
| External            | CPRIT   | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Random Desk Review   | UNTHSC                | None   | NA         | None   | NA  | NA   | NA  | NA   |
| External            | State Office of Risk Management                     | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report  | UNT System            | 16-11-01 Safety: Fire Safety: Fire Alarm System (Woodhills – BSC)<br>SORM noted during the consultation that the fire alarm system was overdue for its annual inspection.  | NA         | SORM recommends that the university have the system inspected as soon as possible and annually thereafter, as per the NFPA standards referenced below.<br>References: NFPA-101 (2015), "Life Safety Code," Chapter 9.6.1.3, 9.6.1.4; NFPA-72 (2016), "National Fire Alarm and Signaling Code," Chapter and Table 14.3.1  | NA  | NA   | NA  | Closed   |

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|---------------------|---------------------------------|-------------------------------|---------------|--------------------------------------|--------------------------------|-----------------------|--|------------|---|--|---|------------------------------|-----------------------|--------|
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Risk Management Program Review | UNT Dallas            | 16-11-01 Safety: Fire Safety: Mechanical/Boiler/Electrical Equipment Rooms - SORM noted during the consultation that mechanical, boiler, and electrical equipment ("chiller") rooms on campus were being used to store combustible materials such as cardboard boxes, paper, etc.  | NA         | SORM recommends that the university remove all combustible materials from all boiler rooms, mechanical rooms, and electrical equipment rooms in accordance with the NFPA standard referenced below. (Note: Chapter 10.18.5.2 of NFPA-1 (2015) states that "Materials and supplies for the operation and maintenance of the equipment in the room shall be permitted.") In one area of the large mechanical room in Building 1, a room has been constructed which if built to code would be sufficient to house combustible materials. Currently, it does not meet code, however, and therefore, all combustible materials should be removed from this location.<br>Reference: NFPA-1 (2015), "Fire Code," Chapters 10.18.5.1, 10.18.5.2 | When have proposals and plans from 3 contractors to bring the storage area up.             | Wayne McInnis, Assistant Director for Facilities    | 4/30/2016                    | Closed                |        |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report    | UNT                   | 16-11-01 Safety: Fire Safety: Mechanical/Boiler/Electrical Equipment Rooms<br>a) SORM noted during the consultation that mechanical, boiler, and electrical equipment rooms on campus (including in West Hall, Sycamore Hall, and Clark Hall) were being used to store combustible materials such as cardboard boxes, paper, etc.<br>b) In Sycamore Hall, this includes a large cage built for holding janitorial supplies, many of which are combustible. With the approval of the Authority Having Jurisdiction (State Fire Marshal's Office), the university could choose to store these supplies in an interior room within the large mechanical room if it is designed and built according to code, rather than removing the supplies and storing them elsewhere.<br>Reference: NFPA-1 (2015), "Fire Code," Chapters 10.18.5.1, 10.18.5.2   | NA         | SORM recommends that the university remove all combustible materials from boiler rooms, mechanical rooms, and electrical equipment rooms in accordance with the NFPA standard referenced below. (Note: Chapter 10.18.5.2 of NFPA-1 (2015) states that "Materials and supplies for the operation and maintenance of the equipment in the room shall be permitted.")  | All combustible materials have been removed. Custodial cage will be modified to meet code. | Randy Fite, Senior Director, Facilities Maintenance | 8/31/2016                    | Closed                |        |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report    | UNT                   | 16-11-02 Safety: Chemical Safety: Hazard Communication/Eyewash Stations<br>SORM noted during the consultation that in several boiler rooms on campus, including in Crumley Hall, Maple Hall, Clark Hall, and McConnell Hall, corrosive water-treatment chemicals are being used. However, no Safety Data Sheets are present at the locations and no eyewash stations are present.  | NA         | SORM recommends that the university install ANSI-compliant eyewash stations in locations where corrosive chemicals are being used and maintain copies of the Safety Data Sheets for these chemicals in these locations. All employees exposed to these hazards should be trained on Hazard Communication in accordance with the OSHA standard referenced below, and any relevant third-party vendor safety programs should be reviewed for compliance with the OSHA standard.<br>References: OSHA, 29 CFR 1910.1200, "Hazard Communication"; ANSI/ISEA, z358.1 (2014), "Standard for Emergency Eyewash and Shower Equipment"  | ANSI-compliant eyewash stations will be installed.   | Randy Fite, Senior Director, Facilities Maintenance | 1/29/2016                    | Closed                |        |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Risk Management Program Review | UNT                   | 16-11-02 Safety: Chemical Safety: Hazard Communication/Eyewash Stations<br>SORM noted during the consultation that in several boiler rooms on campus, including in Crumley Hall, Maple Hall, Clark Hall, and McConnell Hall, corrosive water-treatment chemicals are being used. However, no Safety Data Sheets are present at the locations and no eyewash stations are present. SORM recommends that the university install ANSI-compliant eyewash stations in locations where corrosive chemicals are being used and maintain copies of the Safety Data Sheets for these chemicals in these locations. All employees exposed to these hazards should be trained on Hazard Communication in accordance with the OSHA standard referenced below, and any relevant third-party vendor safety programs should be reviewed for compliance with the OSHA standard.<br>References: OSHA, 29 CFR 1910.1200, "Hazard Communication"; ANSI/ISEA, z358.1 (2014), "Standard for Emergency Eyewash and Shower Equipment" | NA         | SORM recommends that the university install ANSI-compliant eyewash stations in locations where corrosive chemicals are being used and maintain copies of the Safety Data Sheets for these chemicals in these locations. All employees exposed to these hazards should be trained on Hazard Communication in accordance with the OSHA standard referenced below, and any relevant third-party vendor safety programs should be reviewed for compliance with the OSHA standard.<br>References: OSHA, 29 CFR 1910.1200, "Hazard Communication"; ANSI/ISEA, z358.1 (2014), "Standard for Emergency Eyewash and Shower Equipment"  | NA   | NA  | NA                           | NA                    | Closed |

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| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Risk Management Program Review | UNT Dallas            | 16-11-02 Safety: Fire Safety: Emergency Equipment/Hazard Communication (Chiller Room #147) - SORM noted during the consultation that the Chiller Room (Room #147) was being used for storing an excessive amount of furniture and other pieces of equipment. This room has emergency procedures for a spill of the chiller chemicals which include the use of Self-Contained Breathing Apparatus (SCBA) gear. However, egress to the gear is blocked by all of the equipment being stored in the room. In addition, there are no Safety Data Sheets (SDSs) nor an eyewash station present in the room. | NA         | SORM recommends that the university immediately clean out this room such that the emergency procedures can be implemented as required, implement an OSHA-compliant hazard communication program vis-a-vis these chemicals, including the placement of the correct SDSs in the room, and install an ANSI-compliant eyewash station in the room. All employees exposed to these hazards should be trained on safety policies and procedures as part of the hazard communication program.<br>References: OSHA, 29 CFR 1910.1200, "Hazard Communication"; ANSI/ISEA, z358.1 (2014), "Standard for Emergency Eyewash and Shower Equipment" | On 1/28/16 we submitted a RFP for a Modular building that will eliminate the need to store these items in the machine room.   | Wayne McInnis, Assistant Director for Facilities    | Expected Imp. Date: 3/30/2016<br>Revised Imp. Date: 11/30/2017 | All SORM recommendations are open until the next SORM visit, in November, 2017. |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report    | UNT System            | 16-11-02 Safety: Fire Safety: Exit Signs (Woodhills – BSC) SORM noted during the consultation that for egress emanating from the part of the office near room #4067, the electrical room, a path of emergency egress is not clearly identified by exit signage.  | NA         | SORM recommends that the university install approved, listed, and labeled exit signs from this area to exit points in the building that conform to the requirements of the NFPA standard referenced below.<br>References: NFPA-101 (2015), "Life Safety Code," Chapters 29.2.1.1, 29.2.10, 7.10, 7.10.5.1, 7.10.5.2   | NA  | NA  | NA   | Closed  |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Risk Management Program Review | UNT Dallas            | 16-11-03 Safety: Electrical Safety: Exterior Outlet (Outside of Kitchen) - SORM noted during the consultation that an exterior outlet outside of the kitchen was missing its required cover.   | NA         | SORM recommends that the university replace this cover in accordance with the NFPA standard referenced below.<br>Reference: NFPA-70 (2014), "National Electrical Code," Article 406.9 (B) (1)   | Recommendation has been implemented.  | Wayne McInnis, Assistant Director for Facilities    | 12/2/2015  | Closed  |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report    | UNT System            | 16-11-03 Safety: Fire Safety: Escutcheon Plate (Woodhills – BSC) SORM noted during the consultation that an escutcheon plate was missing over a sprinkler head in room 4202 A.   | NA         | SORM recommends that the university replace this escutcheon plate in accordance with the NFPA standards referenced below.<br>References: NFPA-101 (2015), "Life Safety Code," Chapters 4.6.12.4, 9.7.1.1; NFPA-13 (2016), "Standard for the Installation of Sprinkler Systems," Chapter 6.2.7   | NA  | NA  | NA   | Closed  |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report    | UNT                   | 16-11-03 Safety: Fire Safety: Firestops in Mechanical Rooms (West and Chilton Halls) SORM noted during the consultation that mechanical rooms in West Hall and Chilton Hall were lacking required firestops on wall penetrations.  | NA         | SORM recommends that the university firestop these penetrations in accordance with the NFPA standard referenced below.<br>Reference: NFPA-101 (2015), "Life Safety Code," Chapter 8.3.5.1   | All penetrations will be fire stopped.  | Randy Fite, Senior Director, Facilities Maintenance | 4/1/2016   | Closed  |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report    | UNT                   | 16-11-04 Safety: Fire Safety: Fire Door (Mechanical Room – West Hall) SORM noted during the consultation that a fire door in a mechanical room of West Hall was not displaying its fire rating.  | NA         | SORM recommends that the university determine the fire rating of the door and then label it according to the NFPA standard referenced below.<br>Reference: NFPA-101 (2015), "Life Safety Code," Chapters 8.3.3.1, 8.3.3.2, 8.3.3.2.2, 8.3.3.2.3, 8.3.3.2.3.1  | The fire rating of the door will be determined and posted.  | Randy Fite, Senior Director, Facilities Maintenance | 1/29/2016  | Closed  |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Risk Management Program Review | UNT Dallas            | 16-11-04 Safety: Fire Safety: Firestops in Telecommunications Room - SORM noted during the consultation that telecommunications room #361 was lacking required firestops on wall penetrations made due to data-communications wiring.  | NA         | SORM recommends that the university firestop these penetrations in accordance with the NFPA standard referenced below.<br>Reference: NFPA-101 (2015), "Life Safety Code," Chapter 8.3.5.1   | Recommendation has been implemented.  | Wayne McInnis, Assistant Director for Facilities    | 12/2/2015  | Closed  |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report    | UNT                   | 16-11-05 Safety: Fire Safety: Evacuation Diagrams and Room Numbers (West Hall) SORM noted during the consultation that the evacuation diagrams provided in the South wing of West Hall indicate room numbers with a fourth floor designation, even though they are on the first floor of the building. Since this can be extremely confusing to emergency responders (and residents) who may not be as familiar with the particular lay-out of this building as might be desired.  | NA         | SORM recommends that the university consider the feasibility of designing the emergency evacuation diagrams and room numbers such that this kind of confusion is eliminated, while maintaining the clarity and accuracy of the diagrams and associated fire/emergency plans.<br>References: NFPA-1 (2015), "Fire Code," Chapter 10.8.1, 10.8.2.1; NFPA-101 (2015), "Life Safety Code," Chapters 29.7.4.1, 29.7.4.2, 29.7.5, 7.10.8.5  | Will redesign the south wing numbers to reduce confusion.   | Randy Fite, Senior Director, Facilities Maintenance | 8/31/2016  | Closed  |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Risk Management Program Review | UNT Dallas            | 16-11-05 Safety: Fire Safety: Fire Doors, Equipment, and Assemblies - SORM noted during the consultation that the fire doors and assemblies on campus were in varying states of compliance with the fire and life safety codes with regard to the display of their fire-resistance ratings.  | NA         | SORM recommends that the university conduct an inventory of all fire doors, equipment, and assemblies and then ensure that each are labeled in accordance with the NFPA standard referenced below.<br>Reference: NFPA-101 (2015), "Life Safety Code," Chapters 8.3.3.1, 8.3.3.2, 8.3.3.2.2, 8.3.3.2.3, 8.3.3.2.3.1  | We are going through the building's submittals and plans from construction to confirm the fire code ratings and have it displayed properly. Also working with UNT Risk Management to get them properly rated. | Wayne McInnis, Assistant Director for Facilities    | Expected Imp. Date: 3/30/2016<br>Revised Imp. Date: 11/30/2017 | All SORM recommendations are open until the next SORM visit, in November, 2017. |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report    | UNT                   | 16-11-06 Safety: Electrical Safety: Water in Mechanical Rooms (Sycamore Hall and Marquis Hall) SORM noted during the consultation that a significant amount of water was on the floor of the mechanical rooms in Sycamore and Marquis Halls.   | NA         | SORM recommends that the university determine the source of the water leakage and prevent the accumulation by either stopping the leak or improving the drainage process in these areas.<br>Reference: OSHA, 29 CFR 1910.333 (a) and 303 (b)  | Condensation leak on AHU1 at Marquis has been repaired. Clogged floor drain at Sycamore has been cleared.   | Randy Fite, Senior Director, Facilities Maintenance | 12/1/2015  | Closed  |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Risk Management Program Review | UNT Dallas            | 16-11-06 Safety: Light Bulb Cover (Mechanical Room- Building #1) - SORM noted during the consultation that light bulbs in the southeast corner of the mechanical room in Building #1 were fewer than eight feet from ground level and were missing a required cover.   | NA         | SORM recommends that the university cover these bulbs, as per the OSHA standard referenced below.<br>Reference: OSHA, 29 CFR 1910.305 (j)(1)(i)   | Recommendation has been implemented.  | Wayne McInnis, Assistant Director for Facilities    | 1/14/2016  | Closed  |



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| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report    | UNT                   | 16-11-07 Safety: Fire Safety: Fire Alarm System (Matthews Hall)<br>SORM noted during the consultation that the fire alarm system in Matthews Hall was overdue for its annual inspection.  | NA         | SORM recommends that the university have the system inspected as soon as possible and annually thereafter, as per the NFPA standard referenced below.<br>References: NFPA-101 (2015), "Life Safety Code," Chapter 9.6.1.3, 9.6.1.4; NFPA-72 (2016), "National Fire Alarm and Signaling Code," Chapter and Table 14.3.1   | NA  | Randy Fite, Senior Director, Facilities Maintenance | 11/25/2015   | Closed  |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Risk Management Program Review | UNT Dallas            | 16-11-07 Safety: Fire Safety: Storage Under Stairwell - SORM noted during the consultation that the State Fire Marshal's Office recommended that the university either remove a sprinklered, locked storage room under a stairwell in Building #1, or construct a doorway that leads directly outside and remove the doorway in the interior of the building, replacing it with a wall.   | NA         | SORM recommends that the university comply with the findings of the State Fire Marshal's Office in the timeframe as directed by the SFMO.<br>Reference: NFPA-1 (2015), "Fire Code," Chapters 1.6, 1.7.3.1  | We have proposals from 3 contractors to remove the enclosure and bring the stair well up to code.   | Wayne McInnis, Assistant Director for Facilities    | 4/30/2016  | Closed  |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Risk Management Program Review | UNT Dallas            | 16-11-08 Risk Management: Policies/Procedures: Facilities Maintenance Staff - SORM noted during the consultation that there were several factors that may cause additional stresses on the current structure of the facilities maintenance staff, potentially resulting in required maintenance procedures not being completed as required by various safety codes. These factors include but are not limited to:<br>a) Growth in the square footage of the university's structures, with new buildings being constructed and/or the expansion of current facilities.<br>b) New emphasis from the Texas State Fire Marshal's Office on the enforcement of the SFMO directive from 2005 about frequency of testing of natural gas lines.<br>c) Adoption of NFPA-1 (Fire Code-2012) as the inspection document of the State Fire Marshal's Office, who is the Authority Having Jurisdiction regarding fire/life safety of all state assets. This standard works in conjunction with the previously-adopted NFPA-101 (Life Safety Code), however, it covers many more hazards. | NA         | Considering these and other factors, SORM recommends that the university use a formal risk assessment process to consider whether the current structure and size of the facilities maintenance staff is and will continue to be adequate to meet these needs and others that may emerge over time.<br>Reference: RMTSA Guidelines, Volume III, Section Two, Chapter 2, Subchapter 2.4                                  | Risk assessment to be complete by 7/31/16   | Wayne McInnis, Assistant Director for Facilities    | Expected Imp. Date: 7/31/2016<br>Revised Imp. Date: 11/30/2017 | All SORM recommendations are open until the next SORM visit, in November, 2017. |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report    | UNT                   | 16-11-08 Safety: Light Bulb Cover (Crumley Hall)<br>SORM noted during the consultation that a light bulb in room A/C 3 of Crumley Hall fewer than eight feet from ground level was missing a required cover.  | NA         | SORM recommends that the university cover this bulb, as per the OSHA standard referenced below.<br>Reference: OSHA, 29 CFR 1910.305 (j)(1)(i)  | NA  | Randy Fite, Senior Director, Facilities Maintenance | 12/23/2015   | Closed  |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report    | UNT                   | 16-11-09 Safety: Electrical Safety: Open Junction Boxes (Clark Hall)<br>SORM noted during the consultation that several junction boxes in the boiler room of Clark Hall were uncovered.   | NA         | SORM recommends that the university cover these junction boxes in accordance with the NFPA standard referenced below.<br>Reference: NFPA-70 (2014), "National Electrical Code," Article 314.28©  | NA  | Randy Fite, Senior Director, Facilities Maintenance | 12/23/2015   | Closed  |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report    | UNT                   | 16-11-10 Safety: Fire Safety: Fire Suppression System (Clark Hall Bakery)<br>SORM noted during the consultation that the mobile cooking equipment beneath the nozzles of the fire suppression system of the Clark Hall Bakery did not have its proper location marked relative to the nozzles.  | NA         | SORM recommends that the university have a qualified individual determine the exact proper location for this piece of equipment, and then mark the location so that the fire suppression system will function as intended by the manufacturer in the event of a fire.<br>References: NFPA-1 (2015), "Fire Code," Chapters 50.1.1, 50.6.1.2.2, 50.6.1.2.3, 50.6.1.2.3.1   | Exact proper location for the fire suppression system of the Clark Hall Bakery will be determined and marked by a qualified professional. | Randy Fite, Senior Director, Facilities Maintenance | 2/12/2016  | Closed  |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report    | UNT                   | 16-11-11 Safety: Fire Safety: Electromagnetic Door Release/Holder (Clark Hall)<br>SORM noted during the consultation that an electromagnetic door release/holder on the first floor of Clark Hall was not functioning. This door is part of an emergency egress route for this building.  | NA         | SORM recommends that the university ensure that this electromagnetic door release/holder operates as intended by the manufacturer, as per the NFPA standard referenced below.<br>Reference: NFPA-1 (2015), "Fire Code," Chapter 12.4.6.9.1, 12.4.6.6.3.7.1, 12.4.6.6.3.7.2   | Will fix the electromagnetic door.  | Randy Fite, Senior Director, Facilities Maintenance | 3/31/2016  | Closed  |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report    | UNT                   | 16-11-12 Safety: Fire Safety: Exit Signs (Clark Hall)<br>a) SORM noted during the consultation that an exit sign in front of room 311 in Clark Hall is not sufficiently lit.<br>b) SORM noted that an exit sign near room 354 had its chevrons indicating a wrong direction of travel.  | NA         | SORM recommends that the university install an approved, listed, and labeled exit sign in this area that conforms to the requirements of the NFPA standard referenced below.<br>SORM recommends that the university ensure that this sign indicates the correct direction of travel for emergency situations.<br>References: NFPA-101 (2015), "Life Safety Code," Chapters 29.2.1.1, 29.2.10, 7.10, 7.10.5.1, 7.10.5.2 | NA  | Randy Fite, Senior Director, Facilities Maintenance | 12/23/2015   | Closed  |
| External            | State Office of Risk Management | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report    | UNT                   | 16-11-13 Safety: Machine Safety: Machine Guard (McConnell Hall)<br>SORM noted during this consultation that a moving part on an air handler in the boiler room of McConnell Hall was missing a required guard.  | NA         | SORM recommends that the university guard this part in accordance with the manufacturer's design and as per the OSHA standard referenced below.<br>Reference: OSHA, 29 CFR 1910.212(a)(1)  | Replace missing guard.  | Randy Fite, Senior Director, Facilities Maintenance | 1/29/2016  | Closed  |

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| External            | State Office of Risk Management  | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report                     | UNT                   | 16-11-14 Safety: Fire Safety: Fire Extinguisher – Monthly Inspections (McConnell Hall)<br>SORM noted during the consultation that a fire extinguisher in the boiler room of McConnell Hall was overdue for its monthly required inspection.   | NA         | SORM recommends that the university conduct documented inspections of this fire extinguisher, as per the NFPA standards referenced below.<br>References: NFPA-101 (2015), "Life Safety Code," Chapters 39.3.5, 9.9; NFPA-10 (2013), "Standard for Portable Fire Extinguishers," Chapters 7.2.1.2.1, 7.2.2   | NA   | Randy Fite, Senior Director, Facilities Maintenance | 12/23/2015                   | Closed                |    |
| External            | State Office of Risk Management  | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report                     | UNT                   | 16-11-15 Risk Management: Property Conservation: Roofing (McConnell Hall)<br>SORM noted during the consultation that the roof of McConnell Hall was exhibiting "bubbling" in many places.   | NA         | SORM recommends that the university consider the feasibility of contracting with a licensed roofing contractor to determine the best course of action regarding these early signs of roofing weakness.<br>Reference: RMTSA Guidelines, Volume II, Section One, Chapter 1, "Property Conservation Program"   | Will conduct a feasibility study to determine the best course of action. | Randy Fite, Senior Director, Facilities Maintenance | 8/31/2016                    | Closed                |    |
| External            | State Office of Risk Management  | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report                     | UNT                   | 16-11-16 Safety: Electrical Safety: Panelboard Latches (McConnell Hall)<br>SORM noted during the consultation that two electrical panelboard doors in McConnell Hall (Room A/C 8) were essentially locked by having non-functional latches.   | NA         | SORM recommends that the university replace these latches to ensure that the panelboards can be opened, as per the NFPA standards referenced below. References: NFPA-70 (2014), "National Electrical Code," Article 240.24 (A)  | Non-functioning latches will be replaced.                                | Randy Fite, Senior Director, Facilities Maintenance | 1/29/2016                    | Closed                |    |
| External            | State Office of Risk Management  | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report                     | UNT                   | 16-11-17 Safety: Electrical Safety: Water Leak (McConnell Hall)<br>SORM noted during the consultation that one of the "Show Rooms" in McConnell Hall had a significant leak above one of the ceiling tiles, resulting in rust and water accumulation above the ceiling.   | NA         | SORM recommends that the university determine the source of the leak and ensure that the water will no longer present these hazards in this room.<br>References: RMTSA Guidelines, Volume II, Section One, Chapter 1, "Property Conservation Program"   | NA   | Randy Fite, Senior Director, Facilities Maintenance | 12/23/2015                   | Closed                |    |
| External            | State Office of Risk Management  | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report                     | UNT                   | 16-11-18 Safety: Electrical Safety: GFCI for Electric Water Fountains (Chilton Hall)<br>SORM noted during the consultation that at least 4 electric water fountain outlets in Chilton Hall were not protected by GFCI, as required.   | NA         | SORM recommends that the university protect these and all similar circuits either on the receptacle itself, or on the circuit breaker, as per the NFPA standard referenced below.<br>Reference: NFPA-70 (2014), "National Electrical Code," Article 422.52  | All circuits will be replaced with GFCI circuits.                        | Randy Fite, Senior Director, Facilities Maintenance | 9/1/2016                     | Closed                |    |
| External            | State Office of Risk Management  | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report                     | UNT                   | 16-11-19 Risk Management: Policies/Procedures: Expressing Breast Milk<br>SORM noted during the consultation that although the university has procedures in place for allowing employees to express breast milk in the workplace, there is not currently a written policy in place to address this issue.  | NA         | SORM recommends that the university implement such a written policy in order to comply with House Bill 786, passed by the Texas state legislature and signed into law in 2015.<br>Reference: House Bill 786, Texas State Legislature, 2015. <a href="http://www.legis.state.tx.us/tlodocs/84R/billtext/pdf/HB007861.pdf#navpanes=0">http://www.legis.state.tx.us/tlodocs/84R/billtext/pdf/HB007861.pdf#navpanes=0</a> | UNT Human Resources will develop a policy.                               | Randy Fite, Senior Director, Facilities Maintenance | 8/31/2016                    | Closed                |    |
| External            | State Office of Risk Management  | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report                     | UNT                   | 16-11-20 Safety: Electrical Safety: Exterior Outlet Near Goolsby Chapel<br>SORM noted during the consultation that an exterior outlet near Goolsby Chapel was missing its required cover.   | NA         | SORM recommends that the university install a cover in accordance with the NFPA standard referenced below.<br>Reference: NFPA-70 (2014), "National Electrical Code," Article 406.9 (B)(1)   | NA   | Randy Fite, Senior Director, Facilities Maintenance | 12/23/2015                   | Closed                |    |
| External            | State Office of Risk Management  | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report                     | UNT                   | 16-11-21 Risk Management: Policies/Procedures: Facilities Maintenance Staff<br>SORM noted during the consultation that there were several factors that may cause additional stresses on the current structure of the facilities maintenance staff, potentially resulting in required maintenance procedures not being completed as required by various safety codes. These factors include but are not limited to:<br>a) Growth in the square footage of the university's structures, with new buildings being constructed and/or the expansion of current facilities.<br>b) New emphasis from the Texas State Fire Marshal's Office on the enforcement of the SFMO directive from 2005 about frequency of testing of natural gas lines.<br>c) Adoption of NFPA-1 (Fire Code-2012) as the inspection document of the State Fire Marshal's Office, who is the Authority Having Jurisdiction regarding fire/life safety of all state assets. This standard works in conjunction with the previously-adopted NFPA-101 (Life Safety Code), however, it covers many more hazards and conditions. | NA         | SORM recommends that the university use a formal risk assessment process to consider whether the current structure and size of the facilities maintenance staff is and will continue to be adequate to meet these needs and others that may emerge over time.<br>Reference: RMTSA Guidelines, Volume III, Section Two, Chapter 2, Subchapter 2.4  | Risk assessment to be complete by 7/31/16.                               | Randy Fite, Senior Director, Facilities Maintenance | 7/31/2016                    | Closed                |    |
| External            | Hartford Steam Boiler Inspection and Insurance Company (HSB), Steritech Group Inc., CNA Healthcare | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Loss Prevention Report, Healthcare Risk Control | UNT                   | 31 reports/audits performed; 110 findings identified. For more detailed information please see the reports from Risk Management.  | NA         | NA  | NA   | NA  | NA                           | NA                    | NA |
| External            | Hartford Steam Boiler Inspection and Insurance Company (HSB), CNA Healthcare                       | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Loss Prevention Report, Healthcare Risk Control | UNTHSC                | 6 reports/audits performed; 6 findings identified. For more detailed information please see the reports from Risk Management.   | NA         | NA  | NA   | NA  | NA                           | NA                    | NA |

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| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO12282E     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a 247 room four story structure classified as a mixed occupancy consisting of existing dormitory, and assembly. Features of fire protection include a complete fire alarm system, smoke detection, sprinkler system, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss.           | NA         | FINDING 1<br>The basement area located under the kitchen has only one means of egress and was formally considered a normally unoccupied space that was used for storage only. Within the last year or so two offices and a large dishwashing unit were installed in the area. This changed the area use to a normally occupied area since employees now work in the space and a second approved means of egress is now required.<br>NFPA 101, Life Safety Code, Chapters 29.2.4.1 and 7.4.1.1 | Facilities has met with architect. May require design review board approvals. | NA  | 8/31/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO12282E     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a 247 room four story structure classified as a mixed occupancy consisting of existing dormitory, and assembly. Features of fire protection include a complete fire alarm system, smoke detection, sprinkler system, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss.           | NA         | FINDING 2<br>The music practice cube area on the first floor has only one means of egress.<br>NFPA 101, Life Safety Code, Chapters 29.2.4.1, 7.4.1.1 and 7.1.5.1  | Facilities has met with architect. May require design review board approvals. | NA  | 8/31/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO12282E     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a 247 room four story structure classified as a mixed occupancy consisting of existing dormitory, and assembly. Features of fire protection include a complete fire alarm system, smoke detection, sprinkler system, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss.           | NA         | FINDING 3<br>Dormitory rooms are not provided with a required exit path diagram on or immediately adjacent to the exit door from each sleeping room. A diagram shall reflect the actual floor arrangement, room identification and exit path travel from each room.<br>NFPA 101, Life Safety Code, Chapter 29.7.4.1   | Install exit path diagram in each room.                                       | NA  | 12/31/2015                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 11<br>Fire and smoke doors in the following areas do not close properly.<br>☒ Corridor smoke door by room A325<br>☒ Fourth floor stairwell fire door "D" wing<br>☒ Corridor smoke door by room C301<br>NFPA 1, Fire Code, Chapter 12.9.4.1, 12.4.6.9.1 and 12.4.6.9.2(6)  | Facilities will repair doors.   | NA  | 10/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 1<br>The basement area located under the kitchen has only one means of egress and was formally considered a normally unoccupied space that was used for storage only. Two offices and a large dishwashing unit have been installed in the area. This changed the area use to a normally occupied area since employees now work in the space and a second approved means of egress is now required. (2013 violation)<br>NFPA 1, Fire Code, Chapter 14.9.1.1                            | UNT will evaluate the best course of action for completion.                   | NA  | 1/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 10<br>On "A" wing, the third floor corridor lacks an adequate number of emergency lighting units.<br>NFPA 1, Fire Code, Chapter 14.13.1.1; and NFPA 101, Life Safety Code, Chapters 29.2.9.1 and 7.9.2.1  | Facilities to add lighting.   | NA  | 10/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 12<br>The fire alarm control panel is displaying system troubles.<br>NFPA 1, Fire Code, Chapter 4.5.8.1   | Facilities will determine cause of system trouble and make repairs if needed. | NA  | 10/1/2016                    | Closed                |



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| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 13<br>Tables and chairs are blocking the northeast cafeteria emergency exit doors.<br>(Corrected at the time of the inspection)<br>NFPA 1, Fire Code, Chapters 4.4.3.1.1 and 14.4.1   | Corrected at the time of inspection.                                      | NA  | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 14<br>The fire pump room is missing several ceiling tiles that can result in delaying the activation of the sprinkler system.<br>NFPA 1, Fire Code, Chapter 13.3.3.3  | Facilities will replace missing ceiling tiles.                            | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 15<br>The kitchen UL 300 wet chemical fire suppression system for the Combi oven and grill is red tagged since December of 2015, the tag states "No electric shutdown".<br>NFPA 1, Fire Code, Chapter 50.4.6.1  | UNT will evaluate the best course of action for completion.               | NA  | 10/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 16<br>The kitchen fryer unit is on wheels and lacks an approved method to determine the unit is in the proper design location.<br>NFPA 1, Fire Code, Chapter 50.6.1.2.3.1   | UNT will install wheel locating device.                                   | NA  | 10/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 17<br>Cafeteria fire doors in the following locations are missing vertical bottom rods and floor latching points or fire pins.<br>☐ North east emergency exit<br>☐ South East Emergency exit<br>NFPA 1, Fire Code, Chapter 12.4.1; and NFPA 80 Standard for Fire Doors and Other Opening Protectives, Chapter 4.6.3.1 | Facilities will add bottom rods and floor latching points (or fire pins). | NA  | 10/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 18<br>The PowerAde vending machine located on the "B" wing second floor is blocking the exit access.<br>NFPA 1, Fire Code, Chapters 4.4.3.1.1 and 14.4.1  | UNT will move the machine away from the exit access.                      | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 19<br>The portable fire extinguisher located by the dishwasher in the basement has the pin pulled.<br>NFPA 1, Fire Code, Chapter 4.5.8.1  | Pin was replaced.   | NA  | NA                           | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 2<br>Corridor smoke or fire doors in the following locations are held in the open position by electric hold open devices but lack the required smoke detectors located within five feet of the doors to activate door release in the event of a fire.<br>☒ Corridor smoke doors by room C402<br>☒ Stairwell fire door south west stairs second floor<br>☒ Corridor smoke door by room D411<br>☒ Corridor smoke door third floor by room A325<br>☒ Corridor smoke door by room D320<br>☒ Corridor smoke door by room B302<br>☒ Corridor smoke door by room D302<br>☒ Corridor smoke door by room C301<br>☒ Corridor smoke door by room C221<br>☒ Corridor fire door by room A201<br>☒ Corridor smoke door by room B205<br>☒ Corridor fire door by room B222<br>☒ Corridor fire door by room A121<br>☒ Corridor fire door by room B101<br>NFPA 1, Fire Code, Chapter 14.5.4.2(3) | Facilities will add smoke detectors.                        | NA  | 12/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 20<br>The basement stairwell from the kitchen area lacks a rated enclosure. The stairs are open at the top and bottom. Currently this is the only means of egress from the basement area. (See FINDING 1)<br>NFPA 1, Fire Code, Chapter 14.6.1.1 and 14.3.1  | UNT will evaluate the best course of action for completion. | NA  | 1/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 21<br>The emergency light unit in stairwell 1.1 on the first floor failed to operate when tested.<br>NFPA 1, Fire Code, Chapter 4.5.8.1  | UNT will replace faulty light.                              | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 22<br>On the first floor of "A" wing in the Ford room, a sprinkler head is missing the escutcheon.<br>NFPA 1, Fire Code, Chapter 13.3.3.2  | Facilities will install escutcheon.                         | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 23<br>In the Jon Collins room there is a battery operated smoke alarm on the wall that failed to operate when tested.<br>NFPA 1, Fire Code, Chapter 4.5.8.1  | Facilities will remove smoke alarm.                         | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 24<br>The Jon Collins room exterior double exit doors have the right side leaf locked with dead bolts and the right side door leaf only provides a 24 inch exit width. The minimum exit width for existing buildings shall not be less than 28 inches clear width.<br>NFPA 1, Fire Code, Chapter 14.8.3.4.1.2  | UNT will evaluate the best course of action for completion. | NA  | 8/1/2016                     | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 25<br>The Jon Collins room lacks an illuminated exit sign over the door leading to the egress corridor.<br>NFPA 1, Fire Code, Chapter 14.14.1.2.1  | Facilities will install an illuminated exit sign.      | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 26<br>The electrical room located off the first floor of "B" wing and Hall Directors laundry room has an unused opening in the circuit breaker panel.<br>NFPA 1, Fire Code, Chapter 11.1.2   | Facilities will cover opening.                         | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 27<br>At stairwell 1.1 on the first floor of "A" wing, the double fire doors are missing the center mullion rendering the doors unable to latch.<br>NFPA 1, Fire Code, Chapter 12.4.6.9.1 and 12.4.6.9.2(4)  | Facilities will replace missing center mullion.        | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 28<br>An extension cord is used as a replacement for permanent wiring on the second floor in the "A" wing IT closet server rack.<br>NFPA 1, Fire Code, Chapter 11.1.7.6  | UNT will remove extension cord.                        | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 3<br>Fire door assemblies in the following areas lack UL listed fire rating labels or labels from another recognized testing lab.<br>☒ Fire door second floor south west stairwell<br>☒ Fire door and frame fourth floor<br>☒ Fire door stairwell east "C" wing<br>☒ Fire door and frame stairwell fourth floor D wing<br>☒ Fire door B wing west stairwell third floor<br>☒ Fire door and frame stairwell across from room B310<br>☒ Fire door and frame third floor C wing by room C310<br>☒ Fire door second floor stairwell by room B210<br>☒ Fire door second floor "B" wing<br>☒ Fire door first floor stairwell 1.1<br>NFPA 1, Fire Code, Chapter 12.7.3.2.2 and 12.7.3.1 | Facilities will add UL labels.                         | NA  | 12/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 4<br>Sprinkler heads in the following areas have the orange shipping protectors still installed.<br>☒ Room 2030<br>☒ Room A105<br>☒ Second floor ADA bathroom<br>NFPA 1, Fire Code, Chapter 13.3.3.2   | Facilities will remove all orange shipping protectors. | NA  | 10/1/2016                    | Closed                |



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| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 5<br>Sprinkler protection is missing in the following locations.<br><input type="checkbox"/> Electrical room D458<br><input type="checkbox"/> Electrical closet D wing<br><input type="checkbox"/> Sherwood lounge storage closet<br><input type="checkbox"/> Second floor IT closet<br><input type="checkbox"/> Second floor electrical room by dumb waiter<br><input type="checkbox"/> Second floor "B" wing IT room<br><input type="checkbox"/> First floor electrical room A wing<br><input type="checkbox"/> First floor "A" wing electrical room<br><input type="checkbox"/> Second floor "A" wing IT room<br><input type="checkbox"/> Basement music practice room enclosed cubes<br>NFPA 1, Fire Code, Chapter 13.3.1.2  | UNT will add sprinkler protection.                              | NA  | 10/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 6<br>Unsealed or improperly sealed penetrations are present in the following locations.<br><input type="checkbox"/> Room D460 unsealed penetrations<br><input type="checkbox"/> Custodial room across from room 2029 unsealed penetrations<br><input type="checkbox"/> "D" wing electrical closet unsealed penetrations<br><input type="checkbox"/> Storage room by room B310 unsealed penetrations<br><input type="checkbox"/> Room 2073 unsealed and improperly sealed penetrations floor, ceiling and wall<br><input type="checkbox"/> Storage closet across from room C210 unsealed penetrations<br><input type="checkbox"/> "A" wing second floor ice machine room unapproved yellow spray foam<br><input type="checkbox"/> Second floor IT closet unsealed penetrations<br><input type="checkbox"/> "B" wing second floor custodial closet unsealed penetrations<br><input type="checkbox"/> "A" wing second floor laundry room unsealed four inch conduit<br><input type="checkbox"/> Closet across from room A211 unsealed penetrations<br><input type="checkbox"/> Closet across from A110 unsealed penetrations<br><input type="checkbox"/> Custodial closet by room A101 unsealed penetrations<br>NFPA 1, Fire Code, Chapter 12.7.5.1 | Facilities will properly seal all penetrations.                 | NA  | 10/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 7<br>Room D470 has storage on a top shelf that will block the sprinkler discharge pattern.<br>NFPA 1, Fire Code, Chapter 10.19.3.2   | UNT will remove the storage.                                    | NA  | 10/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 8<br>On the fourth floor of "B" wing the attic fire door lacks the required closing device.<br>NFPA 1, Fire Code, Chapter 12.4.6.9.1; and 12.4.6.9.2(4)  | UNT will add the closing device.                                | NA  | 10/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 9<br>The emergency egress floor plans are missing from the back of all dorm room doors.<br>NFPA 1, Fire Code, Chapter 20.8.2.4.1   | Floors plans will be created and placed on all dorm room doors. | NA  | 9/1/2016                     | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Clark Hall<br>Clark Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 1<br>Fire doors in the following locations are damaged or missing parts.<br>☒ B wing third floor stairwell door holes in door<br>☒ B wing third floor broken wired glass panel<br>☒ B wing second floor holes in door<br>☒ Corridor fire door by room 146 missing latch plate and holes in door from old door hinge mount<br>☒ B wing first floor holes in door and vent cut in door<br>NFPA 1, Fire Code, Chapter 12.4.6.9.1 and 12.4.6.9.2(1) (4)   | Facilities will repair all items.                           | NA  | 10/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Clark Hall<br>Clark Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 10<br>Water fountains in the following locations are powered by extension cords.<br>☒ C wing by confiscation room<br>☒ By room 105<br>NFPA 1, Fire Code, Chapters 11.1.2 and 11.1.7.6   | UNT will remove extension cords.                            | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Clark Hall<br>Clark Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 11<br>Over 25 percent of the corridor is covered with construction paper that does not meet class A or B interior finish requirements.<br>NFPA 1, Fire Code, Chapters 20.8.3.3 and 12.5.6.3.1   | Paper removed.  | NA  | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Clark Hall<br>Clark Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 2<br>The panic bar on D wing second stairwell lacks a label indicating the bar is UL listed fire exit hardware.<br>NFPA 1, Fire Code, Chapter 14.5.3.4.2  | UNT will add UL listed fire label.                          | NA  | 10/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Clark Hall<br>Clark Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 3<br>HVAC vents for the building system are located in the stairwells. (6 stairwells x 3 floors)<br>NFPA 1, Fire Code, Chapter 14.3.1 (10) (d)  | UNT will evaluate the best course of action for completion. | NA  | 1/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Clark Hall<br>Clark Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 4<br>Unsealed or improperly sealed penetrations are present in the following locations.<br>☒ C wing south stairwell unsealed penetration conduit for smoke detector<br>☒ Mechanical room A/C 9 hole in wall above door<br>☒ Custodial closet A wing<br>☒ Corridor by room 379 hole in ceiling<br>☒ A wing second floor by stairwell improper material used to seal hole<br>☒ Mechanical room A/C 7 improper material used to seal penetrations<br>☒ Mechanical room A/C 3 floor penetrations<br>NFPA 1, Fire Code, Chapter 12.7.5.1 | Facilities will properly seal all penetrations.             | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Clark Hall<br>Clark Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 5<br>Room 137 music room is missing the smoke detector.<br>NFPA 1, Fire Code, Chapter 4.5.8.1   | Facilities will replace missing smoke detector.             | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Clark Hall<br>Clark Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 6<br>The fire alarm control panel is displaying two trouble signals. (Missing sounder bases)<br>NFPA 1, Fire Code, Chapter 4.5.8.1  | Complete.   | NA  | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Clark Hall<br>Clark Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 7<br>Stairwell B at the first floor north fire door has panic hardware installed instead of the required fire exit hardware.<br>NFPA 1, Fire Code, Chapter 14.5.3.4.2   | Facilities will install fire exit hardware.                 | NA  | 9/1/2016                     | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Clark Hall<br>Clark Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.   | NA         | FINDING 8<br>The First floor corridor fire door by mechanical room A/C 3 has a ventilation grate cut in the bottom half of the door. The door is no longer a UL listed fire door assembly. Additionally the door is missing the door latch cover plate.<br>NFPA 1, Fire Code, Chapters 12.4.6.9.1 and 12.4.6.9.2(10) (4)                  | UNT will evaluate the best course of action for completion.  | NA  | 1/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Clark Hall<br>Clark Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.   | NA         | FINDING 9<br>In mechanical room A/C 8 and A/C 10C above the doors there are electrical splice boxes missing the cover plates.<br>NFPA 1, Fire Code, Chapter 11.1.10   | Facilities will replace missing cover plates.  | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO12282E     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | College Inn<br>The College Inn consist of four three-story buildings with a total of 286 rooms classified as a mixed occupancy consisting of existing apartment, dormitory, assembly and business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers.  | NA         | FINDING 1<br>The West section second floor by the 200 number rooms and third floor by the 300 number rooms exterior walkways have dead ends in excess of the allowed 20 foot maximum.<br>NFPA 101, Life Safety Code, Chapters 29.2.1, 31.2.1 and 7.5.3.3  | We have hired licensed engineer (RL Woods) to perform an assessment of the balconies and design the new stairs needed. The assessment has been performed and we are waiting on the final report. Once we have the report and subsequent drawings we will hire a contractor to install. | NA  | 1/31/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO12282E     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | College Inn<br>The College Inn consist of four three-story buildings with a total of 286 rooms classified as a mixed occupancy consisting of existing apartment, dormitory, assembly and business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers.  | NA         | FINDING 2<br>The South East side of the building exterior walkway has dead ends on the second and third floor in excess of the allowed 20 foot maximum allowed.<br>NFPA 101, Life Safety Code, Chapters 29.2.1, 31.2.1 and 7.5.3.3  | We have hired licensed engineer (RL Woods) to perform an assessment of the balconies and design the new stairs needed. The assessment has been performed and we are waiting on the final report. Once we have the report and subsequent drawings we will hire a contractor to install. | NA  | 1/31/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO12282E     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | College Inn<br>The College Inn consist of four three-story buildings with a total of 286 rooms classified as a mixed occupancy consisting of existing apartment, dormitory, assembly and business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers.  | NA         | FINDING 3<br>The mechanical chase areas have unsealed penetrations.<br>NFPA 101, Life Safety Code, Chapters 4.6.12.1 and 8.3.5.1  | UNT will seal penetrations.  | NA  | 1/31/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO12282E     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | College Inn<br>The College Inn consist of four three-story buildings with a total of 286 rooms classified as a mixed occupancy consisting of existing apartment, dormitory, assembly and business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers.  | NA         | FINDING 4<br>Dormitory rooms are not provided with a required exit path diagram on or immediately adjacent to the exit door from each sleeping room. A diagram shall reflect the actual floor arrangement, room identification and exit path travel from each room.<br>NFPA 101, Life Safety Code, Chapter 29.7.4.1                       | Install exit path diagram in each room.  | NA  | 12/31/2015                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | College Inn<br>The College Inn consists of four three-story buildings classified as a mixed occupancy of existing apartment buildings, existing dormitory, existing assembly and existing business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers. | NA         | FINDING 1<br>The West section, second floor by the 200 number rooms and third floor by the 300 number rooms have exterior walkways with dead ends in excess of the allowable 20 foot maximum.<br>(2014 Violation)<br>NFPA 1, Fire Code, Chapter 14.10.3.4; and NFPA 101, Life Safety Code, Chapters 31.2.5.1, 31.2.4.1, 7.5.3.3 and 7.5.1 | UNT will install exterior stairwell.   | NA  | 9/1/2016                     | Closed                |



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| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | College Inn<br>The College Inn consists of four three-story buildings classified as a mixed occupancy of existing apartment buildings, existing dormitory, existing assembly and existing business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers. | NA         | FINDING 10<br>The survey center east exit door can only open about 18 inches and the top of the door hits a large electrical conduit running outside at the top of the doorway.<br>NFPA 1, Fire Code, Chapters 14.4.1, 4.4.3.1.1, 4.4.3.1.3 and 14.5.1.5   | UNT will evaluate the best course of action for completion.                    | NA  | 12/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | College Inn<br>The College Inn consists of four three-story buildings classified as a mixed occupancy of existing apartment buildings, existing dormitory, existing assembly and existing business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers. | NA         | FINDING 11<br>The egress corridor outside suites 51 "A" and "C" is used as a storage area for computer boxes and computer equipment.<br>NFPA 1, Fire Code, Chapter 14.4.1  | UNT will remove boxes and computer equipment.                                  | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | College Inn<br>The College Inn consists of four three-story buildings classified as a mixed occupancy of existing apartment buildings, existing dormitory, existing assembly and existing business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers. | NA         | FINDING 12<br>The survey center office has multiple missing ceiling tiles.<br>NFPA 1, Fire Code, Chapter 13.7.4.3.9  | UNT will replace ceiling tiles.  | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | College Inn<br>The College Inn consists of four three-story buildings classified as a mixed occupancy of existing apartment buildings, existing dormitory, existing assembly and existing business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers. | NA         | FINDING 13<br>The computing center east exit store front glass doors have curtains installed on the doors making the doors blend in with the store front windows that also have curtains installed.<br>NFPA 1, Fire Code, Chapter 14.4.2.1   | UNT will evaluate the best course of action for completion.                    | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | College Inn<br>The College Inn consists of four three-story buildings classified as a mixed occupancy of existing apartment buildings, existing dormitory, existing assembly and existing business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers. | NA         | FINDING 14<br>Suites 51 "A" and "C" have extension cords used as a replacement for permanent wiring.<br>NFPA 1, Fire Code, Chapter 11.1.7.6  | Facilities will remove extension cords and develop a permanent solution.       | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | College Inn<br>The College Inn consists of four three-story buildings classified as a mixed occupancy of existing apartment buildings, existing dormitory, existing assembly and existing business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers. | NA         | FINDING 15<br>Suite 51 area has interconnected power strips and power strips plugged into UPS.<br>NFPA 1, Fire Code, Chapter 11.1.6.2  | UNT will remove interconnected power strips and power strips plugged into UPS. | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | College Inn<br>The College Inn consists of four three-story buildings classified as a mixed occupancy of existing apartment buildings, existing dormitory, existing assembly and existing business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers. | NA         | FINDING 16<br>Documentation was not available at the time of the inspection that the carpet installed on the walls in the computing center has been tested and approved for vertical wall application. Carpet installed on walls or ceilings shall meet class A requirements and in accordance with the requirements of NFPA 1 Fire Code. Manufactures documentation shall be supplied indicating the carpet has been tested in accordance with NFPA 1 approved testing methods and meets or exceeds the code standard.<br>NFPA 1, Fire Code, Chapter 12.5.5.1 | UNT will evaluate the best course of action for completion.                    | NA  | 1/1/2017                     | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | College Inn<br>The College Inn consists of four three-story buildings classified as a mixed occupancy of existing apartment buildings, existing dormitory, existing assembly and existing business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers. | NA         | FINDING 17<br>The business office suite 51 exits to an exterior walkway that is enclosed by a railing with a dead end distance exceeding 50 feet. The dead end distance measured 94 feet.<br>NFPA 1, Fire Code, Chapter 14.10.3.4 and NFPA 101, Life Safety Code, Chapter 31.2.5.4  | UNT will evaluate the best course of action for completion. | NA  | 8/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | College Inn<br>The College Inn consists of four three-story buildings classified as a mixed occupancy of existing apartment buildings, existing dormitory, existing assembly and existing business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers. | NA         | FINDING 18<br>A fluorescent light fixture in the boiler room is missing a cover plate exposing the electrical wiring.<br>NFPA 1, Fire Code, Chapter 11.1.2  | Facilities will replace cover plate.                        | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | College Inn<br>The College Inn consists of four three-story buildings classified as a mixed occupancy of existing apartment buildings, existing dormitory, existing assembly and existing business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers. | NA         | FINDING 2<br>The South East side of the building exterior walkway has dead ends on the second and third floor in excess of the allowed 20 foot maximum allowed. (2014 Violation)<br>NFPA 1, Fire Code, Chapter 14.10.3.4; and NFPA 101, Life Safety Code, Chapters 31.2.5.1, 31.2.4.1, 7.5.3.3 and 7.5.1  | UNT will evaluate the best course of action for completion. | NA  | 12/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | College Inn<br>The College Inn consists of four three-story buildings classified as a mixed occupancy of existing apartment buildings, existing dormitory, existing assembly and existing business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers. | NA         | FINDING 3<br>The mechanical chase areas have unsealed or improperly sealed penetrations.<br>(2014 Violation)<br>NFPA 1, Fire Code, Chapter 12.7.5.1   | Facilities will properly seal penetrations.                 | NA  | 1/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | College Inn<br>The College Inn consists of four three-story buildings classified as a mixed occupancy of existing apartment buildings, existing dormitory, existing assembly and existing business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers. | NA         | FINDING 4<br>Portable fire extinguishers in the following areas lack current annual inspection tags.<br>☐ Room E345 resident assist room last inspection April 2011<br>☐ Room W338 last inspection June 2014<br>☐ Custodial office second floor two extinguishers last inspection 2001<br>☐ Room B59 last inspection 2013<br>☐ Boiler room last inspection 2013<br>NFPA 1, Fire Code, Chapter 4.5.8.1 | Facilities inspected the portable fire extinguishers.       | NA  | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | College Inn<br>The College Inn consists of four three-story buildings classified as a mixed occupancy of existing apartment buildings, existing dormitory, existing assembly and existing business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers. | NA         | FINDING 5<br>The emergency light failed to operate when tested in the Computing Center by main entrance.<br>NFPA 1, Fire Code, Chapter 4.5.8.1  | Facilities will repair emergency light.                     | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | College Inn<br>The College Inn consists of four three-story buildings classified as a mixed occupancy of existing apartment buildings, existing dormitory, existing assembly and existing business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers. | NA         | FINDING 6<br>In the GIS office the electrical outlet for the water fountain is missing the protective cover plate.<br>NFPA 1, Fire Code, Chapter 11.1.10  | Facilities will replace cover plate.                        | NA  | 8/1/2016                     | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | College Inn<br>The College Inn consists of four three-story buildings classified as a mixed occupancy of existing apartment buildings, existing dormitory, existing assembly and existing business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers. | NA         | FINDING 7<br>The building lacks exterior emergency lighting for second floor egress.<br>NFPA 1, Fire Code, Chapter 14.13.1.1(1); and NFPA 101, Life Safety Code, Chapters 31.2.9 and 7.9   | UNT will evaluate the best course of action for completion.                                       | NA  | 9/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | College Inn<br>The College Inn consists of four three-story buildings classified as a mixed occupancy of existing apartment buildings, existing dormitory, existing assembly and existing business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers. | NA         | FINDING 8<br>The Maroon room has an occupant load in excess of 49 people and the required second exit door leading into the kitchen area is locked. Doors in the path of egress cannot be locked, additionally occupants cannot exit through a kitchen area. Limit the occupant load of this room to 49 people and remove exit sign from above door leading to the kitchen.<br>NFPA 1, Fire Code, Chapters 14.5.2.1, 14.5.2.3, 4.4.3.1.2 and 14.10.2.1   | UNT will evaluate the best course of action for completion.                                       | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | College Inn<br>The College Inn consists of four three-story buildings classified as a mixed occupancy of existing apartment buildings, existing dormitory, existing assembly and existing business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers. | NA         | FINDING 9<br>The fire alarm control panel is indicating troubles on the system. (Power supply)<br>NFPA 1, Fire Code, Chapter 4.5.8.1   | Facilities repaired power supply.   | NA  | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Crumley Hall<br>Crumley Hall is a three-story mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | NA         | FINDING 1<br>There is a dead end corridor on both the second and third floors that exceed the allowable distance of 50 feet. The corridors measured 64 feet long. On the second floor rooms 228 and 229 cannot be normally occupied. The third floor rooms 328 and 329 cannot be normally occupied due to the excessive dead-end corridor distance.<br>NOTE: The violation was noted several inspection cycles ago by the SFMO and the university was instructed at that time they were not to use these rooms. During this inspection it was observed the rooms were again being used. The Housing Staff stated the Risk Management Department told them since the building was retro fitted with a fire sprinkler system the rooms could now be used. THE SFMO instructed the university the rooms cannot be used, the code does not allow dead end corridors to exceed 50 feet in unsprinklered or sprinklered buildings. The university was ordered to lock the rooms and post signs the rooms are not to be occupied by order of the State Fire Marshal's Office.<br>NFPA 1, Fire Code, Chapter 14.10.1.5; and NFPA 101, Life Safety Code, Chapter 29.2.5.5 | UNT will post signs the rooms are not to be occupied by order of the State Fire Marshal's Office. | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Crumley Hall<br>Crumley Hall is a three-story mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | NA         | FINDING 10<br>The corridor exit sign in corridor A by room 117 has exposed electrical wiring not in conduit.<br>NFPA 1, Fire Code, Chapter 11.1.3  | Facilities will repair exit sign.   | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Crumley Hall<br>Crumley Hall is a three-story mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | NA         | FINDING 11<br>The stairwell fire door on the third floor center stairwell has a continuous hinge and does not have UL listing information on hinge<br>NFPA 1, Fire Code, Chapters 12.7.3.1, 12.7.3.2.2 and 12.7.3.2.3  | UNT attached UL listing on hinge.   | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Crumley Hall<br>Crumley Hall is a three-story mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | NA         | FINDING 2<br>The stairwells have HVAC vent ducts penetrating the exit enclosure in approximately 12 locations.<br>NFPA 1, Fire Code, Chapter 14.3.1(10)  | UNT whether to remove ducts or install fire smoke dampers.  | NA  | 1/1/2017                     | Closed                |



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| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Crumley Hall<br>Crumley Hall is a three-story mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 3<br>The second floor C wing has a trash chute missing a section of the fire door. A fire in the trash chute will spread fire and smoke into the second floor corridor.<br>NFPA 1, Fire Code, Chapters 11.6.1.2 and 12.7.4  | Door will be repaired.                                      | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Crumley Hall<br>Crumley Hall is a three-story mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 4<br>The copy supply room has a hole in the ceiling around the splice box.<br>NFPA 1, Fire Code, Chapter 12.3.3.1   | Hole will be patched.                                       | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Crumley Hall<br>Crumley Hall is a three-story mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 5<br>Paneling is applied to the walls located in the first floor business office corridor that does not meet class A or B interior finish requirements.<br>NFPA 1, Fire Code, Chapter 20.13.3.2.1   | UNT will evaluate the best course of action for completion. | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Crumley Hall<br>Crumley Hall is a three-story mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 6<br>The First floor A/C 3 room has an unsealed floor penetration.<br>NFPA 1, Fire Code, Chapter 12.7.5.1   | Facilities will properly seal penetration.                  | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Crumley Hall<br>Crumley Hall is a three-story mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 7<br>The first floor large conference room occupant load exceeds 50 people and lacks the required emergency lighting.<br>NFPA 1, Fire Code, Chapter 14.13.1.1(1); and NFPA 101, Life Safety Code, Chapter 13.2.9.1  | Facilities will install required emergency lighting.        | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Crumley Hall<br>Crumley Hall is a three-story mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 8<br>Computer room 102 has interconnected power strips.<br>NFPA 1, Fire Code, Chapter 11.1.6.2  | UNT will remove the interconnected power strips.            | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Crumley Hall<br>Crumley Hall is a three-story mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 9<br>The door separating the business occupancy from the dormitory occupancy lacks a fire rating. Provide documentation this door is not located in a fire wall.<br>NFPA 1, Fire Code 6.1.14.4.1(a)   | UNT will provide documentation.                             | NA  | 1/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO12282E     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Honors Hall<br>Honors Hall is a 200 room five-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, sprinkler coverage throughout, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.                  | NA         | FINDING 1<br>Dormitory rooms are not provided with a required exit path diagram on or immediately adjacent to the exit door from each sleeping room. A diagram shall reflect the actual floor arrangement, room identification and exit path travel from each room.<br>NFPA 101, Life Safety Code, Chapter 29.7.4.1 | Install exit path diagram in each room.                     | NA  | 12/31/2015                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Honors Hall<br>Honors Hall is a five-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.              | NA         | FINDING 1<br>The fire sprinkler system is yellow tagged stating gauges lack 5 year test dated December 2015.<br>NFPA 1, Fire Code, Chapter 13.3.3. 2  | Facilities will conduct the 5 year test.                    | NA  | 12/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Honors Hall<br>Honors Hall is a five-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.              | NA         | FINDING 2<br>The penthouse attic area lacks sprinkler protection and is used for storage of combustible material.<br>NFPA 1, Fire Code, Chapters 13.3.2.16.2 and 10.19.6  | UNT will evaluate the best course of action for completion. | NA  | 12/1/2016                    | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Honors Hall<br>Honors Hall is a five-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | NA         | FINDING 3<br>The penthouse attic area has unsealed penetrations.<br>NFPA 1, Fire Code, Chapter 12.7.5.1   | Facilities will properly seal penetrations.                     | NA  | 12/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Honors Hall<br>Honors Hall is a five-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | NA         | FINDING 4<br>The fire alarm control panel lacks an annual inspection tag. The last inspection was conducted in August 2014.<br>NFPA 1, Fire Code, Chapter 4.5.8.1   | Facilities will conduct an inspection.                          | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Honors Hall<br>Honors Hall is a five-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | NA         | FINDING 5<br>The emergency egress floor plan diagram signs are missing from the back of all dormitory room doors. (2014 violation)<br>NFPA 1, Fire Code, Chapter 20.8.2.4.1   | Facilities will develop and post floor plans on all room doors. | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO12282E     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Legends Hall<br>Legends Hall is a four-story structure classified as existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 1<br>Dormitory rooms are not provided with a required exit path diagram on or immediately adjacent to the exit door from each sleeping room. A diagram shall reflect the actual floor arrangement, room identification and exit path travel from each room.<br>NFPA 101, Life Safety Code, Chapter 29.7.4.1   | Install exit path diagram in each room.                         | NA  | 12/31/2015                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Legends Hall<br>Legends Hall is a four-story structure classified as existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 1<br>Fire doors at the following locations have continuous hinges that do not have UL listing information on hinge.<br>☒ Fourth floor Stairwell 01<br>☒ Fourth floor stairwell 03<br>☒ Third floor stairwell 03<br>☒ Third floor stairwell 01<br>☒ Third floor stairwell 02<br>☒ Second floor stairwell 02<br>☒ Second floor stairwell 01<br>☒ Second floor stairwell 03<br>☒ First floor stairwell 01<br>NFPA 1, Fire Code. Chapters 12.7.3.1, 12.7.3.2.2 and 12.7.3.3.2.3 | UNT will add UL listing on hinges.                              | NA  | 10/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Legends Hall<br>Legends Hall is a four-story structure classified as existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 2<br>Fire doors in the following locations lack a UL listed fire rating label or label from another recognized testing lab.<br>☒ Third floor stairwell 02<br>☒ Second floor stairwell 02<br>☒ Third floor stairwell 03<br>☒ First floor Stairwell 01 right side door<br>NFPA 1, Fire Code, Chapters 12.7.3.1, 12.7.3.2.2 and 12.7.3.2.3   | UNT will add UL listed fire rating label to each door.          | NA  | 10/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Legends Hall<br>Legends Hall is a four-story structure classified as existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 3<br>The first floor stairwell exterior exit door only partially opens due to the bottom of the door contacting the ground.<br>NFPA 1, Fire Code, Chapter 14.4.1, 14.5.1.5 and 14.5.1.1   | UNT will evaluate the best course of action for completion.     | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Legends Hall<br>Legends Hall is a four-story structure classified as existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 4<br>The emergency egress floor plan diagram signs are missing from the back of all dormitory room doors. (2014 violation)<br>NFPA 1, Fire Code, Chapter 20.8.2.4.1   | Facilities will develop and post floor plans on all room doors. | NA  | 9/1/2016                     | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Legends Hall<br>Legends Hall is a four-story structure classified as existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 5<br>The sprinkler system hydraulic calculation plate is missing from the riser.<br>NFPA 1, Fire Code, Chapter 13.3.3.2  | UNT will add the required plate to the riser.               | NA  | 12/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Legends Hall<br>Legends Hall is a four-story structure classified as existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 6<br>Unsealed penetrations are present in the following locations.<br>☒ Storage room 344 unsealed conduit<br>☒ Room 257A<br>☒ Room 244 IT room<br>NFPA 1, Fire Code, Chapter 12.7.5.1  | Facilities will properly seal penetrations.                 | NA  | 10/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Legends Hall<br>Legends Hall is a four-story structure classified as existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 7<br>The penthouse area lacks sprinkler system coverage and is used for combustible storage.<br>NFPA 1, Fire Code, Chapters 13.3.2.16.2 and 10.19.5.1  | UNT will evaluate the best course of action for completion. | NA  | 3/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Maple Hall<br>Maple Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | NA         | FINDING 1<br>Fire doors throughout the building (21 locations) have continuous hinges covering the area where the UL listing label is located. Unable to verify doors are fire rated.<br>NFPA 1, Fire Code, Chapters 12.7.3.1, 12.7.3.2.2 and 12.7.3.2.3   | Facilities verified that all fire doors are fire rated.     | NA  | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Maple Hall<br>Maple Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | NA         | FINDING 10<br>Room A128 the ceiling light/fan is missing the cover.<br>NFPA 1, Fire Code, Chapter 11.1.2   | Facilities will replace cover.                              | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Maple Hall<br>Maple Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | NA         | FINDING 11<br>Room B120 has a large hole in the fire wall.<br>NFPA 1, Fire Code, Chapter 4.5.8.1   | Facilities will repair hole.                                | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Maple Hall<br>Maple Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | NA         | FINDING 13<br>Fire doors in the following locations lack UL listed fire rating door labels or labels from another recognized testing lab.<br>☒ Main stair C wing<br>☒ A wing second floor south stairwell<br>☒ Door by C128<br>☒ Door by C123<br>☒ Stair door by A134<br>☒ E wing second floor corridor<br>NFPA 1, Fire Code, Chapters 12.7.3.2.2 and 12.7.3.1   | Facilities will add UL listed fire rated door labels.       | NA  | 10/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Maple Hall<br>Maple Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | NA         | FINDING 14<br>Unable to verify that some of the lighting fixtures are equipped with emergency lighting capability.<br>NFPA 1, Fire Code, Chapter 14.13.1.1 (1); and NFPA 101, Life Safety Code, Chapters 29.2.9.1 and 7.9  | Facilities will determine that capability.                  | NA  | 1/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Maple Hall<br>Maple Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | NA         | FINDING 2<br>Fire doors at the following locations have continuous hinges that do not have UL listing information on hinge.<br>☒ First floor corridor by room 128<br>☒ First floor by room C123<br>☒ Stairwell C third floor<br>☒ Second floor south stairwell<br>☒ Stairwell A second floor<br>☒ Stairwell D second floor<br>☒ Corridor by room A134<br>NFPA 1, Fire Code, Chapters 12.7.3.1, 12.7.3.2.2 and 12.7.3.2.3 | UNT added UL listings to all hinges.                        | NA  | NA                           | Closed                |



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| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Maple Hall<br>Maple Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 3<br>The following corridors have fiberglass reinforced plastic (FRP) ceiling panels installed in the drop ceiling grids. Documentation was not available at the time of the inspection that FRP ceiling tiles meet class A or B interior finish requirements for use in corridors.<br>☐ F wing second floor<br>☐ B wing first floor<br>☐ B wing second floor<br>☐ C wing second floor<br>☐ C wing first floor<br>☐ A wing second floor<br>☐ D wing first floor<br>☐ D wing second floor<br>☐ D wing third floor<br>NFPA 1, Fire Code, Chapter 20.8.3.3(2) | Facilities will provide documentation.                             | NA  | 1/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Maple Hall<br>Maple Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 4<br>Unsealed or improperly sealed penetrations are present in the following locations.<br>☐ FC-2 Mechanical room non rated yellow spray foam<br>☐ F220 IT room 4 inch conduit floor and ceiling<br>☐ E226 IT room 4 inch conduit floor and ceiling<br>☐ A/C H8 room F321 floor non rated yellow spray foam<br>NFPA 1, Fire Code, Chapter 12.7.5.1   | Facilities will properly seal penetrations.                        | NA  | 10/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Maple Hall<br>Maple Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 5<br>Stairwell fire rated doors at the following locations have holes in the door.<br>☐ Stairwell C third floor<br>☐ Stairwell D second floor<br>NFPA 1, Fire Code, Chapter 12.4.6.9.1 and 12.4.6.9.2(1)   | Facilities will repair doors.                                      | NA  | 10/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Maple Hall<br>Maple Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 6<br>Room F310 has a multi outlet adapter plugged into a power strip.<br>NFPA 1, Fire Code, Chapter 11.1.5.2   | Multi outlet adapter was removed from the power strip.             | NA  | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Maple Hall<br>Maple Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 7<br>Mechanical room B132 has an extension cord wired into the HVAC controller to supply power to the unit.<br>NFPA 1, Fire Code, Chapter 11.1.2   | Facilities will replace extension cords with a permanent solution. | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Maple Hall<br>Maple Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 8<br>The corridor fire door by room C123 has a ventilation grate installed in the bottom of the door.<br>NFPA 1, Fire Code, Chapter 12.4.6.9.1 and 12.4.6.9.2(10)  | UNT will evaluate the best course of action for completion.        | NA  | 1/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Maple Hall<br>Maple Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 9<br>Room B103 has interconnected power strips.<br>NFPA 1, Fire Code, Chapter 11.1.6.2   | UNT will remove interconnected power strips.                       | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Maple Hall<br>Maple Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 12<br>Stairwell signage is missing in the following locations. Stairwell signs are not required by code in this existing building however since signs have been installed they must be maintained.<br>☐ D corridor south third floor<br>☐ F wing west stairwell third floor<br>☐ A wing west stairwell third floor<br>☐ A wing south stairwell second floor<br>☐ F wing west second floor<br>☐ B wing south stairwell second floor<br>☐ E wing corridor across from room 201<br>☐ D wing south stairwell first floor<br>NFPA 1, Fire Code, Chapter 4.5.8.1 | Facilities will add signage.                                       | NA  | 10/1/2016                    | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO12282E     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | McConnell Hall<br>McConnell Hall is a 206 room three-story structure classified as a mixed occupancy consisting of existing dormitory and business. Features of fire protection include a complete fire alarm system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 1<br>Dormitory rooms are not provided with a required exit path diagram on or immediately adjacent to the exit door from each sleeping room. A diagram shall reflect the actual floor arrangement, room identification and exit path travel from each room.<br>NFPA 101, Life Safety Code, Chapter 29.7.4.1  | Install exit path diagram in each room.   | NA  | 12/31/2015                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | McConnell Hall<br>McConnell Hall is a three-story structure classified as a mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss.  | NA         | FINDING 1<br>Corridor smoke or fire doors in the following locations are held in the open position by electric hold open devices but lack the required smoke detectors located within five feet of the doors to activate door release in the event of a fire.<br>☒ Fire door first floor main stairwell<br>☒ Corridor smoke door by room 352<br>☒ Corridor smoke door by room 333<br>☒ Double smoke doors by SRID3<br>NFPA 1, Fire Code, Chapter 14.5.4.2(3) | Facilities will add smoke detectors.  | NA  | 12/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | McConnell Hall<br>McConnell Hall is a three-story structure classified as a mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss.  | NA         | FINDING 10<br>A ladder is stored in the first floor main stairwell.<br>NFPA 1, Fire Code, Chapters 14.4.1, 14.6.3.1 and 4.4.3.1.1  | Facilities will remove the ladder.  | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | McConnell Hall<br>McConnell Hall is a three-story structure classified as a mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss.  | NA         | FINDING 11<br>The emergency egress floor plan diagram signs are missing from the back of all dormitory room doors. (2014 violation)<br>NFPA 1, Fire Code, Chapter 20.8.2.4.1   | Facilities will develop and post the sign on all room doors                             | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | McConnell Hall<br>McConnell Hall is a three-story structure classified as a mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss.  | NA         | FINDING 12<br>Room A140A is being used as a wood shop. Saw dust was observed on work benches and the floor. This room is located directly off an assembly space and lacks the required two hour rated construction separation between industrial occupancy and assembly occupancy. Discontinue use of this room as a wood shop or other industrial type occupancy.<br>NFPA 1, Fire Code, Chapter 6.1.14.4.1  | UNT will discontinue use of this room as a wood shop or other industrial type occupancy | NA  | 1/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | McConnell Hall<br>McConnell Hall is a three-story structure classified as a mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss.  | NA         | FINDING 2<br>In "B" wing south, the third floor stairwell door strike plate is missing.<br>NFPA 1, Fire Code, Chapter 12.4.6.9.1 and 12.4.6.9.2(4)   | Facilities will replace the missing strike plate.                                       | NA  | 10/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | McConnell Hall<br>McConnell Hall is a three-story structure classified as a mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss.  | NA         | FINDING 3<br>Unsealed or improperly sealed penetrations are present in the following locations.<br>☒ Room A/C 7 Unsealed and unapproved yellow spray foam used<br>☒ Room A/C 9 unapproved yellow spray foam used<br>☒ Room A/C 8 unsealed<br>☒ Room A/C 6 unapproved yellow spray foam used<br>☒ Room A/C 5 has an 18"x18" hole in wall covered with plywood and unapproved yellow spray foam used<br>NFPA 1, Fire Code, Chapter 12.7.5.1                    | Facilities will properly seal all penetrations.   | NA  | 10/1/2016                    | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | McConnell Hall<br>McConnell Hall is a three-story structure classified as a mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 4<br>Unable to verify building is equipped with the required emergency lighting.<br>NFPA 1, Fire Code, Chapter 14.13.1.1(1); and NFPA 101, Life Safety Code, Chapter 29.2.9.1   | Facilities will provide verification.   | NA  | 10/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | McConnell Hall<br>McConnell Hall is a three-story structure classified as a mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 5<br>Room A130 located under the stairs has a sign posted "No storage by order of State Fire Marshal" and is used for storage of combustible items.<br>NFPA 1, Fire Code, Chapter 14.6.3  | Resolved                                | NA  | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | McConnell Hall<br>McConnell Hall is a three-story structure classified as a mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 6<br>The MAC room lacks emergency lighting.<br>NFPA 1, Fire Code, Chapter 14.13.1.1(1); and NFPA 101, Life Safety Code, Chapter 29.2.9.1  | Facilities will add emergency lighting. | NA  | 1/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | McConnell Hall<br>McConnell Hall is a three-story structure classified as a mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 7<br>The first floor corridor fire doors have an electronic locking device installed. Documentation was not available to indicate the device is UL listed for use on fire doors.<br>NFPA 1, Fire Code, Chapter 14.5.2.6(6)  | Facilities will provide documentation.  | NA  | 12/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | McConnell Hall<br>McConnell Hall is a three-story structure classified as a mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 8<br>The stage lighting wires have a section where the plug has been pulled away from the outer protective sheath exposing the wiring.<br>NFPA 1, Fire Code, Chapter 11.1.2   | Facilities will replace the wiring.     | NA  | 10/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | McConnell Hall<br>McConnell Hall is a three-story structure classified as a mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 9<br>The stand-pipe system lacks an annual inspection tag.<br>NFPA 1, Fire Code, Chapter 13.2.3.3   | Inspection will be performed.           | NA  | 10/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO12282E     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Mozart Hall<br>Mozart Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.   | NA         | FINDING 1<br>Wainscoting is installed on the bottom section of the corridor and stairwell throughout the building and does not meet class A or B interior finish requirements.<br>NFPA 101, Life Safety Code, Chapters 29.3.3.2 and 10.2.3  | Scheduled for completion in FY2016      | NA  | 8/31/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO12282E     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Mozart Hall<br>Mozart Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.   | NA         | FINDING 2<br>Dormitory rooms are not provided with a required exit path diagram on or immediately adjacent to the exit door from each sleeping room. A diagram shall reflect the actual floor arrangement, room identification and exit path travel from each room.<br>NFPA 101, Life Safety Code, Chapter 29.7.4.1 | Install exit path diagram in each room. | NA  | 12/31/2015                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Mozart Hall<br>Mozart Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.   | NA         | FINDING 1<br>Wainscoting is installed on the bottom section of the corridor walls and stairwells throughout the building and does not meet class A or B interior finish requirements. (Listed in 2014 inspection)<br>NFPA 1 Fire Code, Chapter 28.8.3.2 (2)   | Compliance measures are in progress.    | NA  | 9/1/2016                     | Closed                |



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| Internal / External | Reporting Agency            | Fiscal Year Report was Issued | Report Number | Audit Category                       | Report Name  | Component Institution | Key Observations  | Risk Level | Recommendation Details  | Management Response  | Individual Responsible for Implementation | Expected Implementation Date | Recommendation Status |
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| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Mozart Hall<br>Mozart Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.                          | NA         | FINDING 2<br>Dormitory rooms are not provided with a required exit path diagram on or immediately adjacent to the exit door from each sleeping room. A diagram shall reflect the actual floor arrangement, room identification and exit path travel from each room. (Listed in 2014 inspection)<br>NFPA 1 Fire Code, Chapter 20.8.2.4.1 | UNT will develop and place exit diagrams in each room.     | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Mozart Hall<br>Mozart Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.                          | NA         | FINDING 3<br>The cable TV/Electrical room by 232 has a carpet cleaning machine blocking access to the electrical panels. (Corrected at the time of the inspection)<br>NFPA 1 Fire Code, Chapter 11.1.2  | NA   | NA  | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Mozart Hall<br>Mozart Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.                          | NA         | FINDING 4<br>The wall mounted emergency lighting unit has come loose from its mount.<br>NFPA 1 Fire Code, Chapter 4.5.8.1   | Facilities will repair emergency lighting unit.            | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Mozart Hall<br>Mozart Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.                          | NA         | FINDING 5<br>The corridor smoke detector by room 111 has tape covering the unit. (Corrected at the time of the inspection)<br>NFPA 1 Fire Code, Chapter 4.5.8.1   | NA   | NA  | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Mozart Hall<br>Mozart Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.                          | NA         | FINDING 6<br>The sprinkler head in the corridor by room 120 is not properly installed and extends below the ceiling causing the escutcheon not to properly cover the ceiling penetration.<br>NFPA 1 Fire Code, Chapter 4.5.8.1  | Facilities will properly re-install sprinkler head.        | NA  | 12/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Mozart Hall<br>Mozart Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.                          | NA         | FINDING 7<br>The three fire sprinkler systems are yellow tagged stating gauges lack 5 year test and ball drip valve on all three tags. Dated December 2015.<br>NFPA 1, Fire Code, Chapter 4.5.8.1   | UNT will conduct 5 year test.                              | NA  | 12/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Mozart Hall<br>Mozart Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.                          | NA         | FINDING 8<br>The FDC is visually obstructed by bushes and lacks an identification sign.<br>NFPA 1, Fire Code, Chapters 13.1.3, 13.1.4 and 13.1.4.1  | Facilities will remove bushes and add identification sign. | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Mozart Hall<br>Mozart Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.                          | NA         | FINDING 9<br>The center stairwell first floor has an unsealed penetration around the security camera wire.<br>NFPA 1, Fire Code, Chapter 12.7.5.1   | Facilities will properly seal penetration.                 | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Rawlins Hall<br>Rawlins Hall is a four story new dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 1<br>Room 512 the JDF room has boxes of trash stored in the room.<br>NFPA 1, Fire Code, Chapter 10.19.1   | Trash has been removed.                                    | NA  | NA                           | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Rawlins Hall<br>Rawlins Hall is a four story new dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 10<br>Unsealed or improperly sealed penetrations are present in the following locations.<br>☒ Room 355 Security closet<br>☒ Apartment 280 Hole in ceiling by entrance door<br>☒ Storage room 212 unsealed floor conduit<br>☒ Room 141A ceiling<br>☒ Room 412 unsealed and improperly sealed mineral wool not secured in place by fire caulking.<br>☒ Lounge C307 hole in wall behind TV<br>NFPA 1, Fire Code, Chapter 12.7.5.1 and 12.3.3.1 | Status of identified penetrations is as follows:<br>• Room 355: Fire caulk has been installed at this location. This item can be closed.<br>• Apartment 280: Ceiling opening was created by UNTS's low voltage subcontractor subsequent to completion of work at this area by Vaughn Construction. The trade contractor will be contacted to repair ceiling opening.<br>• Storage Room 212: Fire barrier and fire caulk have been installed at this location. This item can be closed.<br>• Room 141A: Fire caulk has been installed at this location. This item can be closed.<br>• Room 412: Fire caulk has been installed at this location. This item can be closed.<br>• Lounge C307: Wall opening was created by UNTS's low voltage subcontractor subsequent to completion of work at this area by Vaughn Construction. Access panel installation and/or wall repair will be completed by this trade contractor. | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Rawlins Hall<br>Rawlins Hall is a four story new dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 11<br>Room 559 has an extension cord used as a substitute for permanent wiring.<br>NFPA 1, Fire Code, Chapter 11.1.7.6  | UNT will remove extension cord.   | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Rawlins Hall<br>Rawlins Hall is a four story new dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 12<br>Room 102 has a sprinkler escutcheon falling off.<br>NFPA 1, Fire Code, Chapter 13.3.3.2   | Sprinkler escutcheon at Room 102 has been adjusted.   | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Rawlins Hall<br>Rawlins Hall is a four story new dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 13<br>The corridor fire doors in the following locations lack bottom rods and floor latching points or fire pins.<br>☒ Corridor fire door by room 160<br>☒ Double corridor fire doors by room 266B<br>☒ Fire door by first floor main desk<br>NFPA 1, Fire Code, Chapter 12.4.1 and NFPA 80, Standard for Fire Doors and other Opening Protectives  | Door installation at these locations has been verified to be as specified in the Construction Documents for this project. Based upon the attached submittal and supplemental information, it is our understanding that these openings are UL-listed and do not require bottom rods or floor latch points. Please reference 'Attachment A – Fire Door Information.' UNTS to review and coordinate with RSA and advise if changes are required.   | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Rawlins Hall<br>Rawlins Hall is a four story new dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 14<br>Multipurpose room 270 A/B has an occupant load in excess of 49 people and lacks the required exit signs.<br>NFPA 1, Fire Code, Chapters 20.1.4.7.1 and 14.14.1.1  | Signage installation has been verified to be as specified in the Construction Documents for this project. UNTS to review and coordinate with RSA and advise if changes are required.  | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Rawlins Hall<br>Rawlins Hall is a four story new dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 2<br>In Stairwell 1 on all four floors the normal building lighting was off.<br>NFPA 1, Fire Code, Chapter 14.12.1.1  | Normal building lighting at Stair 1 has been confirmed to be functional and is current set to a default 'constant on' status, as there is an occupancy sensor function issue that is being addressed.   | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Rawlins Hall<br>Rawlins Hall is a four story new dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 3<br>In Room 463 the custodial closet has an exposed electrical wire run above the ceiling.<br>NFPA 1, Fire Code, Chapter 11.1.2  | An above-ceiling electrical box has been installed at Room 463, to capture exposed electrical wiring.   | NA  | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Rawlins Hall<br>Rawlins Hall is a four story new dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 4<br>A ceiling tile is missing in the custodial closet located across from Room 463.<br>NFPA 1, Fire Code, Chapter 13.3.3.3   | The missing ceiling tile at Room 463 has been installed.  | NA  | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Rawlins Hall<br>Rawlins Hall is a four story new dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 5<br>The fire alarm control panel lacks a current annual inspection tag. The last inspection was conducted in August 2014.<br>NFPA 1, Fire Code, Chapter 4.5.8.1  | This error appears to be clerical, as panel testing was conducted in August 2015. The installer has been contacted, to ensure that the appropriate tag is installed.  | NA  | 8/1/2016                     | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Rawlins Hall<br>Rawlins Hall is a four story new dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.         | NA         | FINDING 6<br>Stairwell 2 on the first floor is missing the stairwell identification sign.<br>NFPA 1, Fire Code, Chapter 10.12.3.1   | Signage was installed at this location at time of project completion and User occupancy. Based upon inspection, it appears that signage was removed by Occupants.<br>Replacement signage will be ordered. | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Rawlins Hall<br>Rawlins Hall is a four story new dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.         | NA         | FINDING 7<br>Stairwell 3 on the first floor is being used for storage.<br>NFPA 1, Fire Code, Chapters 14.4 and 10.19.4  | Stored material have been removed from Level 1 of Stair 3   | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Rawlins Hall<br>Rawlins Hall is a four story new dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.         | NA         | FINDING 8<br>At stairwell 3 on the first floor, the exit door leading to the exterior of the building lacks an illuminated exit sign.<br>NFPA 1, Fire Code, Chapter 14.14.1.2.1   | Illuminated exit sign for this location has been ordered and will be installed upon receipt.  | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Rawlins Hall<br>Rawlins Hall is a four story new dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.         | NA         | FINDING 9<br>The corridor fire doors by room 266 B do not close and latch properly.<br>NFPA 1, Fire Code, Chapter 12.4.6.9.2(6) and (8)   | Corridor fire doors by Room 266B have been verified to close and latch properly.  | NA  | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO12282E     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Santa Fe Hall<br>Santa Fe Hall is a three-story structure classified as existing apartment occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power. | NA         | FINDING 1<br>Dormitory rooms are not provided with a required exit path diagram on or immediately adjacent to the exit door from each sleeping room. A diagram shall reflect the actual floor arrangement, room identification and exit path travel from each room.<br>NFPA 101, Life Safety Code, Chapter 29.7.4.1   | NA  | NA  | 8/31/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Santa Fe Hall<br>Santa Fe Hall is a three-story structure classified as existing apartment occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power. | NA         | FINDING 1<br>The three fire sprinkler risers are yellow tagged since December 2015. Tags state gauges, not replaced or 5 year calibration".<br>NFPA 1, Fire Code, Chapter 13.3.3.2  | Facilities will conduct calibration.  | NA  | 12/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Santa Fe Hall<br>Santa Fe Hall is a three-story structure classified as existing apartment occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power. | NA         | FINDING 2<br>Unsealed or improperly sealed penetrations are present in the following locations.<br>☒ Telephone room unsealed ceiling and floor penetrations<br>☒ Cable TV room unsealed ceiling and floor penetrations<br>☒ Room ST3H<br>☒ Room ST-2H<br>☒ Corridor outside room 222<br>☒ Mechanical room by room 225<br>☒ Room A/C2A<br>☒ Main electrical room first floor above main switch gear not properly sealed unapproved material<br>NFPA 1, Fire Code, Chapter 12.7.5.1 | Facilities will properly seal all penetrations.   | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Santa Fe Hall<br>Santa Fe Hall is a three-story structure classified as existing apartment occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power. | NA         | FINDING 3<br>Emergency lights failed to operate when tested in the following locations.<br>☒ Stairwell B third floor<br>☒ Corridor by room 203<br>NFPA 1, Fire Code, Chapter 4.5.8.1  | Facilities will repair emergency lights.  | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Santa Fe Hall<br>Santa Fe Hall is a three-story structure classified as existing apartment occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power. | NA         | FINDING 4<br>Sprinkler heads are missing escutcheons in the following areas.<br>☒ Stairwell A third floor<br>☒ Room ST3H<br>NFPA 1, Fire Code, Chapter 4.5.8.1  | Facilities will replace escutcheons.  | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Santa Fe Hall<br>Santa Fe Hall is a three-story structure classified as existing apartment occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power. | NA         | FINDING 5<br>Fire doors in stairwell B on the first floor lack a UL listed fire rating label or label from another recognized testing lab.<br>NFPA 1, Fire Code, Chapter 12.7.3.2.2   | Facilities will install UL listed fire rating label.  | NA  | 10/1/2016                    | Closed                |



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| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Santa Fe Hall<br>Santa Fe Hall is a three-story structure classified as existing apartment occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power.  | NA         | FINDING 6<br>Mechanical room and custodial closet are located off stairwell normally unoccupied spaces shall not enter into an exit enclosure. The mechanical room requires a one hour rated fire door separation from the exit enclosure<br>NFPA 1, Fire Code, Chapter 14.3.1. (9) (10) and 14.3.1.9 (C)  | UNT will evaluate the best course of action for completion.          | NA  | 1/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Santa Fe Hall<br>Santa Fe Hall is a three-story structure classified as existing apartment occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power.  | NA         | FINDING 7<br>Storage located by room 227 has a single cylinder dead bolt lock installed with the key side located inside the room and a thumb latch on the exterior side. Occupants can be locked inside the room.<br>NFPA 1, Fire Code, Chapters 4.4.3.1.2, 14.5.2.1 and 14.5.2.3   | Facilities will remove dead bolt lock.                               | NA  | 10/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO12282E     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Traditions Hall<br>Traditions Hall is a 373 room three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, full automatic sprinkler system, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | NA         | FINDING 1<br>Dormitory rooms are not provided with a required exit path diagram on or immediately adjacent to the exit door from each sleeping room. A diagram shall reflect the actual floor arrangement, room identification and exit path travel from each room.<br>NFPA 101, Life Safety Code, Chapter 29.7.4.1  | Install exit path diagram in each room.                              | NA  | 1/31/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Traditions Hall<br>Traditions Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss.                    | NA         | FINDING 1<br>The third floor elevator lobby doors do not latch.<br>NFPA 1, Fire Code, Chapter 12.4.6.9.1 and 12.4.6.9.2(8)   | Facilities will repair door.   | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Traditions Hall<br>Traditions Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss.                    | NA         | FINDING 10<br>Elevator lobby fire doors are on electronic hold open devices and lack the required smoke detectors within five feet of the doors.<br>NFPA 1, Fire Code, Chapter 14.5.4.1(3)   | Facilities will install smoke detectors.                             | NA  | 12/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Traditions Hall<br>Traditions Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss.                    | NA         | FINDING 2<br>Unsealed or improperly sealed penetrations are present in the following locations.<br>☒ IT closet 324, 377 277,224, 124 4 inch conduits not sealed<br>☒ Room 373 ceiling penetrations<br>☒ Room H205 4 inch conduit not sealed<br>☒ Six electrical rooms throughout the building 3/4 inch conduit not sealed<br>NFPA 1, Fire Code, Chapter 12.7.5.1 | Facilities will properly seal penetrations.                          | NA  | 10/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Traditions Hall<br>Traditions Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss.                    | NA         | FINDING 3<br>The elevator lobby doors on all three floors lack the required one hour fire rating. Some doors are labeled as 1/3 hour, some are 3/4 hour rated doors. It appears doors have been changed out over the years. The correct rating for the doors should be one hour.<br>NFPA 1, Fire Code, Chapter 12.7.4.2  | UNT will evaluate the best course of action for completion.          | NA  | 11/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Traditions Hall<br>Traditions Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss.                    | NA         | FINDING 4<br>The emergency egress floor plans are missing from back of all dorm room doors.<br>(2104 violation)<br>NFPA 1, Fire Code, Chapter 20.8.2.4.1   | Facilities will develop floor plans and post them on all room doors. | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Traditions Hall<br>Traditions Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss.                    | NA         | FINDING 5<br>The third floor stairwell 3.2 panic bar lacks a label indicating the bar is UL listed fire exit hardware.<br>NFPA 1, Fire Code, Chapter 14.5.3.4.2  | Facilities will install a UL label on bar.                           | NA  | 9/1/2016                     | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Traditions Hall<br>Traditions Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss.        | NA         | FINDING 6<br>Stairwells are missing the stairwell identification signs in the following locations.<br>☐ Stairwell 2.5<br>☐ Center stairwell first floor<br>NFPA 1, Fire Code, Chapter 10.12.3.  | Facilities will install identification signs.                       | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Traditions Hall<br>Traditions Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss.        | NA         | FINDING 7<br>In room 149 a new drop ceiling has been installed. The sprinkler heads have not been relocated below the new ceiling.<br>NFPA 1, Fire Code, Chapter 4.5.8.1  | Facilities will relocate the sprinkler heads.                       | NA  | 12/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Traditions Hall<br>Traditions Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss.        | NA         | FINDING 8<br>Stairwell 1.3 fire door is missing the strike plate.<br>NFPA 1, Fire Code, Chapter 12.4.6.9.1 and 12.4.6.9.2(4)  | Facilities will replace strike plate.                               | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Traditions Hall<br>Traditions Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss.        | NA         | FINDING 9<br>Room H2005 has a cover missing from the splice box.<br>NFPA 1, Fire Code Chapters 11.1.10  | Facilities will replace cover.                                      | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO12282E     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Victory Hall<br>Victory Hall is a four-story mixed occupancy consisting of existing dormitory and existing assembly use. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 1<br>Dormitory rooms are not provided with a required exit path diagram on or immediately adjacent to the exit door from each sleeping room. A diagram shall reflect the actual floor arrangement, room identification and exit path travel from each room.<br>NFPA 101, Life Safety Code, Chapter 29.7.4.1   | Install exit path diagram in each room.                             | NA  | 12/31/2015                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Victory Hall<br>Victory Hall is a four-story mixed occupancy consisting of existing dormitory and existing assembly use. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 1<br>Fire extinguishers in the following locations lack a current annual inspection tag.<br>☐ Fourth floor custodial closet room 4100 last inspection July 2012<br>☐ Room 3176 last inspection September 2014<br>☐ Storage room 2100 last inspection July 2011<br>☐ Storage room 2162 last inspection January 2008<br>☐ Storage room 2176 last inspection September 2014<br>☐ Storage room 1152 last inspection July 2012<br>☐ Laundry room 1116 last inspection July 2009<br>☐ Room 3207 last inspection June 2013<br>☐ Storage room 3280 last inspection September 2014<br>☐ IT room 2250 no inspection tag on extinguisher, year of manufacture 2004<br>☐ Communications room 2210 last inspection June 2010<br>☐ IT room located off mechanical room 2280 no inspection tag on extinguisher, year of manufacture 2004<br>NFPA 1, Fire Code, Chapter 4.5.8.1 | UNT will inspect fire extinguishers.                                | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Victory Hall<br>Victory Hall is a four-story mixed occupancy consisting of existing dormitory and existing assembly use. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 10<br>Housing security room located off mechanical room 2280 has a power strip plugged into a UPS.<br>NFPA 1, Fire Code, Chapter 11.1.6.2   | Facilities will replace power strip with a more permanent solution. | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Victory Hall<br>Victory Hall is a four-story mixed occupancy consisting of existing dormitory and existing assembly use. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 11<br>In room 2250 an extension cord is used to power a UPS unit.<br>NFPA 1, Fire Code, Chapter 11.1.7.6  | Facilities will replace cord with a more permanent solution.        | NA  | 9/1/2016                     | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Victory Hall<br>Victory Hall is a four-story mixed occupancy consisting of existing dormitory and existing assembly use. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 12<br>The first floor elevator lobby fire doors lack vertical bottom rods and floor latching points or fire pins. (4 sets)<br>NFPA 1, Fire Code, Chapter 12.4.1; and NFPA 80 Standard for Fire Doors and Other Opening Protectives, Chapter 4.6.3.1   | UNT will evaluate the best course of action for completion.         | NA  | 10/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Victory Hall<br>Victory Hall is a four-story mixed occupancy consisting of existing dormitory and existing assembly use. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 13<br>The elevator lobby doors are held in the open position by electric magnetic hold open devices, but lack the required smoke detectors located within five feet of the doors to activate door release in the event of a fire. (14 Locations)<br>NFPA 1, Fire Code, Chapter 14.5.4.2(3)  | Smoke detectors will be added.                                      | NA  | 12/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Victory Hall<br>Victory Hall is a four-story mixed occupancy consisting of existing dormitory and existing assembly use. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 14<br>Mechanical room 2280 has storage of materials not related to mechanical equipment operation. These items include but not limited to mop buckets, mops, paint, furniture, ceiling tiles.<br>NFPA 1, Fire Code, Chapter 10.19.5.1   | UNT will remove all materials not related to mechanical operations. | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Victory Hall<br>Victory Hall is a four-story mixed occupancy consisting of existing dormitory and existing assembly use. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 2<br>Both sprinkler heads in the fire pump building still have the orange shipping protectors installed on the heads.<br>Note: This building is approximately one and a half years old and these protectors should have been removed at the time the sprinkler system went in service. Several inspections by the sprinkler contractor and university staff failed to notice the protectors still in place.<br>NFPA 1, Fire Code, Chapter 13.3.3.2  | Facilities will remove orange shipping protectors.                  | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Victory Hall<br>Victory Hall is a four-story mixed occupancy consisting of existing dormitory and existing assembly use. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 3<br>The fire alarm control panel is displaying the following trouble signals.<br>☒ Battery trouble<br>☒ Missing detector<br>NFPA 1, Fire Code, Chapter 4.5.8.1   | Facilities resolved the trouble signals.                            | NA  | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Victory Hall<br>Victory Hall is a four-story mixed occupancy consisting of existing dormitory and existing assembly use. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 4<br>The corridor travel distances between fire alarm pull stations exceeds the maximum 200 feet travel distance between pull stations. Corridor distance was measured to be 366 feet.<br>NFPA 1, Fire Code, Chapter 13.7.1.4.8.5   | UNT will evaluate the best course of action for completion.         | NA  | 10/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Victory Hall<br>Victory Hall is a four-story mixed occupancy consisting of existing dormitory and existing assembly use. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 5<br>The emergency egress floor plan diagram signs are missing from the back of all dormitory room doors.<br>NFPA 1, Fire Code, Chapter 20.8.2.4.1  | Facilities will develop signs and install them on all room doors.   | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Victory Hall<br>Victory Hall is a four-story mixed occupancy consisting of existing dormitory and existing assembly use. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 6<br>Unsealed or improperly sealed penetrations are present in the following locations.<br>☒ Fire pump room unsealed penetrations<br>☒ Custodial closet room 4116 unsealed penetrations<br>☒ Storage room 4152 unsealed penetrations<br>☒ Custodial closet room 44176 unsealed penetrations<br>☒ IT room 2114 unsealed penetrations<br>☒ IT room 2116 unsealed penetrations<br>☒ IT room 2152 unsealed penetrations<br>☒ IT room 2162 unsealed penetrations<br>☒ Storage room 3212 unsealed penetrations<br>☒ Laundry room 1116 unapproved yellow spray foam<br>☒ Housing security room off mechanical room 2280 unsealed penetrations<br>☒ Room 2250 unsealed penetrations<br>☒ Room 2248 unsealed penetrations<br>☒ Room 2212 unsealed penetrations<br>☒ Room 2210 unsealed penetrations<br>NFPA 1, Fire Code, Chapter 12.7.5.1 | Facilities will properly seal all penetrations.                     | NA  | 12/1/2016                    | Closed                |



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| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Victory Hall<br>Victory Hall is a four-story mixed occupancy consisting of existing dormitory and existing assembly use. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | NA         | FINDING 7<br>Stairwell fire doors throughout the building lack the latch plates (17 locations).<br>NFPA 1, Fire Code, Chapters 12.4.6.9.1 and 12.4.6.9.2 (4)   | UNT will install latch plates.                                  | NA  | 10/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Victory Hall<br>Victory Hall is a four-story mixed occupancy consisting of existing dormitory and existing assembly use. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | NA         | FINDING 8<br>Fire doors at the following locations have continuous hinges that do not have UL listing information on hinge.<br>☒ Fourth floor West elevator lobby doors<br>☒ Fourth floor East elevator lobby door<br>NFPA 1, Fire Code, Chapters 12.7.3.1, 12.7.3.2.2 and 12.7.3.2.3  | Facilities will install UL labels on hinges.                    | NA  | 10/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Victory Hall<br>Victory Hall is a four-story mixed occupancy consisting of existing dormitory and existing assembly use. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | NA         | FINDING 9<br>Covers are missing off electric door controller panels and splice boxes for the exhaust controls in mechanical room 2280.<br>NFPA 1, Fire Code, Chapter 11.1.10   | Facilities will replace covers.                                 | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | West Hall<br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and existing dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting units in the event of emergencies involving power loss. | NA         | FINDING 1<br>Sprinkler protection is missing in the following locations.<br>☒ Kitchen walk in Cooler #2 no sprinkler protection<br>☒ Fire Pump room no sprinkler protection<br>☒ RESNET room second floor off mechanical room A/C3 no sprinkler protection<br>☒ Twelve mechanical rooms lack sprinkler protection under duct work that exceeds 4 feet wide<br>☒ First floor A/C 1A room incomplete sprinkler coverage<br>NFPA 1, Fire Code, Chapter 13.3.1.2 | UNT will evaluate the best course of action for completion.     | NA  | 8/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | West Hall<br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and existing dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting units in the event of emergencies involving power loss. | NA         | FINDING 10<br>The emergency egress floor plans are missing from the back of all dorm room doors.<br>(2104 violation)<br>NFPA 1, Fire Code, Chapter 20.8.2.4.1  | Facilities will develop and post floor plans on all room doors. | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | West Hall<br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and existing dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting units in the event of emergencies involving power loss. | NA         | FINDING 11<br>Unable to verify that the building is supplied with the required emergency lighting.<br>NFPA 1, Fire Code, Chapter 14.13.1.1(1)  | UNT will evaluate the best course of action for completion.     | NA  | 8/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | West Hall<br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and existing dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting units in the event of emergencies involving power loss. | NA         | FINDING 12<br>The food warmer located in the kitchen has the electrical wire pulled out of the splice box, exposing the wiring.<br>NFPA 1, Fire Code, Chapter 11.1.2   | Facilities will repair electrical wiring.                       | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | West Hall<br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and existing dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting units in the event of emergencies involving power loss. | NA         | FINDING 13<br>In the kitchen walk in cooler number 1 spray foam is on the sprinkler head.<br>NFPA 1, Fire Code, Chapter 13.3.3.2   | Facilities will remove the spray foam.                          | NA  | 9/1/2016                     | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | West Hall<br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and existing dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting units in the event of emergencies involving power loss. | NA         | FINDING 14<br>The kitchen commercial cooking appliances wet chemical suppression system has an enclosed appliance with a discharge nozzle located above it. The cooking appliances have been moved since the original installation and this nozzle no longer covers any open equipment. Upon discharge of the system this nozzle will spray wet chemical on the floor.<br>NFPA 1, Fire Code, Chapter 4.5.8.1 | Facilities will adjust coverage.                       | NA  | 12/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | West Hall<br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and existing dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting units in the event of emergencies involving power loss. | NA         | FINDING 15<br>The cafeteria emergency exit door threshold is raised approximately four inches above the floor level creating a trip hazard to occupants exiting the building.<br>NFPA 1, Fire Code, Chapter 14.1; and NFPA 101 Life Safety Code, Chapter 7.2.1.3.4   | Facilities will level the threshold.                   | NA  | 8/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | West Hall<br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and existing dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting units in the event of emergencies involving power loss. | NA         | FINDING 16<br>The first floor center stairwell door was found blocked open at the time of the inspection.<br>(Corrected at the time of the inspection)<br>NFPA 1, Fire Code, Chapter 14.5.4.1  | (Corrected at the time of the inspection)              | NA  | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | West Hall<br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and existing dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting units in the event of emergencies involving power loss. | NA         | FINDING 17<br>The fire extinguisher located in the graduate student apartment lacks a current annual inspection tag. The last inspection was conducted in 2007.<br>NFPA 1, Fire Code, Chapter 4.5.8.1  | UNT will inspect the fire extinguisher.                | NA  | 8/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | West Hall<br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and existing dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting units in the event of emergencies involving power loss. | NA         | FINDING 18<br>The first floor south center stairwell fire door lacks a UL listed fire rating label or label from another recognized testing lab.<br>NFPA 1, Fire Code, Chapters 12.7.3.2.2 and 12.7.3.2.3  | Facilities will add UL listed fire rating label.       | NA  | 1/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | West Hall<br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and existing dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting units in the event of emergencies involving power loss. | NA         | FINDING 19<br>The 2 1/2 inch fire department connections are hard to swivel.<br>NFPA 1, Fire Code, Chapter 13.3.3.2 4.5.8.1  | Facilities will fix the connections.                   | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | West Hall<br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and existing dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting units in the event of emergencies involving power loss. | NA         | FINDING 2<br>The main boiler / mechanical room has approximately six sprinkler heads with the orange shipping protectors still in place.<br>NFPA 1, Fire Code, Chapter 13.3.3.2  | Facilities will remove the orange shipping protectors. | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | West Hall<br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and existing dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting units in the event of emergencies involving power loss. | NA         | FINDING 3<br>The fire alarm control panel lacks a current annual inspection tag. The inspection tag is dated July 2014.<br>NFPA 1, Fire Code, Chapter 4.5.8.1  | Facilities will perform an inspection.                 | NA  | 8/1/2016                     | Closed                |

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| Internal / External | Reporting Agency            | Fiscal Year Report was Issued | Report Number | Audit Category                       | Report Name  | Component Institution | Key Observations  | Risk Level | Recommendation Details   | Management Response   | Individual Responsible for Implementation | Expected Implementation Date | Recommendation Status |
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| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | West Hall<br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and existing dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting units in the event of emergencies involving power loss. | NA         | FINDING 4<br>The east, west, north and south stairwells on floors one through three have a chase in the stairwell with cover plates that lack the required 1 hour fire rating. (14 locations)<br>NFPA 1, Fire Code, Chapter 14.3.1(1)  | UNT will evaluate the best course of action for completion. | NA  | 12/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | West Hall<br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and existing dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting units in the event of emergencies involving power loss. | NA         | FINDING 5<br>The corridor smoke door by room 612 does not close properly.<br>NFPA 1, Fire Code, Chapter 4.5.8.1  | Facilities will fix door.                                   | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | West Hall<br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and existing dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting units in the event of emergencies involving power loss. | NA         | FINDING 6<br>The corridor smoke detector by room A/C 6A is hanging from the ceiling.<br>NFPA 1, Fire Code, Chapter 4.5.8.1   | Facilities repaired smoke detector.                         | NA  | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | West Hall<br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and existing dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting units in the event of emergencies involving power loss. | NA         | FINDING 7<br>Doors in the following locations has continuous hinges installed and lack a UL label or stamp that they are listed for fire door installation.<br>☒ Second floor north west stairwell<br>☒ Third floor north east stairwell<br>☒ Third floor center north stairwell<br>☒ Second floor north west stairwell<br>☒ Third floor north west stairwell<br>☒ Second floor center stairwell<br>☒ First floor north west stairwell<br>☒ Third floor north west stairwell<br>☒ First Floor south center stairwell<br>☒ First floor south west stairwell<br>NFPA 1, Fire Code, Chapter 12.7.3.1, 12.7.3.2.2 and 12.7.3.2.3 | UL label was attached to all hinges.                        | NA  | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | West Hall<br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and existing dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting units in the event of emergencies involving power loss. | NA         | FINDING 8<br>The stairwells have HVAC vents penetrating the exit enclosure. (18 locations)<br>NFPA 1, Fire Code, Chapter 14.3.1(10)  | Facilities will properly seal penetrations.                 | NA  | 1/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | West Hall<br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and existing dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting units in the event of emergencies involving power loss. | NA         | FINDING 9<br>The first floor east stairwell door has holes in the door from a previous hinge.<br>NFPA 1, Fire Code, Chapter 12.4.6.9.2(1) (d)  | Facilities will repair door.                                | NA  | 10/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2016              | RRO12282E     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | West Hall<br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, and portable fire extinguishers. The building is equipped with illuminated exit signs, and emergency lighting units in the event of emergencies involving power loss.                               | NA         | FINDING 3<br>Dormitory rooms are not provided with a required exit path diagram on or immediately adjacent to the exit door from each sleeping room. A diagram shall reflect the actual floor arrangement, room identification and exit path travel from each room.<br>NFPA 101, Life Safety Code, Chapter 29.7.4.1  | Install exit path diagram in each room.                     | NA  | 12/31/2015                   | Closed                |



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| Internal / External | Reporting Agency                          | Fiscal Year Report was Issued | Report Number | Audit Category                       | Report Name                   | Component Institution | Key Observations  | Risk Level | Recommendation Details   | Management Response   | Individual Responsible for Implementation | Expected Implementation Date | Recommendation Status |
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| External            | Texas Commission on Environmental Quality | Fiscal Year 2016              | 1335965       | Governance and Regulatory Compliance | Notice of Violation           | UNT                   | On May 14, 2016, it was determined that University of North Texas did not submit an emissions inventory (EI) for calendar year 2015 for their main campus and discovery park site as requested. This is a violation of 30 TAX Chapter 101.10(e), which states which states that "the initial emissions inventory or subsequent annual emissions inventory updates shall contain emissions data from the previous calendar year and shall be due on March 31 of each year or as directed by the commission"... "Emissions related data submitted under a special inventory request made under subsection (b)(3) of this section are due as detailed in the letter of request." | NA         | Based on the submission of the 2015 EI by University of North Texas, the violation has been resolved.  | NA  | NA  | NA                           | Closed                |
| External            | Texas Department of State Health Services | Fiscal Year 2016              | 1033172       | Governance and Regulatory Compliance | X-Ray Registration Inspection | UNT                   | This notice is to acknowledge that the Texas Department of State Health Services (DSHS) conducted an inspection of or visited your business on the date listed above. The information that has been gathered is subject to further department review, and you may receive additional correspondence as a result.  | NA         | No recommendations/issues.   | No recommendations/issues.  | NA  | NA                           | NA                    |
| External            | Texas Department of State Health Services | Fiscal Year 2016              | 1033929       | Governance and Regulatory Compliance | X-Ray Registration Inspection | UNT                   | This notice is to acknowledge that the Texas Department of State Health Services (DSHS) conducted an inspection of or visited your business on the date listed above. The information that has been gathered is subject to further department review, and you may receive additional correspondence as a result.  | NA         | No recommendations/issues.   | No recommendations/issues.  | NA  | NA                           | NA                    |
| External            | Texas Education Agency (TEA)              | Fiscal Year 2016              | NA            | Research                             | NA                            | UNT                   | 15 ProjIDs reviewed as part of FY 2016 year-end AFR (Annual Financial and Compliance Report) audit.<br><br>This was outsourced to Grant Thornton.   | NA         | NA   | NA  | NA  | NA                           | NA                    |
| Internal            | UNT System Internal Audit                 | Fiscal Year 2016              | 16-406 UNT    | Academic and Students                | COI Dean's Transitional Audit | UNT                   | 1. The UNT System Travel Guidelines are not consistently followed in the College of Information. Internal Audit reviewed a sample of 17 vouchers out of a population of 145 vouchers in the College of Information. The following instances of noncompliance were noted:<br><ul style="list-style-type: none"> <li>• Reimbursement of personal travel with business travel on a Federal grant,</li> <li>• Conference agenda not attached with support documentation,</li> <li>• Missing Travel Budget Authorization Form (preapproval to travel), and</li> <li>• Administrative Coordinator signing vouchers in traveler's name with their emailed consent.</li> </ul>        | Moderate   | Recommendations for Interim Dean of the College of Information:<br><br>1a. Evaluate the personal travel on the Federal Grant and work with the Office of Grants and Contracts Administration to determine what action needs to be taken. | We agree and are taking the actions below.<br><br>A transfer was processed on 7/8/2016 through the Office of Grants and Contracts to move the allowable expenses from the Federal grant to the appropriate indirect cost or discretionary account. Only appropriate and allocable expenses will remain on the federal award.<br><br>E-mail notification of UNT's Travel Guidelines was sent on 6/30/2016, which included a .pdf and PowerPoint presentation from the UNT's Business Service Center's Process Training section that consists of travel authorization & voucher training. All staff and faculty will be required to participate in on-site group training sessions provided by the BSC regarding UNT travel in either the summer or fall semesters, followed by regularly scheduled updates every fiscal year.<br><br>All faculty and staff will be trained on how to create and utilize a certified electronic signature process for submitting and/or approving vouchers. Signing vouchers this way will be strongly encouraged if they are not physically available to sign the voucher.<br><br>All travel reimbursement documentation will be reviewed during the approval process. | Dean of the College of Information        | 3/1/2017                     | Closed                |

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| Internal / External | Reporting Agency          | Fiscal Year Report was Issued | Report Number | Audit Category        | Report Name                   | Component Institution | Key Observations  | Risk Level | Recommendation Details   | Management Response  | Individual Responsible for Implementation | Expected Implementation Date | Recommendation Status |
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| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-406 UNT    | Academic and Students | COI Dean's Transitional Audit | UNT                   | <p>1. The UNT System Travel Guidelines are not consistently followed in the College of Information. Internal Audit reviewed a sample of 17 vouchers out of a population of 145 vouchers in the College of Information. The following instances of noncompliance were noted:</p> <ul style="list-style-type: none"> <li>• Reimbursement of personal travel with business travel on a Federal grant,</li> <li>• Conference agenda not attached with support documentation,</li> <li>• Missing Travel Budget Authorization Form (preapproval to travel), and</li> <li>• Administrative Coordinator signing vouchers in traveler's name with their emailed consent.</li> </ul>  | Moderate   | <p>Recommendations for Interim Dean of the College of Information:</p> <p>1b. Ensure that the UNT System Travel Guidelines are consistently followed in the College of Information by performing a thorough review of travel reimbursement documentation.</p>                    | <p>We agree and are taking the actions below.</p> <p>A transfer was processed on 7/8/2016 through the Office of Grants and Contracts to move the allowable expenses from the Federal grant to the appropriate indirect cost or discretionary account. Only appropriate and allocable expenses will remain on the federal award.</p> <p>E-mail notification of UNT's Travel Guidelines was sent on 6/30/2016, which included a .pdf and PowerPoint presentation from the UNT's Business Service Center's Process Training section that consists of travel authorization &amp; voucher training. All staff and faculty will be required to participate in on-site group training sessions provided by the BSC regarding UNT travel in either the summer or fall semesters, followed by regularly scheduled updates every fiscal year.</p> <p>All faculty and staff will be trained on how to create and utilize a certified electronic signature process for submitting and/or approving vouchers. Signing vouchers this way will be strongly encouraged if they are not physically available to sign the voucher.</p> <p>All travel reimbursement documentation will be reviewed during the approval process.</p> | Dean of the College of Information        | 3/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-406 UNT    | Academic and Students | COI Dean's Transitional Audit | UNT                   | <p>2. Accounts in the College of Information are not being managed in accordance with UNT Policy 2.1.10 Accountholder Responsibility.</p> <p>The Chair of the Department of Library Information Sciences (LIS) and the Interim Department Chair of Learning Technologies (LT) were not reviewing financial transactions for the DeptIDs for which he/she is the holder of record.</p> <p>Additionally, the Chair of LIS communicated to Internal Audit that he does not have sufficient time or resources to review the transactions on the DeptIDs for which he is responsible; therefore, he relies on the College Budget Officer to perform this task. Because the College Budget Officer position has undergone turnover, it is uncertain as to how long it has been since reconciliations have been performed.</p> | Moderate   | <p>Recommendations for Interim Dean of the College of Information:</p> <p>2a. Ensure all DeptID holders in COI obtain training from the UNT Budget Office to gain a better understanding of the requirements outlined in the UNT Policy 2.1.10 Accountholder Responsibility.</p> | <p>The department Chairs review Cognos accounts and all the financial transactions, and approve them in line with UNT policy 2.1.10. In the past, the College Budget Officer helped reconcile all accounts across the college, monitored deficits, and advised department chairs and support staff with regard to financial operations.</p> <p>All Dept ID holders and support staff will be required to attend updated training for UNT policies. We will work with the UNT Budget Office so that all account holders and their support staff can gain a better understanding of their responsibilities.</p> <p>Going forward, department assistants and chairs will perform the necessary actions to comply with Account Holder Responsibility policy and will work closely with the College budget officer to reconcile their accounts.</p>   | Dean of the College of Information        | 3/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-406 UNT    | Academic and Students | COI Dean's Transitional Audit | UNT                   | <p>2. Accounts in the College of Information are not being managed in accordance with UNT Policy 2.1.10 Accountholder Responsibility.</p> <p>The Chair of the Department of Library Information Sciences (LIS) and the Interim Department Chair of Learning Technologies (LT) were not reviewing financial transactions for the DeptIDs for which he/she is the holder of record.</p> <p>Additionally, the Chair of LIS communicated to Internal Audit that he does not have sufficient time or resources to review the transactions on the DeptIDs for which he is responsible; therefore, he relies on the College Budget Officer to perform this task. Because the College Budget Officer position has undergone turnover, it is uncertain as to how long it has been since reconciliations have been performed.</p> | Moderate   | <p>Recommendations for Interim Dean of the College of Information:</p> <p>2b. Ensure all DeptID holders in COI perform the necessary action to comply with the Account Holder Responsibility policy, including but not limited to, reviewing all financial transactions.</p>     | <p>The department Chairs review Cognos accounts and all the financial transactions, and approve them in line with UNT policy 2.1.10. In the past, the College Budget Officer helped reconcile all accounts across the college, monitored deficits, and advised department chairs and support staff with regard to financial operations.</p> <p>All Dept ID holders and support staff will be required to attend updated training for UNT policies. We will work with the UNT Budget Office so that all account holders and their support staff can gain a better understanding of their responsibilities.</p> <p>Going forward, department assistants and chairs will perform the necessary actions to comply with Account Holder Responsibility policy and will work closely with the College budget officer to reconcile their accounts.</p> <p>3</p>  | Dean of the College of Information        | 3/1/2017                     | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-406 UNT    | Academic and Students | COI Dean's Transitional Audit | UNT                   | <p>3. UNT cash handling policies were not consistently followed in the College of Information.</p> <p>Cash receipts were not collected, safeguarded, deposited, and/or reconciled in accordance with cash handling policies. Additionally, written cash handling procedures in the College of Information were either nonexistent or incomplete as required by policy.</p>   | Moderate   | <p>Recommendations for Interim Dean of the College of Information:</p> <p>3a. Ensure compliance with University cash handling policies, including the development of written cash handling procedures.</p>                          | <p>We agree.</p> <p>Going forward, individuals who collect, safeguard, deposit, and/or reconcile currency for the College will perform the necessary actions to comply with UNT's Cash Handling policy. We will work closely with the College budget officer to create and implement a written cash handling procedure for the College as required by UNT policy.</p> <p>E-mail notification of UNT System's Cash Handling policy was sent on 7/5/2016 to all staff and faculty. This email included a .pdf and the corresponding Cash Handling guidelines handbook from the UNT System's Operations Support section. All staff and faculty will be required to participate in on-site group training sessions provided by the UNT Operations Support section regarding cash handling in either the summer or fall semesters, followed by regularly scheduled updates every fiscal year.</p> | Dean of the College of Information        | 3/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-406 UNT    | Academic and Students | COI Dean's Transitional Audit | UNT                   | <p>3. UNT cash handling policies were not consistently followed in the College of Information.</p> <p>Cash receipts were not collected, safeguarded, deposited, and/or reconciled in accordance with cash handling policies. Additionally, written cash handling procedures in the College of Information were either nonexistent or incomplete as required by policy.</p>   | Moderate   | <p>Recommendations for Interim Dean of the College of Information:</p> <p>3b. Ensure individuals with cash handling responsibilities receive training on University cash handling policies and departmental written procedures.</p> | <p>We agree.</p> <p>Going forward, individuals who collect, safeguard, deposit, and/or reconcile currency for the College will perform the necessary actions to comply with UNT's Cash Handling policy. We will work closely with the College budget officer to create and implement a written cash handling procedure for the College as required by UNT policy.</p> <p>E-mail notification of UNT System's Cash Handling policy was sent on 7/5/2016 to all staff and faculty. This email included a .pdf and the corresponding Cash Handling guidelines handbook from the UNT System's Operations Support section. All staff and faculty will be required to participate in on-site group training sessions provided by the UNT Operations Support section regarding cash handling in either the summer or fall semesters, followed by regularly scheduled updates every fiscal year.</p> | Dean of the College of Information        | 3/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-406 UNT    | Academic and Students | COI Dean's Transitional Audit | UNT                   | <p>4. The UNTS Business Service Center Purchasing Card Program Guide was not consistently followed in the College of Information.</p> <p>Internal Audit reviewed a sample of three months of transactions for 10 purchasing cardholders in the College of Information. The following instances of noncompliance were noted:</p> <ul style="list-style-type: none"> <li>• Not obtaining annual on-line purchasing card refresher training during fiscal year 2015,</li> <li>• Missing signatures from the card holder, reconciler, and the approver,</li> <li>• Missing verification of State of Texas vendor warrant hold status on required purchases,</li> <li>• Missing vendor receipts,</li> <li>• Sales tax paid without subsequent reimbursement, and</li> <li>• Not obtaining prior approval for the purchase of alcohol for an event and software, as required.</li> </ul> | Moderate   | <p>Recommendations for Interim Dean of the College of Information:</p> <p>4a. Ensure that all purchasing cardholders, reconcilers, and approvers receive training on purchasing card guidelines.</p>                                | <p>We agree.</p> <p>Each pCard holder, reconciler, and approver will attend training and will also participate in a refresher training course as made available. An email will be sent to all pCard holders reminding them that they must have the correct signatures from the holder, reconciler, and approver. Alcohol purchasing guidelines will also be included. BSC pCard training will be scheduled the week of Aug 8th. Additional training will be offered during the fall semester.</p> <p>UNTS Business Service Center Purchasing Card Program Guide will be consistently followed and reviewed regularly to ensure compliance.</p>   | Dean of the College of Information        | 3/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-406 UNT    | Academic and Students | COI Dean's Transitional Audit | UNT                   | <p>4. The UNTS Business Service Center Purchasing Card Program Guide was not consistently followed in the College of Information.</p> <p>Internal Audit reviewed a sample of three months of transactions for 10 purchasing cardholders in the College of Information. The following instances of noncompliance were noted:</p> <ul style="list-style-type: none"> <li>• Not obtaining annual on-line purchasing card refresher training during fiscal year 2015,</li> <li>• Missing signatures from the card holder, reconciler, and the approver,</li> <li>• Missing verification of State of Texas vendor warrant hold status on required purchases,</li> <li>• Missing vendor receipts,</li> <li>• Sales tax paid without subsequent reimbursement, and</li> <li>• Not obtaining prior approval for the purchase of alcohol for an event and software, as required.</li> </ul> | Moderate   | <p>Recommendations for Interim Dean of the College of Information:</p> <p>4b. Ensure that the UNTS Business Service Center Purchasing Card Program Guide is consistently followed in the College of Information.</p>                | <p>We agree.</p> <p>Each pCard holder, reconciler, and approver will attend training and will also participate in a refresher training course as made available. An email will be sent to all pCard holders reminding them that they must have the correct signatures from the holder, reconciler, and approver. Alcohol purchasing guidelines will also be included. BSC pCard training will be scheduled the week of Aug 8th. Additional training will be offered during the fall semester.</p> <p>UNTS Business Service Center Purchasing Card Program Guide will be consistently followed and reviewed regularly to ensure compliance.</p>   | Dean of the College of Information        | 3/1/2017                     | Closed                |



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| Internal / External | Reporting Agency          | Fiscal Year Report was Issued | Report Number | Audit Category                       | Report Name   | Component Institution | Key Observations   | Risk Level | Recommendation Details  | Management Response  | Individual Responsible for Implementation            | Expected Implementation Date | Recommendation Status |
|---------------------|---------------------------|-------------------------------|---------------|--------------------------------------|---|-----------------------|--|------------|---|--|--|------------------------------|-----------------------|
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-406 UNT    | Academic and Students                | COI Dean's Transitional Audit                                     | UNT                   | <p>5. The scholarship criteria listed on the Department of Library and Information Sciences website did not match all the criteria in the corresponding donor agreement.</p> <p>There were 28 scholarships in the College of Information for which Internal Audit received an agreement identifying the criteria for awarding the scholarship. 14 of these scholarships were advertised on the Library and Information Science website. Internal Audit found that the criteria listed on the website contained discrepancies from the criteria in the agreement.</p>   | Moderate   | <p>Recommendation for Interim Dean of the College of Information:</p> <p>5a. Ensure all scholarships are advertised in accordance with donor agreements.</p>  | <p>We agree.</p> <p>All COI websites will be reviewed and any discrepancies will be rectified. We will ensure that the webmasters are reviewing the criteria for compliance for each advertised scholarship.</p>   | Dean of the College of Information                   | 10/1/2016                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-406 UNT    | Academic and Students                | COI Dean's Transitional Audit                                     | UNT                   | <p>6. Student Financial Aid and Scholarships' Best Practices for Scholarships and Awards are not consistently followed within the departments in the College of Information.</p> <p>Internal Audit noted scholarship process inadequacies, specifically:</p> <ul style="list-style-type: none"> <li>• No working departmental policies;</li> <li>• No meeting minutes; and</li> <li>• Donor participating in the scholarship committee and involved in award selection.</li> </ul>   | Moderate   | <p>Recommendation for Interim Dean of the College of Information:</p> <p>6a. Ensure that the Student Financial Aid and Scholarships' Best Practices for Scholarships and Awards are consistently followed in the College of Information, specifically:</p> <ul style="list-style-type: none"> <li>• Create a departmental policy for awarding scholarship;</li> <li>• Hold committee meetings and document minutes; and</li> <li>• Ensure appropriate personnel are involved in the scholarship selection process.</li> </ul> | <p>We agree.</p> <p>The departments will ensure that each scholarship is in line with UNT's policies and best practices, and we will also create a department policy for awarding scholarships. College and department scholarship committees will keep minutes of all meetings and document the procedures in the selection process. Donor participation will be in line with UNT policy. Scholarship award process training will be provided on July 26th, 2016 as a follow up to an earlier meeting.</p>  | Dean of the College of Information                   | 12/1/2016                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-406 UNT    | Academic and Students                | COI Dean's Transitional Audit                                     | UNT                   | <p>7. When the School of Library and Information Sciences became a department in College of Information, the existing scholarship agreements were not evaluated to determine the appropriate program of study for which the scholarship should be offered. Additionally, the UNT Division of Advancement and the College of Information had a different number of endowment scholarships within the College of Information.</p> <p>The scholarship agreements were prepared and written to provide scholarships for the School of Library and Information Sciences. Once the school became a department in the College of Information, these scholarships were awarded solely to those studying within the Department of Library and Information Sciences.</p> | Low        | <p>Recommendations for Interim Dean of the College of Information:</p> <p>7a. Coordinate with the Office of General Counsel and Advancement to examine the language and donor's intent to determine the appropriate program of study to which the scholarships can be offered.</p>  | <p>Advancement did not provide information about the Mary Voegle endowed scholarship to the department and the scholarship was not listed in Cognos with the rest of the other scholarships. When the LIS budget was separated from the college budget in 2012, all endowed scholarships were awarded according to the MOUs.</p> <p>The dean of the College of Information will ask UNT General Counsel to examine the language and donor intent.</p> <p>The College of Information's Advancement representative will work closely with the College scholarship representative to ascertain the existing number of scholarships that are eligible to be awarded.</p> | Dean of the College of Information                   | 1/17/2017<br>Rev. 07/01/2017 | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-406 UNT    | Academic and Students                | COI Dean's Transitional Audit                                     | UNT                   | <p>7. When the School of Library and Information Sciences became a department in College of Information, the existing scholarship agreements were not evaluated to determine the appropriate program of study for which the scholarship should be offered. Additionally, the UNT Division of Advancement and the College of Information had a different number of endowment scholarships within the College of Information.</p> <p>The scholarship agreements were prepared and written to provide scholarships for the School of Library and Information Sciences. Once the school became a department in the College of Information, these scholarships were awarded solely to those studying within the Department of Library and Information Sciences.</p> | Low        | <p>Recommendations for Interim Dean of the College of Information:</p> <p>7b. Coordinate with UNT Division of Advancement to obtain a clear understanding of how many scholarships exist within the College of Information and determine which are eligible to be awarded.</p>  | <p>Advancement did not provide information about the Mary Voegle endowed scholarship to the department and the scholarship was not listed in Cognos with the rest of the other scholarships. When the LIS budget was separated from the college budget in 2012, all endowed scholarships were awarded according to the MOUs.</p> <p>The dean of the College of Information will ask UNT General Counsel to examine the language and donor intent.</p> <p>The College of Information's Advancement representative will work closely with the College scholarship representative to ascertain the existing number of scholarships that are eligible to be awarded.</p> | Dean of the College of Information                   | 1/17/2017<br>Rev. 07/01/2017 | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-022 HSC    | Governance and Regulatory Compliance | School of Public Health (Unit Specific Management Control Review) | UNTHSC                | <p>Currently, UNTHSC utilizes an incremental budget model, in which budget allocations are based upon the funding levels of the previous years. However, the model is not sufficient to ensure allocated amounts are adequate based on business needs and to achieve institutional goals and initiatives.</p> <p>In addition, although UNTHSC has operating budget guidelines, there are no formalized principles. Budget principles help create overarching values for prioritization and resource allocation which management adhere to as the budget is developed. Furthermore, policies and procedures are not sufficiently developed to clarify and crystalize the intent behind how the University will manage its financial resources.</p>              | High       | <p>Recommendation to the UNTHSC President and Interim Chief Financial Officer:</p> <p>1a. Review and assess alternative budget models and adopt a model that aligns with institutional goals and initiatives.</p>   | <p>a. The Health Science Center (HSC) will establish a budget advisory committee to review and assess various ways to budget and to provide recommendations regarding the underlining principles and procedures to the President's cabinet. The President's cabinet will discuss and determine the best course of action in budgeting for HSC, with the implementation of the revised budget model occurring in FY 2018 for the FY 2019 budget process. This budgeting model will be completed by September 1, 2017.</p>   | Gregory R. Anderson, Interim Chief Financial Officer | 9/1/2017                     | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-022 HSC    | Governance and Regulatory Compliance | School of Public Health (Unit Specific Management Control Review) | UNTHSC                | <p>Currently, UNTHSC utilizes an incremental budget model, in which budget allocations are based upon the funding levels of the previous years. However, the model is not sufficient to ensure allocated amounts are adequate based on business needs and to achieve institutional goals and initiatives.</p> <p>In addition, although UNTHSC has operating budget guidelines, there are no formalized principles. Budget principles help create overarching values for prioritization and resource allocation which management adhere to as the budget is developed. Furthermore, policies and procedures are not sufficiently developed to clarify and crystalize the intent behind how the University will manage its financial resources.</p>  | High       | <p>Recommendation to the UNTHSC President and Interim Chief Financial Officer:</p> <p>1b. Develop institutional principles, policies and procedures.</p>  | b. Based on the determination by the President's cabinet, budget principles, policy and procedures will be developed which support the accomplishment of the HSC objectives and initiatives consistent with the strategic plan. The proposed budget policy will be submitted to the Office of General Counsel (OGC) by September 5, 2017.                           | Gregory R. Anderson, Interim Chief Financial Officer | 9/5/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-022 HSC    | Governance and Regulatory Compliance | School of Public Health (Unit Specific Management Control Review) | UNTHSC                | <p>Currently, UNTHSC utilizes an incremental budget model, in which budget allocations are based upon the funding levels of the previous years. However, the model is not sufficient to ensure allocated amounts are adequate based on business needs and to achieve institutional goals and initiatives.</p> <p>In addition, although UNTHSC has operating budget guidelines, there are no formalized principles. Budget principles help create overarching values for prioritization and resource allocation which management adhere to as the budget is developed. Furthermore, policies and procedures are not sufficiently developed to clarify and crystalize the intent behind how the University will manage its financial resources.</p>  | High       | <p>Recommendation to the UNTHSC President and Interim Chief Financial Officer:</p> <p>1c. Communicate newly developed principles, policies and procedures to pertinent employees. Management should consider posting these documents on the UNTHSC website.</p> | c. Once developed, the proposed budget policy will be submitted to OGC for approval by September 5, 2017 and once OGC approves, then the budget policy and procedures will be communicated to the employees and posted on the UNTHSC website.   | Gregory R. Anderson, Interim Chief Financial Officer | 9/5/2017<br>Rev. 10/5/17     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-022 HSC    | Governance and Regulatory Compliance | School of Public Health (Unit Specific Management Control Review) | UNTHSC                | <p>There was a change in the format of the Quarterly Budget Reports that became effective in Q2 FY2016 to exclude prior year balances brought forward. The Q1 Quarterly Budget Report reflected the current year budget amounts as well as the prior year balances; however, the Q2 Quarterly Budget Report only showed current year budget amounts. Therefore, the total available budget in the Q2 Budget Report was understated by the following:</p> <ul style="list-style-type: none"> <li>• Tobacco Settlement Funds - \$264,582</li> <li>• Designated Tuition Funds - \$43,282.</li> </ul> <p>Additionally, prior year revenue generating activities of \$733,784 was also not shown in the Q2 Quarterly Budget Report. This amount comprises of Facilities &amp; Administrative cost recovery from grants for the amount of \$363,855.</p> | Moderate   | <p>Recommendation to the Interim Chief Financial Officer:</p> <p>2a. Management should determine what relevant information needs to be included in the Quarterly Budget Reports and develop a standard operating procedure.</p>                                 | a. Management will establish a task force to determine what relevant information needs to be included in quarterly budget reports, including the inclusion of prior year balances, as well as recommend a set of standard operating procedures. These recommendations will be submitted to the President's cabinet for discussion and approval by January 12, 2017. | Gregory R. Anderson, Interim Chief Financial Officer | 1/12/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-022 HSC    | Governance and Regulatory Compliance | School of Public Health (Unit Specific Management Control Review) | UNTHSC                | <p>There was a change in the format of the Quarterly Budget Reports that became effective in Q2 FY2016 to exclude prior year balances brought forward. The Q1 Quarterly Budget Report reflected the current year budget amounts as well as the prior year balances; however, the Q2 Quarterly Budget Report only showed current year budget amounts. Therefore, the total available budget in the Q2 Budget Report was understated by the following:</p> <ul style="list-style-type: none"> <li>• Tobacco Settlement Funds - \$264,582</li> <li>• Designated Tuition Funds - \$43,282.</li> </ul> <p>Additionally, prior year revenue generating activities of \$733,784 was also not shown in the Q2 Quarterly Budget Report. This amount comprises of Facilities &amp; Administrative cost recovery from grants for the amount of \$363,855.</p> | Moderate   | <p>Recommendation to the Interim Chief Financial Officer:</p> <p>2b. Once standard operating procedures have been developed, management should communicate to all relevant parties.</p>   | b. Once approved, the finance office will communicate to all relevant parties the procedures to be used by February 10, 2017.   | Gregory R. Anderson, Interim Chief Financial Officer | 2/10/2017                    | Closed                |

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|---------------------|---------------------------|-------------------------------|---------------|--------------------------------------|---|-----------------------|---|------------|---|---|---|------------------------------|-----------------------|
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-022 HSC    | Governance and Regulatory Compliance | School of Public Health (Unit Specific Management Control Review) | UNTHSC                | <p>Safeguarding measures of student fee payments received are not adequate during the receipting and reconciliation processes at the Office of Admissions. Specifically, the following were noted:</p> <ul style="list-style-type: none"> <li>• Current/prospective students are not provided with receipts when making payments for various fees unless requested by the student. Specifically, when the assigned individual receives money in person related to application, change of concentration, assurance and deferment fees, a manual unofficial receipt from a generic receipt logbook was provided to students upon request.</li> <li>• Reconciliation processes are not in place to verify that assurance and deferment fees received from prospective students were properly credited towards the correct student account.</li> <li>• Reconciliation processes are not in place to verify that application and change of concentration fees were properly recorded in the correct departmental account.</li> </ul> | Moderate   | <p>Recommendation for the Director of Financial Services – Student Finance:</p> <p>3a. Work with Student Accounting and University Cashiering Services to change your process to require students paying in person to pay directly at the cashiering office and obtain an official university receipt and students paying by mail to send their checks directly to the Cashiering Office.</p> | <p>We concur with your findings and agree to partner with the appropriate staff from the School of Public Health to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNTHSC School of Public Health. Key team members from UNT System Student Accounting and UNT System Financial Systems Support will work with the appropriate staff (as necessary) to ensure these recommendations, and others as deemed appropriate, are implemented by no later than August 1, 2017.</p>   | Jeane Olson, Director of Financial Services – Student Finance             | 8/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-022 HSC    | Governance and Regulatory Compliance | School of Public Health (Unit Specific Management Control Review) | UNTHSC                | <p>Safeguarding measures of student fee payments received are not adequate during the receipting and reconciliation processes at the Office of Admissions. Specifically, the following were noted:</p> <ul style="list-style-type: none"> <li>• Current/prospective students are not provided with receipts when making payments for various fees unless requested by the student. Specifically, when the assigned individual receives money in person related to application, change of concentration, assurance and deferment fees, a manual unofficial receipt from a generic receipt logbook was provided to students upon request.</li> <li>• Reconciliation processes are not in place to verify that assurance and deferment fees received from prospective students were properly credited towards the correct student account.</li> <li>• Reconciliation processes are not in place to verify that application and change of concentration fees were properly recorded in the correct departmental account.</li> </ul> | Moderate   | <p>Recommendation for Associate Dean of School of Public Health:</p> <p>3b. Develop procedures to help ensure that all fees collected are reconciled on a regular basis to the University accounting system and to the respective student account.</p>  | <p>The School of Public Health, Office of Admissions will establish a procedure to:</p> <p>a. Redirect on-site cash received to the Cashier's Office, located in the Student Services Center of the UNTHSC campus, in the same building as the Office of Admission. Student will make payment to the Cashier, obtain a receipt, and then provide proof of payment to the Office of Admission</p> <p>b. Redirect deposits by mail directly to the Cashiering Office, establishing a procedure for the Office of Admission to be notified when a deposit has been received</p> <p>c. Maintain a log of fees collected as notified by the Cashier's office</p> <p>d. Work with Financial Services as a process improvement to automate items 1 and 2 above within their stipulated implementation date of August 1, 2017</p> | Matt Nolan Adrignola, Associate Dean of Administration & Student Services | 3/1/2017<br>Rev. 08/01/2017  | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-022 HSC    | Governance and Regulatory Compliance | School of Public Health (Unit Specific Management Control Review) | UNTHSC                | <p>While obtaining an understanding of UNTHSC Cashiering as it related to the process of receipting and depositing funds by the School of Public Health, we noted opportunities for improvement. Although, UNTHSC Cashiering Office is a keypad control access room with glass windows and limited access to only authorized personnel, the following exceptions were noted:</p> <ul style="list-style-type: none"> <li>• The drawers (cash registers) in which funds are kept do not have locks to ensure that each cashier is accountable for her assigned drawer.</li> <li>• The bank deposit bag is not kept in the safe until the armored truck arrives for pick up.</li> <li>• Cashiers have their purses in the cashiering room rather than having purses kept in a locker.</li> <li>• The two cashiers have only received cash handling training once, which was at the beginning of their employment in the last three and six year tenure.</li> </ul>   | Moderate   | <p>Recommendations for the Director of Financial Services – Student Finance:</p> <p>4a. Establish a mandatory annual cash handling training for all personnel handling cash at UNTHSC.</p>  | <p>We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNTHSC campus in Fort Worth. Key team members from UNT System Student Accounting and UNT System Controller's Office will work with the appropriate staff (as necessary) at the campus to ensure these recommendations, and others as deemed appropriate, are implemented by no later than August 1, 2017.</p>   | Jeane Olson, Director of Financial Services – Student Finance             | 8/1/2017                     | Closed                |



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| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-022 HSC    | Governance and Regulatory Compliance | School of Public Health (Unit Specific Management Control Review) | UNTHSC                | <p>While obtaining an understanding of UNTHSC Cashiering as it related to the process of receipting and depositing funds by the School of Public Health, we noted opportunities for improvement. Although, UNTHSC Cashiering Office is a keypad control access room with glass windows and limited access to only authorized personnel, the following exceptions were noted:</p> <ul style="list-style-type: none"> <li>• The drawers (cash registers) in which funds are kept do not have locks to ensure that each cashier is accountable for her assigned drawer.</li> <li>• The bank deposit bag is not kept in the safe until the armored truck arrives for pick up.</li> <li>• Cashiers have their purses in the cashiering room rather than having purses kept in a locker.</li> <li>• The two cashiers have only received cash handling training once, which was at the beginning of their employment in the last three and six year tenure.</li> </ul> | Moderate   | <p>Recommendations for the Director of Financial Services – Student Finance:</p> <p>4b. Require all cash handling personnel to sign a statement acknowledging that they have been trained, read and understand the relevant policies and procedures.</p> | <p>We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNTHSC campus in Fort Worth. Key team members from UNT System Student Accounting and UNT System Controller's Office will work with the appropriate staff (as necessary) at the campus to ensure these recommendations, and others as deemed appropriate, are implemented by no later than August 1, 2017.</p> | Jeane Olson, Director of Financial Services – Student Finance | 8/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-022 HSC    | Governance and Regulatory Compliance | School of Public Health (Unit Specific Management Control Review) | UNTHSC                | <p>While obtaining an understanding of UNTHSC Cashiering as it related to the process of receipting and depositing funds by the School of Public Health, we noted opportunities for improvement. Although, UNTHSC Cashiering Office is a keypad control access room with glass windows and limited access to only authorized personnel, the following exceptions were noted:</p> <ul style="list-style-type: none"> <li>• The drawers (cash registers) in which funds are kept do not have locks to ensure that each cashier is accountable for her assigned drawer.</li> <li>• The bank deposit bag is not kept in the safe until the armored truck arrives for pick up.</li> <li>• Cashiers have their purses in the cashiering room rather than having purses kept in a locker.</li> <li>• The two cashiers have only received cash handling training once, which was at the beginning of their employment in the last three and six year tenure.</li> </ul> | Moderate   | <p>Recommendations for the Director of Financial Services – Student Finance:</p> <p>4c. Work with the UNTHSC Controller's Office to modify Cash Handling Procedures to require cash handling annual training.</p>  | <p>We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNTHSC campus in Fort Worth. Key team members from UNT System Student Accounting and UNT System Controller's Office will work with the appropriate staff (as necessary) at the campus to ensure these recommendations, and others as deemed appropriate, are implemented by no later than August 1, 2017.</p> | Jeane Olson, Director of Financial Services – Student Finance | 8/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-022 HSC    | Governance and Regulatory Compliance | School of Public Health (Unit Specific Management Control Review) | UNTHSC                | <p>While obtaining an understanding of UNTHSC Cashiering as it related to the process of receipting and depositing funds by the School of Public Health, we noted opportunities for improvement. Although, UNTHSC Cashiering Office is a keypad control access room with glass windows and limited access to only authorized personnel, the following exceptions were noted:</p> <ul style="list-style-type: none"> <li>• The drawers (cash registers) in which funds are kept do not have locks to ensure that each cashier is accountable for her assigned drawer.</li> <li>• The bank deposit bag is not kept in the safe until the armored truck arrives for pick up.</li> <li>• Cashiers have their purses in the cashiering room rather than having purses kept in a locker.</li> <li>• The two cashiers have only received cash handling training once, which was at the beginning of their employment in the last three and six year tenure.</li> </ul> | Moderate   | <p>Recommendations for the Director of Financial Services – Student Finance:</p> <p>4d. Consider expanding the mandatory annual cash handling training and acknowledgement statement requirements to other University components.</p>                    | <p>We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNTHSC campus in Fort Worth. Key team members from UNT System Student Accounting and UNT System Controller's Office will work with the appropriate staff (as necessary) at the campus to ensure these recommendations, and others as deemed appropriate, are implemented by no later than August 1, 2017.</p> | Jeane Olson, Director of Financial Services – Student Finance | 8/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-022 HSC    | Governance and Regulatory Compliance | School of Public Health (Unit Specific Management Control Review) | UNTHSC                | <p>While obtaining an understanding of UNTHSC Cashiering as it related to the process of receipting and depositing funds by the School of Public Health, we noted opportunities for improvement. Although, UNTHSC Cashiering Office is a keypad control access room with glass windows and limited access to only authorized personnel, the following exceptions were noted:</p> <ul style="list-style-type: none"> <li>• The drawers (cash registers) in which funds are kept do not have locks to ensure that each cashier is accountable for her assigned drawer.</li> <li>• The bank deposit bag is not kept in the safe until the armored truck arrives for pick up.</li> <li>• Cashiers have their purses in the cashiering room rather than having purses kept in a locker.</li> <li>• The two cashiers have only received cash handling training once, which was at the beginning of their employment in the last three and six year tenure.</li> </ul> | Moderate   | <p>Recommendations for the Director of Financial Services – Student Finance:</p> <p>4e. Ensure all bank deposit bags are kept in the safe until the armored truck arrives.</p>   | <p>We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNTHSC campus in Fort Worth. Key team members from UNT System Student Accounting and UNT System Controller's Office will work with the appropriate staff (as necessary) at the campus to ensure these recommendations, and others as deemed appropriate, are implemented by no later than August 1, 2017.</p> | Jeane Olson, Director of Financial Services – Student Finance | 8/1/2017                     | Closed                |

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| Internal            | UNT System Internal Audit         | Fiscal Year 2016              | 16-022 HSC    | Governance and Regulatory Compliance | School of Public Health (Unit Specific Management Control Review) | UNTHSC                | While obtaining an understanding of UNTHSC Cashiering as it related to the process of receipting and depositing funds by the School of Public Health, we noted opportunities for improvement. Although, UNTHSC Cashiering Office is a keypad control access room with glass windows and limited access to only authorized personnel, the following exceptions were noted:<br><br><ul style="list-style-type: none"> <li>• The drawers (cash registers) in which funds are kept do not have locks to ensure that each cashier is accountable for her assigned drawer.</li> <li>• The bank deposit bag is not kept in the safe until the armored truck arrives for pick up.</li> <li>• Cashiers have their purses in the cashiering room rather than having purses kept in a locker.</li> <li>• The two cashiers have only received cash handling training once, which was at the beginning of their employment in the last three and six year tenure.</li> </ul> | Moderate   | Recommendations for the Director of Financial Services – Student Finance:<br><br>4f. Consider utilizing a desktop check scanner.  | We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNTHSC campus in Fort Worth. Key team members from UNT System Student Accounting and UNT System Controller's Office will work with the appropriate staff (as necessary) at the campus to ensure these recommendations, and others as deemed appropriate, are implemented by no later than August 1, 2017.  | Jeane Olson, Director of Financial Services – Student Finance | 8/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit         | Fiscal Year 2016              | 16-022 HSC    | Governance and Regulatory Compliance | School of Public Health (Unit Specific Management Control Review) | UNTHSC                | While obtaining an understanding of UNTHSC Cashiering as it related to the process of receipting and depositing funds by the School of Public Health, we noted opportunities for improvement. Although, UNTHSC Cashiering Office is a keypad control access room with glass windows and limited access to only authorized personnel, the following exceptions were noted:<br><br><ul style="list-style-type: none"> <li>• The drawers (cash registers) in which funds are kept do not have locks to ensure that each cashier is accountable for her assigned drawer.</li> </ul>   | Moderate   | Recommendations for the Director of Financial Services – Student Finance:<br><br>4g. Place all purses and belongings in a locker or drawer away from where the money is kept.   | We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNTHSC campus in Fort Worth. Key team members from UNT System Student Accounting and UNT System Controller's Office will work with the appropriate staff (as necessary) at the campus to ensure these recommendations, and others as deemed appropriate, are implemented by no later than August 1, 2017.  | Jeane Olson, Director of Financial Services – Student Finance | 8/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit         | Fiscal Year 2016              | 16-022 HSC    | Governance and Regulatory Compliance | School of Public Health (Unit Specific Management Control Review) | UNTHSC                | During our review of School of Public Health Payroll, we noted that UNT System Administration Policies 03.503 Longevity Pay is outdated and it is not in compliance with the statute. Specifically, as of September 1, 2005 the longevity pay was raised from \$20 per month for every three years of state service to \$20 per month for every two years of state service which is not reflected in the policy. Additionally, it is important to note that the longevity pay is appropriately calculated in the University Payroll System in accordance with the statute.  | Low        | Recommendation for the Human Resources Director:<br><br>5a. Modify University Administrative Policy regarding Longevity Pay to help ensure compliance with the state laws.  | Management worked with the UNT System Policy Manager, to update/modify the University Administrative Policy. The updated policy was submitted to the Office of General Counsel for review during the audit.   | Gary Finney, Human Resources Director                         | 7/19/2016                    | Closed                |
| Internal            | UNTHSC Institutional Review Board | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | PKU Human Microbiome Protocol                                     | UNTHSC                | None  | NA         | NA  | NA  | NA  | NA                           | NA                    |
| Internal            | UNT System Internal Audit         | Fiscal Year 2016              | 16-102 SYS    | Information Technology               | IT Privacy and Data Protection                                    | UNT System            | Responsibility for IT Security is decentralized and communication concerning the responsibilities of each party should be strengthened.<br><br>ITSS establishes the policies for the UNT Enterprise concerning requirements for installing and maintaining anti-virus and encryption software on all laptops. It is then the responsibility of the IT Managers or Custodians to ensure these policies are carried out. IA talked to the IT Managers of UNTS, UNT CAS and UNTD and they were not aware of their responsibility for ongoing maintenance of the anti-virus and encryption software on the laptops. The IT Managers do not follow procedures to ensure the software installed is maintained and current. They do not receive directive communication from ITSS detailing accountability and responsibility for maintaining this software.   | High       | Recommendations for ITSS:<br><br>ITSS should utilize a communication framework detailing how responsibility for installation and maintenance of anti-virus and encryption software on laptops, as well as inventory of laptops, will be disseminated. | IT Shared Services will utilize the following existing frameworks that address the recommendations of this observation (#1):<br>1. The framework that establishes security responsibilities for the management of information resources, including laptops, which is defined and communicated online in the following resources:<br>a. UNT System Information Security Regulation 6.1000, Section 6.1004(3), "Information Security Structure";<br>b. UNT System Information Security Policy 8.1000, Section 2, "Information Security Roles";<br>c. UNT System Information Security Handbook, Section 6, "Information Security Structure"; and<br>d. Texas Administrative Code Chapter 202 and ISO 27001 and ISO 27002; and<br>e. UNT System Information Security Mandate: Mobile Device Encryption.<br>2. The UNT System Information Security Handbook, sections 10.4.1-10.4.4, and 12.4.1-12.4.2, which is available online and establishes requirements for management and installation of anti-virus and encryption software.<br>3. UNT and UNT System committees established to communicate campus related IT projects and issues, in addition to a listserv that is used to communicate information technology, security, antivirus and encryption services issues to IT personnel across the UNT System and the Institutions. The UNT Committee is called the Technical Architecture Group. This group meets monthly. The name of the UNT System committee is called the ITSS Technology Advisory group. This group meets every other month. Representation in each committee | Charlotte Russell, Chief Information Security Officer         | 3/31/2017                    | Closed                |

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|---------------------|---------------------------|-------------------------------|---------------|------------------------|--------------------------------|-----------------------|--|------------|--|---|---|------------------------------|-----------------------|
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-102 SYS    | Information Technology | IT Privacy and Data Protection | UNT System            | <p>Responsibility for IT Security is decentralized and communication concerning the responsibilities of each party should be strengthened.</p> <p>ITSS establishes the policies for the UNT Enterprise concerning requirements for installing and maintaining anti-virus and encryption software on all laptops. It is then the responsibility of the IT Managers or Custodians to ensure these policies are carried out. IA talked to the IT Managers of UNTS, UNT CAS and UNTD and they were not aware of their responsibility for ongoing maintenance of the anti-virus and encryption software on the laptops. The IT Managers do not follow procedures to ensure the software installed is maintained and current. They do not receive directive communication from ITSS detailing accountability and responsibility for maintaining this software.</p>   | High       | <p>Recommendations for ITSS:</p> <p>ITSS may use an appropriate existing committee or create a new committee to communicate accountability and responsibility for security concerns, including anti-virus and encryption software maintenance. Such a committee should include representatives from across the University at all levels, not just IT personnel.</p>  | <p>IT Shared Services will utilize the following existing frameworks that address the recommendations of this observation (#1):</p> <ol style="list-style-type: none"> <li>The framework that establishes security responsibilities for the management of information resources, including laptops, which is defined and communicated online in the following resources:                             <ol style="list-style-type: none"> <li>UNT System Information Security Regulation 6.1000, Section 6.1004(3), "Information Security Structure";</li> <li>UNT System Information Security Policy 8.1000, Section 2, "Information Security Roles";</li> <li>UNT System Information Security Handbook, Section 6, "Information Security Structure"; and</li> <li>Texas Administrative Code Chapter 202 and ISO 27001 and ISO 27002; and</li> <li>UNT System Information Security Mandate: Mobile Device Encryption.</li> </ol> </li> <li>The UNT System Information Security Handbook, sections 10.4.1-10.4.4, and 12.4.1-12.4.2, which is available online and establishes requirements for management and installation of anti-virus and encryption software.</li> <li>UNT and UNT System committees established to communicate campus related IT projects and issues, in addition to a listserv that is used to communicate information technology, security, antivirus and encryption services issues to IT personnel across the UNT System and the Institutions. The UNT Committee is called the Technical Architecture Group. This group meets monthly. The name of the UNT System committee is called the ITSS Technology Advisory group. This group meets every other month. Representation in each committee</li> </ol> | Charlotte Russell, Chief Information Security Officer | 3/31/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-102 SYS    | Information Technology | IT Privacy and Data Protection | UNT System            | <p>Inventory list of laptops provided by Asset Management is not complete and accurate. Asset Management (AM) is responsible for maintaining an inventory of assets owned by the UNT Enterprise. This listing is maintained in EIS. IA obtained a list of laptops from asset management for UNT, UNTS, and UNTD, which contained 4688 entries. Listing from ePO provided to IA contained 3771 laptops for the entire UNT Enterprise. IA selected a random sample of 100 machines from the ePO report and attempted to find those machines in the asset management listing. Only 53 machines were found due to the asset management listing only sporadically including the machine name, the key field in ePO. Neither of the lists provided, from EIS or ePO, indicated the type of asset/machine. UNTD maintains an inventory list which contained 85 laptops. Asset Management's listing indicated 387 laptops assigned to UNTD. CAS does not maintain an independent inventory list of laptops purchased, and those assigned to CAS could not be identified in Asset Management's listing.</p> | High       | <p>IA recommends Asset Management review their processes to ensure they result in an accurate laptop inventory across the Enterprise. IA should then conduct an audit of the Asset Management inventory process. IA recommends this occurs soon, as there are other UNT areas dependent on an accurate inventory. ITSS does not own AM, and AM was not the subject of this audit. IA is recommending an audit of the Asset Management process as a result of this audit.</p> | NA  | NA  | NA                           | NA                    |



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| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-102 SYS    | Information Technology | IT Privacy and Data Protection | UNT System            | <p>Inventory listing of laptops from Asset Management and listing of laptops in ePO are not reconciled.</p> <p>IA obtained a list of laptops from Asset Management pulled from EIS 9.0, which contained 4688 entries for UNT, UNTS, and UNTD. 3771 laptops containing anti-virus software were found in ePO for the entire UNT Enterprise. IA selected a random sample of 100 machines from this ePO report and attempted to find those machines in the asset management listing. Only 53 machines were found due to the asset management listing only sporadically including the machine name, the key field in ePO.</p> | High       | <p>Recommendation for ITSS:</p> <p>ITSS should develop and submit a policy requiring a periodic reconciliation of laptops in Asset Management's inventory to the list of laptops in ePO. This will help determine if all required laptops are equipped with encryption and anti-virus software.</p> | <p>Per discussions that ensued between the leadership of ITSS (Rama Dhuwaraha, Charlotte Russell, Dorothy Flores, and Kendra Ketchum) and Internal Audit (Tracy Grunig, Mickie Tate, and Sue Pagel) on August 11, 2016, all parties agreed to an alternative to this recommendation, due to non-compatibility of the asset management system with ePO. The two technologies are used for unique purposes: The asset management system is used by institutions to track inventory, and ePO is a software management tool used by ITSS to centrally manage the distribution of anti-virus and encryption software to institutionally owned devices. These tools do not capture the same type of information that would be needed to support reconciliation, thus correlated, or comparable information, is not stored in either system.</p> <p>ITSS will establish a requirement for departments to install current versions of anti-virus and encryption software deployment tools on all newly acquired laptops. By installing the anti-virus and encryption software tools on devices prior to deployment and use, the asset management inventory will initially be indicative of devices that are protected with these solutions. Thereafter, the annual check-in recommendation will support review and compliance as noted in Observation #4.</p> | Charlotte Russell, Chief Information Security Officer | 3/31/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-102 SYS    | Information Technology | IT Privacy and Data Protection | UNT System            | <p>Inventory listing of laptops from Asset Management and listing of laptops in ePO are not reconciled.</p> <p>IA obtained a list of laptops from Asset Management pulled from EIS 9.0, which contained 4688 entries for UNT, UNTS, and UNTD. 3771 laptops containing anti-virus software were found in ePO for the entire UNT Enterprise. IA selected a random sample of 100 machines from this ePO report and attempted to find those machines in the asset management listing. Only 53 machines were found due to the asset management listing only sporadically including the machine name, the key field in ePO.</p> | High       | <p>Recommendation for IT Managers:</p> <p>IT Managers should develop a process to periodically reconcile the laptop asset management inventory with ePO in compliance with the new policy.</p>  | <p>Per discussions that ensued between the leadership of ITSS (Rama Dhuwaraha, Charlotte Russell, Dorothy Flores, and Kendra Ketchum) and Internal Audit (Tracy Grunig, Mickie Tate, and Sue Pagel) on August 11, 2016, all parties agreed to an alternative to this recommendation, due to non-compatibility of the asset management system with ePO. The two technologies are used for unique purposes: The asset management system is used by institutions to track inventory, and ePO is a software management tool used by ITSS to centrally manage the distribution of anti-virus and encryption software to institutionally owned devices. These tools do not capture the same type of information that would be needed to support reconciliation, thus correlated, or comparable information, is not stored in either system.</p> <p>ITSS will establish a requirement for departments to install current versions of anti-virus and encryption software deployment tools on all newly acquired laptops. By installing the anti-virus and encryption software tools on devices prior to deployment and use, the asset management inventory will initially be indicative of devices that are protected with these solutions. Thereafter, the annual check-in recommendation will support review and compliance as noted in Observation #4.</p> | Charlotte Russell, Chief Information Security Officer | 3/31/2017                    | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-102 SYS    | Information Technology | IT Privacy and Data Protection | UNT System            | <p>No follow-up for laptops not checking in.</p> <p>ITSS maintains the ePO system, supplying the McAfee tool for people building laptops to put anti-virus and encryption software on machines. ePO also updates these machines with the most recent software upgrades when the machines access the network, normally every 15 minutes. ITSS does not require follow-up on machines that have not checked in within a certain timeframe.</p> | High       | <p>Recommendations for ITSS:</p> <p>ITSS should develop and submit a policy requiring IT Managers investigate machines not checking into ePO within a defined timeframe or not containing anti-virus updates per definition.</p>  | <p>Computer images that include anti-virus and encryption software are deployed to laptops by campus departments. ITSS does not have access to the images and is therefore unable to update them. In addition, ITSS does not manage departmental operations or processes associated with management of laptops.</p> <p>ITSS will establish a requirement for laptops to be connected to institutionally owned networks at least annually in order to receive anti-virus and encryption software updates. In cases where a laptop is not capable of running a specific institutionally managed anti-virus or encryption software solution, a security exception will be considered if mitigating controls can be established to protect the respective device.</p> <p>ITSS will establish a requirement for IT managers to remove laptops from ePO that have been surplussed and are no longer in use.</p> <p>ITSS will establish a requirement for IT managers to investigate the following:</p> <ul style="list-style-type: none"> <li>Laptops that do not check into ePO within an established timeframe; and</li> <li>Laptops that do not receive anti-virus updates.</li> </ul> <p>Documentation listing the reasons why a laptop does not check into ePO will be required to be maintained by the IT Manager. In cases where a laptop is not capable of checking in due to inability to run an institutionally owned and managed anti-virus or encryption software</p> | Charlotte Russell, Chief Information Security Officer | 3/31/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-102 SYS    | Information Technology | IT Privacy and Data Protection | UNT System            | <p>No follow-up for laptops not checking in.</p> <p>ITSS maintains the ePO system, supplying the McAfee tool for people building laptops to put anti-virus and encryption software on machines. ePO also updates these machines with the most recent software upgrades when the machines access the network, normally every 15 minutes. ITSS does not require follow-up on machines that have not checked in within a certain timeframe.</p> | High       | <p>Recommendations for ITSS:</p> <p>ITSS should develop and submit a policy requiring laptop owners to bring the laptop into campus and connect directly to the UNT network at least annually to receive required updates. Reason for not checking in should be documented, and/or machine access removed from the UNT network.</p> | <p>Computer images that include anti-virus and encryption software are deployed to laptops by campus departments. ITSS does not have access to the images and is therefore unable to update them. In addition, ITSS does not manage departmental operations or processes associated with management of laptops.</p> <p>ITSS will establish a requirement for laptops to be connected to institutionally owned networks at least annually in order to receive anti-virus and encryption software updates. In cases where a laptop is not capable of running a specific institutionally managed anti-virus or encryption software solution, a security exception will be considered if mitigating controls can be established to protect the respective device.</p> <p>ITSS will establish a requirement for IT managers to remove laptops from ePO that have been surplussed and are no longer in use.</p> <p>ITSS will establish a requirement for IT managers to investigate the following:</p> <ul style="list-style-type: none"> <li>Laptops that do not check into ePO within an established timeframe; and</li> <li>Laptops that do not receive anti-virus updates.</li> </ul> <p>Documentation listing the reasons why a laptop does not check into ePO will be required to be maintained by the IT Manager. In cases where a laptop is not capable of checking in due to inability to run an institutionally owned and managed anti-virus or encryption software</p> | Charlotte Russell, Chief Information Security Officer | 3/31/2017                    | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-102 SYS    | Information Technology               | IT Privacy and Data Protection                             | UNT System            | No follow-up for laptops not checking in.<br><br>ITSS maintains the ePO system, supplying the McAfee tool for people building laptops to put anti-virus and encryption software on machines. ePO also updates these machines with the most recent software upgrades when the machines access the network, normally every 15 minutes. ITSS does not require follow-up on machines that have not checked in within a certain timeframe. | High       | Recommendation for IT Managers:<br><br>IT Managers should remove laptops from ePO that are surplused and no longer in use.  | IA communicated with CAS Assistant Dean for Information Technology Services, Tim Christian, regarding removing laptops from ePO that are surplused and no longer in use. He agreed to follow the policy set by ITSS.  | Tim Christian, Assistant Dean for Information Technology Services | 3/31/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-102 SYS    | Information Technology               | IT Privacy and Data Protection                             | UNT System            | Use of the ePO tool is not required to install and monitor anti-virus and encryption software on laptops.<br><br>While most IT Managers use the ePO agent to install anti-virus and encryption software on laptops, there is no requirement to do so. Installation of anti-virus and encryption software is required but use of a specific tool is not required.  | Moderate   | Recommendation for ITSS:<br><br>ITSS should develop and submit a standard requiring all IT Managers use one tool to install anti-virus and encryption software on laptops during the build process. | Anti-virus software is deployed to devices in a variety of methods, including direct acquisition from anti-virus software vendors (e.g., McAfee), and also via ePolicy Orchestrator (ePO), a software management tool used by IT Shared Services to centrally manage the distribution of anti-virus and encryption software to institutionally owned devices, including laptops. Detection of the installation of anti-virus and encryption software can be done manually (by physically locating and assessing installation), or it can be done through the use of management tools such as ePO.<br><br>ITSS will establish a standard requiring the use of the ITSS sanctioned anti-virus and encryption software distribution tool. In cases where a device is not capable of running a specific anti-virus or encryption software solution, a security exception will be considered if mitigating controls can be established to protect the respective device. | Charlotte Russell, Chief Information Security Officer             | 3/31/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-102 SYS    | Information Technology               | IT Privacy and Data Protection                             | UNT System            | Standard for compliant and non-compliant anti-virus updates on laptops does not take into account last check-in date.<br><br>The current definition of laptops being compliant with anti-virus  | Moderate   | Recommendation for ITSS:<br><br>ITSS should establish a new definition of when a laptop is considered compliant, taking into account when they last   | ITSS will update and document the conditions in which a laptop is considered compliant with the last check-in date requirement.   | Charlotte Russell, Chief Information Security Officer             | 3/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-306 UNT    | Governance and Regulatory Compliance | Selected Grants Review - National Science Foundation Audit | UNT                   | No findings/deficiencies.   | NA         | None  | NA  | NA  | NA                           | NA                    |



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| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-020 UNT    | Governance and Regulatory Compliance | International Travel Process Audit                | UNT                   | Listed below are reasons for conducting an audit at a later time:<br>1. A System-wide travel regulation, which will contain a section on international travel requiring registration for all individuals travelling internationally on University business, will need to be approved and implemented.<br>2. RMS international travel registration mechanism will need to be implemented.<br>3. There is a need to establish an internal control to ensure that all individuals traveling internationally on University business register their travel.<br>4. Management may want to consider possible consequences for those individuals who do not comply with the international travel registration requirement in the System travel regulation.<br>5. Funding for future improvements and/or expansion of the international travel registration mechanism, if determined applicable, has not been obtained.<br>6. Need to update the UNT System Travel Guidelines and applicable travel procedures. | NA         | None   | NA  | NA   | NA                           | NA                    |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-401 UNT    | Governance and Regulatory Compliance | Toulouse Graduate School                          | UNT                   | 1. No Application Fee Policy: Internal Audit was unable to locate any University policies that directly address the use of the Graduate School Application fee.<br>The Interim Dean of the Toulouse Graduate School, stated that application fees can be used for any purpose due to their flexibility, and the Interim Dean was not aware of any policies governing the use of application fees.<br>The Interim Dean of the Toulouse Graduate School, stated that application fees can be used for any purpose due to their flexibility,  | Moderate   | Recommendation for Vice Provost of the Toulouse Graduate School:<br><br>1a. Consult with the Vice President for Finance and Administration to develop a policy specifying appropriate uses for the Graduate School application fee.  | Historically the majority of the application fee was used to fund staff positions in the Toulouse Graduate School. Within the last six months the funding of these staff lines were adjusted so that the staff directly responsible for application processing are paid from the application fee account. This is consistent with the intended use of the funds. In addition the residual funds will be directed toward processing of applications and the associated expenses. However, the application fee and the staff on that fee have moved under admissions and, consistent with the change in the budget line, we | Rebecca Lothringer, Executive Director of Admissions     | 1/15/2017<br>Rev. 08/31/2017 | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-408 UNT    | Governance and Regulatory Compliance | Business Process Operations - Athletic Department | UNT                   | 1. Intercollegiate Athletics Fee - The UNT Intercollegiate Athletics Fee was increased \$1 per semester credit hour (SCH) from \$10/SCH to \$11/SCH starting in the Spring of 2016 without a student general election conducted to approve the increase, which was not in compliance with the Texas Education Code Chapter 54 Section 54.5191. Therefore, this action resulted in the overbilling of students.   | High       | Recommendations for the Vice President of Finance and Administration and the Vice President of Athletics:<br><br>a. Coordinate with the Office of General Counsel to take appropriate actions to rectify the overbilling of students.  | The fees for athletics were returned to \$10 per hour with limits, the last appropriately authorized amount, prior to registration and fee payment for spring, 2017. The university will refund the extra \$1 per hour collected for the two previous terms. All refunds will be made by November 30, 2016.   | Bob Brown, Vice President for Finance and Administration | 11/30/2016                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-408 UNT    | Governance and Regulatory Compliance | Business Process Operations - Athletic Department | UNT                   | 1. Intercollegiate Athletics Fee - The UNT Intercollegiate Athletics Fee was increased \$1 per semester credit hour (SCH) from \$10/SCH to \$11/SCH starting in the Spring of 2016 without a student general election conducted to approve the increase, which was not in compliance with the Texas Education Code Chapter 54 Section 54.5191. Therefore, this action resulted in the overbilling of students.   | High       | Recommendations for the Vice President of Finance and Administration and the Vice President of Athletics:<br><br>b. Identify and refund students who were charged excess fees as a result of non-compliance with the Texas Education Code 54.5191 from Spring 2016 to current. | The fees for athletics were returned to \$10 per hour with limits, the last appropriately authorized amount, prior to registration and fee payment for spring, 2017. The university will refund the extra \$1 per hour collected for the two previous terms. All refunds will be made by November 30, 2016.   | Bob Brown, Vice President for Finance and Administration | 11/30/2016                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-408 UNT    | Governance and Regulatory Compliance | Business Process Operations - Athletic Department | UNT                   | 2. Inadequate Safeguarding Measures - Safeguarding measures of blank check stock are not adequate. Specifically, the following were noted:<br>• There is a small unsecured movable safe on a shelf in the custodian's office which includes blank pre-numbered checks and the safe combination of another safe located in Athletics administration.<br>• There is no documentation listing the check numbers of the blank checks kept in safe.<br>• The Athletic Department Working Fund maximum balance is \$20,000, though the estimated potential amount needed during peak months is \$5,000.  | High       | Recommendation for Assistant Athletic Director, Business Operations:<br><br>a. Obtain a larger unmovable safe.   | The Department of Athletics agrees with the recommendations. A large unmovable safe has been purchased.   | Pilar Bradfield, Assistant Athletic Director             | 2/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-408 UNT    | Governance and Regulatory Compliance | Business Process Operations - Athletic Department | UNT                   | 2. Inadequate Safeguarding Measures - Safeguarding measures of blank check stock are not adequate. Specifically, the following were noted:<br>• There is a small unsecured movable safe on a shelf in the custodian's office which includes blank pre-numbered checks and the safe combination of another safe located in Athletics administration.<br>• There is no documentation listing the check numbers of the blank checks kept in safe.<br>• The Athletic Department Working Fund maximum balance is \$20,000, though the estimated potential amount needed during peak months is \$5,000.  | High       | Recommendation for Assistant Athletic Director, Business Operations:<br><br>b. Maintain a listing of check numbers for the blank check stock that is kept secured in the safe.   | The Department of Athletics agrees with the recommendations. Blank check stock will be inventoried on a quarterly basis. The listing of check numbers for blank stock will be maintained and updated after each inventory.  | Pilar Bradfield, Assistant Athletic Director             | 2/1/2017                     | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-408 UNT    | Governance and Regulatory Compliance | Business Process Operations - Athletic Department | UNT                   | <p>2. Inadequate Safeguarding Measures - Safeguarding measures of blank check stock are not adequate. Specifically, the following were noted:</p> <ul style="list-style-type: none"> <li>• There is a small unsecured movable safe on a shelf in the custodian's office which includes blank pre-numbered checks and the safe combination of another safe located in Athletics administration.</li> <li>• There is no documentation listing the check numbers of the blank checks kept in safe.</li> <li>• The Athletic Department Working Fund maximum balance is \$20,000, though the estimated potential amount needed during peak months is \$5,000.</li> </ul>   | High       | <p>Recommendation for Assistant Athletic Director, Business Operations:</p> <p>c. Reduce the working fund balance of the Athletic Department Working Fund to a lower amount which will still meet the needs of the department.</p> | The Department of Athletics agrees with the recommendations. Athletics will work with the Controller's office in BSC to reduce the fund to \$10,000.00. | Pilar Bradfield, Assistant Athletic Director | 2/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-408 UNT    | Governance and Regulatory Compliance | Business Process Operations - Athletic Department | UNT                   | <p>3. Parking Revenue - Testing of parking revenue identified the following:</p> <ul style="list-style-type: none"> <li>• Parking reconciliation reports had material differences between expected receipts and actual monies deposited to Student Accounting and University Cashiering Services. In detail parking payments from four football games identified a shortage of \$558.00, \$515.00, \$366.00, and an overage of \$140.00.</li> <li>• The explanations notated on the reconciliation report regarding the over/short dollar difference were inadequate or missing.</li> <li>• The reconciliation reports reviewed were signed by a UNT Athletic employee; however, the signature on the report by the representative for Contemporary Services Corporation (CSC) signed as "CSC" and the actual name was not used.</li> <li>• There are no written procedures outlining the steps to be taken by UNT Athletic personnel with regards to parking operations after CSC collects and provides the parking funds to UNT Athletics personnel.</li> </ul> | High       | <p>Recommendations for Senior Associate Athletic Director, Business Operations:</p> <p>a. Develop procedures to help ensure that funds are appropriately accounted for, reconciled and deposited timely.</p>                       | The Department of Athletics agrees with the recommendations.  | Pilar Bradfield, Assistant Athletic Director | 11/1/2016                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-408 UNT    | Governance and Regulatory Compliance | Business Process Operations - Athletic Department | UNT                   | <p>3. Parking Revenue - Testing of parking revenue identified the following:</p> <ul style="list-style-type: none"> <li>• Parking reconciliation reports had material differences between expected receipts and actual monies deposited to Student Accounting and University Cashiering Services. In detail parking payments from four football games identified a shortage of \$558.00, \$515.00, \$366.00, and an overage of \$140.00.</li> <li>• The explanations notated on the reconciliation report regarding the over/short dollar difference were inadequate or missing.</li> <li>• The reconciliation reports reviewed were signed by a UNT Athletic employee; however, the signature on the report by the representative for Contemporary Services Corporation (CSC) signed as "CSC" and the actual name was not used.</li> <li>• There are no written procedures outlining the steps to be taken by UNT Athletic personnel with regards to parking operations after CSC collects and provides the parking funds to UNT Athletics personnel.</li> </ul> | High       | <p>Recommendations for Senior Associate Athletic Director, Business Operations:</p> <p>b. Train pertinent UNT personnel on the parking procedures expected to be developed.</p>  | The Department of Athletics agrees with the recommendations.  | Pilar Bradfield, Assistant Athletic Director | 11/1/2016                    | Closed                |

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| Internal / External | Reporting Agency          | Fiscal Year Report was Issued | Report Number | Audit Category                       | Report Name                                       | Component Institution | Key Observations   | Risk Level | Recommendation Details  | Management Response  | Individual Responsible for Implementation    | Expected Implementation Date | Recommendation Status |
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| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-408 UNT    | Governance and Regulatory Compliance | Business Process Operations - Athletic Department | UNT                   | <p>3. Parking Revenue - Testing of parking revenue identified the following:</p> <ul style="list-style-type: none"> <li>• Parking reconciliation reports had material differences between expected receipts and actual monies deposited to Student Accounting and University Cashiering Services. In detail parking payments from four football games identified a shortage of \$558.00, \$515.00, \$366.00, and an overage of \$140.00.</li> <li>• The explanations notated on the reconciliation report regarding the over/short dollar difference were inadequate or missing.</li> <li>• The reconciliation reports reviewed were signed by a UNT Athletic employee; however, the signature on the report by the representative for Contemporary Services Corporation (CSC) signed as "CSC" and the actual name was not used.</li> <li>• There are no written procedures outlining the steps to be taken by UNT Athletic personnel with regards to parking operations after CSC collects and provides the parking funds to UNT Athletics personnel.</li> </ul>  | High       | <p>Recommendations for Senior Associate Athletic Director, Business Operations:</p> <p>c. Ensure adequate documentation is notated when there is an overage/shortage.</p> | <p>The Department of Athletics agrees with the recommendations.</p> <ul style="list-style-type: none"> <li>• Procedures related to the parking funds will be formally documented.</li> <li>• All pertinent personnel will be trained on the procedures.</li> <li>• Reconciliation of parking funds will take place in a timely manner to ensure compliance with the institutional mandates regarding cash deposits. All overage/shortages will be appropriately documented.</li> </ul>   | Pilar Bradfield, Assistant Athletic Director | 11/1/2016                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-408 UNT    | Governance and Regulatory Compliance | Business Process Operations - Athletic Department | UNT                   | <p>3. Parking Revenue - Testing of parking revenue identified the following:</p> <ul style="list-style-type: none"> <li>• Parking reconciliation reports had material differences between expected receipts and actual monies deposited to Student Accounting and University Cashiering Services. In detail parking payments from four football games identified a shortage of \$558.00, \$515.00, \$366.00, and an overage of \$140.00.</li> <li>• The explanations notated on the reconciliation report regarding the over/short dollar difference were inadequate or missing.</li> <li>• The reconciliation reports reviewed were signed by a UNT Athletic employee; however, the signature on the report by the representative for Contemporary Services Corporation (CSC) signed as "CSC" and the actual name was not used.</li> <li>• There are no written procedures outlining the steps to be taken by UNT Athletic personnel with regards to parking operations after CSC collects and provides the parking funds to UNT Athletics personnel.</li> </ul>  | High       | <p>Recommendations for Senior Associate Athletic Director, Business Operations:</p> <p>d. Monitor until sustained compliance is achieved.</p>                             | <p>The Department of Athletics agrees with the recommendations.</p> <ul style="list-style-type: none"> <li>• Procedures related to the parking funds will be formally documented.</li> <li>• All pertinent personnel will be trained on the procedures.</li> <li>• Reconciliation of parking funds will take place in a timely manner to ensure compliance with the institutional mandates regarding cash deposits. All overage/shortages will be appropriately documented.</li> </ul>   | Pilar Bradfield, Assistant Athletic Director | 11/1/2016                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-408 UNT    | Governance and Regulatory Compliance | Business Process Operations - Athletic Department | UNT                   | <p>4. Deposit of Funds - Testing identified that funds are not delivered timely to the UNT Student Accounting and University Cashiering Services (SAUCS) within five days in accordance with the UNT Policy 10.024. Additionally, funds are not deposited timely within seven days after received by the institution in accordance with the Texas Education Code § 51.003. In detail, the following were noted:</p> <ul style="list-style-type: none"> <li>• Funds were received on September 19, 2015 (total amount of \$12,592.00) for parking; however, these funds were not provided to SAUCS for deposit until September 25, 2015; and subsequently, deposited by SAUCS into the bank on September 28, 2015.</li> <li>• Funds were received on October 17, 2015 (total amount of \$4,100.00) for parking; however, these funds were not provided to SAUCS for deposit until October 26, 2015 and deposited by SAUCS into the bank on the same day.</li> <li>• Funds were received on October 31, 2015 (total amount of \$6,334.00) for parking; however, these funds were not provided to SAUCS for deposit until November 17, 2015; and subsequently, deposited by SAUCS into the bank on November 18, 2015.</li> <li>• Funds were received from November 23 – 25, 2015 (total amount of \$4,011.00) from concessions; however, these funds were not provided to SAUCS for deposit until December 1, 2015; and subsequently, deposited by SAUCS into the bank on December 3, 2015.</li> <li>• Funds were received from July 5 – 17, 2016 (total amount of \$51,289.00) from the ticketing office; however, these funds were not provided to SAUCS for deposit until July 25, 2016; and subsequently, deposited by SAUCS into the bank on July 26, 2016.</li> </ul> | Moderate   | <p>Recommendations for the Senior Associate Athletic Director, Business Operations:</p> <p>a. Re-educate applicable personnel on cash handling policy requirements.</p>   | <p>The Department of Athletics Agrees with the recommendations.</p> <ul style="list-style-type: none"> <li>• The Business Process Trainer-UNT Finance and Administration will conduct cash handling training on a regular basis to Athletics staff whose responsibilities including the use of cash.</li> <li>• Athletics has scheduled a meeting with UNTS Financial Services on October 18, 2016 to determine the best options to deposit checks and cash.</li> <li>• The Athletic Department Business Office will perform periodic reviews to ensure funds are being deposited timely.</li> </ul> | Pilar Bradfield, Assistant Athletic Director | 8/1/2017                     | Closed                |



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| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-408 UNT    | Governance and Regulatory Compliance | Business Process Operations - Athletic Department | UNT                   | <p>4. Deposit of Funds - Testing identified that funds are not delivered timely to the UNT Student Accounting and University Cashiering Services (SAUCS) within five days in accordance with the UNT Policy 10.024. Additionally, funds are not deposited timely within seven days after received by the institution in accordance with the Texas Education Code § 51.003. In detail, the following were noted:</p> <ul style="list-style-type: none"> <li>Funds were received on September 19, 2015 (total amount of \$12,592.00) for parking; however, these funds were not provided to SAUCS for deposit until September 25, 2015; and subsequently, deposited by SAUCS into the bank on September 28, 2015.</li> <li>Funds were received on October 17, 2015 (total amount of \$4,100.00) for parking; however, these funds were not provided to SAUCS for deposit until October 26, 2015 and deposited by SAUCS into the bank on the same day.</li> <li>Funds were received on October 31, 2015 (total amount of \$6,334.00) for parking; however, these funds were not provided to SAUCS for deposit until November 17, 2015; and subsequently, deposited by SAUCS into the bank on November 18, 2015.</li> <li>Funds were received from November 23 – 25, 2015 (total amount of \$4,011.00) from concessions; however, these funds were not provided to SAUCS for deposit until December 1, 2015; and subsequently, deposited by SAUCS into the bank on December 3, 2015.</li> <li>Funds were received from July 5 – 17, 2016 (total amount of \$51,289.00) from the ticketing office; however, these funds were not provided to SAUCS for deposit until July 25, 2016; and subsequently, deposited by SAUCS into the bank on July 26, 2016.</li> </ul> | Moderate   | <p>Recommendations for the Senior Associate Athletic Director, Business Operations:</p> <p>b. Management should perform a periodic review to ensure funds are being deposited timely.</p>   | <p>The Department of Athletics Agrees with the recommendations.</p> <ul style="list-style-type: none"> <li>The Business Process Trainer-UNT Finance and Administration will conduct cash handling training on a regular basis to Athletics staff whose responsibilities including the use of cash.</li> <li>Athletics has scheduled a meeting with UNTS Financial Services on October 18, 2016 to determine the best options to deposit checks and cash.</li> <li>The Athletic Department Business Office will perform periodic reviews to ensure funds are being deposited timely.</li> </ul> | Pilar Bradfield, Assistant Athletic Director | 8/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-408 UNT    | Governance and Regulatory Compliance | Business Process Operations - Athletic Department | UNT                   | <p>4. Deposit of Funds - Testing identified that funds are not delivered timely to the UNT Student Accounting and University Cashiering Services (SAUCS) within five days in accordance with the UNT Policy 10.024. Additionally, funds are not deposited timely within seven days after received by the institution in accordance with the Texas Education Code § 51.003. In detail, the following were noted:</p> <ul style="list-style-type: none"> <li>Funds were received on September 19, 2015 (total amount of \$12,592.00) for parking; however, these funds were not provided to SAUCS for deposit until September 25, 2015; and subsequently, deposited by SAUCS into the bank on September 28, 2015.</li> <li>Funds were received on October 17, 2015 (total amount of \$4,100.00) for parking; however, these funds were not provided to SAUCS for deposit until October 26, 2015 and deposited by SAUCS into the bank on the same day.</li> <li>Funds were received on October 31, 2015 (total amount of \$6,334.00) for parking; however, these funds were not provided to SAUCS for deposit until November 17, 2015; and subsequently, deposited by SAUCS into the bank on November 18, 2015.</li> <li>Funds were received from November 23 – 25, 2015 (total amount of \$4,011.00) from concessions; however, these funds were not provided to SAUCS for deposit until December 1, 2015; and subsequently, deposited by SAUCS into the bank on December 3, 2015.</li> <li>Funds were received from July 5 – 17, 2016 (total amount of \$51,289.00) from the ticketing office; however, these funds were not provided to SAUCS for deposit until July 25, 2016; and subsequently, deposited by SAUCS into the bank on July 26, 2016.</li> </ul> | Moderate   | <p>Recommendations for the Senior Associate Athletic Director, Business Operations:</p> <p>c. Coordinate with UNTS Financial Services to determine best options with regards to the deposit of cash and checks (i.e. lockbox, desktop check scanner, and secure safe) to meet UNT Policy 10.024 and Texas Education Code 51.003 deposit requirements.</p> | <p>The Department of Athletics Agrees with the recommendations.</p> <ul style="list-style-type: none"> <li>The Business Process Trainer-UNT Finance and Administration will conduct cash handling training on a regular basis to Athletics staff whose responsibilities including the use of cash.</li> <li>Athletics has scheduled a meeting with UNTS Financial Services on October 18, 2016 to determine the best options to deposit checks and cash.</li> <li>The Athletic Department Business Office will perform periodic reviews to ensure funds are being deposited timely.</li> </ul> | Pilar Bradfield, Assistant Athletic Director | 8/1/2017                     | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-408 UNT    | Governance and Regulatory Compliance | Business Process Operations - Athletic Department | UNT                   | <p>4. Deposit of Funds - Testing identified that funds are not delivered timely to the UNT Student Accounting and University Cashiering Services (SAUCS) within five days in accordance with the UNT Policy 10.024. Additionally, funds are not deposited timely within seven days after received by the institution in accordance with the Texas Education Code § 51.003. In detail, the following were noted:</p> <ul style="list-style-type: none"> <li>Funds were received on September 19, 2015 (total amount of \$12,592.00) for parking; however, these funds were not provided to SAUCS for deposit until September 25, 2015; and subsequently, deposited by SAUCS into the bank on September 28, 2015.</li> <li>Funds were received on October 17, 2015 (total amount of \$4,100.00) for parking; however, these funds were not provided to SAUCS for deposit until October 26, 2015 and deposited by SAUCS into the bank on the same day.</li> <li>Funds were received on October 31, 2015 (total amount of \$6,334.00) for parking; however, these funds were not provided to SAUCS for deposit until November 17, 2015; and subsequently, deposited by SAUCS into the bank on November 18, 2015.</li> <li>Funds were received from November 23 – 25, 2015 (total amount of \$4,011.00) from concessions; however, these funds were not provided to SAUCS for deposit until December 1, 2015; and subsequently, deposited by SAUCS into the bank on December 3, 2015.</li> <li>Funds were received from July 5 – 17, 2016 (total amount of \$51,289.00) from the ticketing office; however, these funds were not provided to SAUCS for deposit until July 25, 2016; and subsequently, deposited by SAUCS into the bank on July 26, 2016.</li> </ul> | Moderate   | <p>Recommendations for the Director of Financial Services – Student Finance:</p> <p>d. Evaluate the current requirements for the cash handling policy to ensure the funds received from other departments within five days is sufficient to meet the Texas Education Code deposit requirement of seven days.</p> | <p>The Department of Athletics Agrees with the recommendations.</p> <ul style="list-style-type: none"> <li>Student Financial Services will work with the UNT Operations Support department in identifying the departments that are not in compliance with the UNT Cash Handling policy 10.006. The UNT Cash Handling policy was updated as of 10/11/2016 to change the days that department need to deposit funds from five days to three days.</li> </ul>   | Jeane Olson, Director of Financial Services - Student Finance   | 8/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-408 UNT    | Governance and Regulatory Compliance | Business Process Operations - Athletic Department | UNT                   | <p>4. Deposit of Funds - Testing identified that funds are not delivered timely to the UNT Student Accounting and University Cashiering Services (SAUCS) within five days in accordance with the UNT Policy 10.024. Additionally, funds are not deposited timely within seven days after received by the institution in accordance with the Texas Education Code § 51.003. In detail, the following were noted:</p> <ul style="list-style-type: none"> <li>Funds were received on September 19, 2015 (total amount of \$12,592.00) for parking; however, these funds were not provided to SAUCS for deposit until September 25, 2015; and subsequently, deposited by SAUCS into the bank on September 28, 2015.</li> <li>Funds were received on October 17, 2015 (total amount of \$4,100.00) for parking; however, these funds were not provided to SAUCS for deposit until October 26, 2015 and deposited by SAUCS into the bank on the same day.</li> <li>Funds were received on October 31, 2015 (total amount of \$6,334.00) for parking; however, these funds were not provided to SAUCS for deposit until November 17, 2015; and subsequently, deposited by SAUCS into the bank on November 18, 2015.</li> <li>Funds were received from November 23 – 25, 2015 (total amount of \$4,011.00) from concessions; however, these funds were not provided to SAUCS for deposit until December 1, 2015; and subsequently, deposited by SAUCS into the bank on December 3, 2015.</li> <li>Funds were received from July 5 – 17, 2016 (total amount of \$51,289.00) from the ticketing office; however, these funds were not provided to SAUCS for deposit until July 25, 2016; and subsequently, deposited by SAUCS into the bank on July 26, 2016.</li> </ul> | Moderate   | <p>Recommendations for the Director of Financial Services – Student Finance:</p> <p>e. If a policy change is made regarding deposit requirements, communicate this information to all pertinent departments that receive money.</p>  | <p>The Department of Athletics Agrees with the recommendations.</p> <ul style="list-style-type: none"> <li>Student Financial Services will assist UNT Operations Support with communicating any changes to the UNT Cash Handling policy 10.006 as requested by UNT Operations Support to the UNT campus. Student Financial Services communicated the changes in the new Cash Handling policy to the Athletics department during a meeting on 10/19/2016 and will continue to coordinate training and awareness of the new policy to other campus departments by August 1, 2017.</li> </ul> | Jeane Olson, Director of Financial Services - Student Finance   | 8/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-408 UNT    | Governance and Regulatory Compliance | Business Process Operations - Athletic Department | UNT                   | <p>5. Sexual Abuse and Child Molestation Awareness Training and Background Checks - Testing for the completion of sexual abuse and child molestation awareness training and background checks for sports camp workers (i.e. Men's Basketball, Women's Basketball, Football, Tennis, Swimming and Soccer) in FY 2016 identified the following:</p> <ul style="list-style-type: none"> <li>13 out of 158 (8%) did not complete the mandatory sexual abuse and child molestation awareness training</li> <li>8 out of 158 (5%) did not have evidence that a background check was conducted.</li> </ul>  | Moderate   | <p>Recommendations for Senior Associate Athletic Director, Business Operations:</p> <p>a. Establish controls to ensure that all sports camp workers complete the required sexual abuse and child molestation awareness training prior to the start of the sports camp.</p>                                       | <p>The Department of Athletics agrees with the recommendations.</p> <ul style="list-style-type: none"> <li>Athletics will work with sports camp directors to ensure that all sports camp employees complete the required sexual abuse and child molestation awareness training prior to the start of each camp.</li> </ul>   | Mike Ashbaugh, Sr. Associate Athletic Director, Pilar Bradfield, Assistant Athletic Director, and Cindy Ford, Business Office Coordinator | 4/15/2017                    | Closed                |



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| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-408 UNT    | Governance and Regulatory Compliance | Business Process Operations - Athletic Department | UNT                   | <p>5. Sexual Abuse and Child Molestation Awareness Training and Background Checks - Testing for the completion of sexual abuse and child molestation awareness training and background checks for sports camp workers (i.e. Men's Basketball, Women's Basketball, Football, Tennis, Swimming and Soccer) in FY 2016 identified the following:</p> <ul style="list-style-type: none"> <li>• 13 out of 158 (8%) did not complete the mandatory sexual abuse and child molestation awareness training</li> <li>• 8 out of 158 (5%) did not have evidence that a background check was conducted.</li> </ul>  | Moderate   | <p>Recommendations for Senior Associate Athletic Director, Business Operations:</p> <p>b. Establish controls to ensure that Risk Management personnel receive the necessary information to ensure that background checks are conducted for all sports camp workers prior to the start of the sport camp.</p>  | <p>The Department of Athletics agrees with the recommendations.</p> <ul style="list-style-type: none"> <li>• Athletics will work with Risk management to establish controls and ensure that they receive the necessary information that background checks are conducted for all camp employees.</li> </ul>  | Mike Ashbaugh, Sr. Associate Athletic Director, Pilar Bradfield, Assistant Athletic Director, and Cindy Ford, Business Office Coordinator | 4/15/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-408 UNT    | Governance and Regulatory Compliance | Business Process Operations - Athletic Department | UNT                   | <p>5. Sexual Abuse and Child Molestation Awareness Training and Background Checks - Testing for the completion of sexual abuse and child molestation awareness training and background checks for sports camp workers (i.e. Men's Basketball, Women's Basketball, Football, Tennis, Swimming and Soccer) in FY 2016 identified the following:</p> <ul style="list-style-type: none"> <li>• 13 out of 158 (8%) did not complete the mandatory sexual abuse and child molestation awareness training</li> <li>• 8 out of 158 (5%) did not have evidence that a background check was conducted.</li> </ul>  | Moderate   | <p>Recommendations for Senior Associate Athletic Director, Business Operations:</p> <p>c. Communicate consistently with Risk Management personnel to ensure that they have received and/or have on file for each sports camp worker evidence of completion of sexual abuse and child molestation awareness training and background checks.</p>                          | <p>The Department of Athletics agrees with the recommendations.</p> <ul style="list-style-type: none"> <li>• Athletics will communicate with Risk Management personnel to ensure they have received or have on file evidence of the completion of sexual abuse and child molestation awareness training and background checks.</li> </ul>   | Mike Ashbaugh, Sr. Associate Athletic Director, Pilar Bradfield, Assistant Athletic Director, and Cindy Ford, Business Office Coordinator | 4/15/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-408 UNT    | Governance and Regulatory Compliance | Business Process Operations - Athletic Department | UNT                   | <p>6. Insurance Coverage for Sports Camps - Testing of insurance coverage for sports camp participants (i.e. Men's Basketball, Women's Basketball, Football, Tennis, Swimming and Soccer) in FY 2016 identified the following:</p> <ul style="list-style-type: none"> <li>• 3 out of 136 (2%) volleyball sports camp participants did not have insurance coverage.</li> <li>• Volleyball did not provide notification and documentation to Risk Management for the camp participants who had insurance coverage.</li> <li>• Swimming was sponsored through NIKE which requires insurance; however, the proof of insurance certificate was not provided to Risk Management by the camp director.</li> </ul> | Moderate   | <p>Recommendation for Senior Associate Athletic Director, Business Operations:</p> <p>a. Re-educate the Sports Camp Directors on the importance of providing notification and documentation to UNT Risk Management that camp insurance for participants has been obtained (i.e. through UNT or outside means) for their sports camp prior to the start of the camp.</p> | <p>The Department of Athletics agrees with the recommendations.</p> <ul style="list-style-type: none"> <li>• Athletics will work with each sports camp director to ensure that they provide UNT Risk Management with documentation that insurance has been purchased for their camps prior to the start of each camp.</li> </ul>  | Mike Ashbaugh, Sr. Associate Athletic Director  | 4/15/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-408 UNT    | Governance and Regulatory Compliance | Business Process Operations - Athletic Department | UNT                   | <p>7. Endowed Scholarships - The following observations were noted with regards to Endowed Athletic Scholarships:</p> <ul style="list-style-type: none"> <li>• Criteria used by the committee did not always fully agree with the donor Memorandum of Understanding and/or other support documentation eligibility requirements.</li> <li>• Documented procedures are not in place with regards to the awarding process for endowed Athletic scholarships.</li> <li>• Minutes are not being prepared to document the actions taken at Athletics endowed awarding committee meetings.</li> </ul>  | Moderate   | <p>Recommendations for Associate Athletic Director, Compliance:</p> <p>a. Ensure that the endowed scholarship criteria used by the committee agrees with eligibility requirements established by the donor.</p>   | <p>The Department of Athletics agrees with the recommendations.</p> <p>Athletics awards all of the athletic endowed scholarships during the month of August every year. This process involves selecting recipients for the upcoming academic year as well as completing the paperwork for the award winners of the previous year.</p> <ul style="list-style-type: none"> <li>• The Athletic Compliance Office is currently working with the University and Athletic Development Offices to obtain Memorandums of Understanding (MOUs) for all endowed athletic scholarships. The complete gathering of this information will help to ensure the criteria used by the committee matches the requirements and intentions of the donor.</li> </ul> | Scott Hobbs, Sr. Associate Athletics Director – Compliance.   | 2/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-408 UNT    | Governance and Regulatory Compliance | Business Process Operations - Athletic Department | UNT                   | <p>7. Endowed Scholarships - The following observations were noted with regards to Endowed Athletic Scholarships:</p> <ul style="list-style-type: none"> <li>• Criteria used by the committee did not always fully agree with the donor Memorandum of Understanding and/or other support documentation eligibility requirements.</li> <li>• Documented procedures are not in place with regards to the awarding process for endowed Athletic scholarships.</li> <li>• Minutes are not being prepared to document the actions taken at Athletics endowed awarding committee meetings.</li> </ul>  | Moderate   | <p>Recommendations for Associate Athletic Director, Compliance:</p> <p>b. Develop written procedures to document processes and procedures pertaining to the awarding of Athletic endowed scholarships for eligible student athletes.</p>  | <p>The Department of Athletics agrees with the recommendations.</p> <p>Athletics awards all of the athletic endowed scholarships during the month of August every year. This process involves selecting recipients for the upcoming academic year as well as completing the paperwork for the award winners of the previous year.</p> <ul style="list-style-type: none"> <li>• Once all the MOUs have been gathered, Athletics will formally develop its written policies and procedures for awarding of both the endowed scholarships and any general athletic donor scholarships.</li> </ul>  | Scott Hobbs, Sr. Associate Athletics Director – Compliance.   | 2/1/2017                     | Closed                |



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| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-408 UNT     | Governance and Regulatory Compliance | Business Process Operations - Athletic Department | UNT                                 | 7. Endowed Scholarships - The following observations were noted with regards to Endowed Athletic Scholarships:<br><ul style="list-style-type: none"> <li>Criteria used by the committee did not always fully agree with the donor Memorandum of Understanding and/or other support documentation eligibility requirements.</li> <li>Documented procedures are not in place with regards to the awarding process for endowed Athletic scholarships.</li> <li>Minutes are not being prepared to document the actions taken at Athletics endowed awarding committee meetings.</li> </ul> | Moderate   | Recommendations for Associate Athletic Director, Compliance:<br>c. Written minutes should be maintained on Athletics endowed scholarship committee meetings.   | The Department of Athletics agrees with the recommendations. Athletics awards all of the athletic endowed scholarships during the month of August every year. This process involves selecting recipients for the upcoming academic year as well as completing the paperwork for the award winners of the previous year.<br><ul style="list-style-type: none"> <li>Athletics will maintain official records for actions taken at committee meetings for endowed scholarships.</li> </ul> | Scott Hobbs, Sr. Associate Athletics Director – Compliance. | 2/1/2017<br>Rev. 08/31/2017               | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-005 UNT     | Governance and Regulatory Compliance | Student-Managed Investment Fund Review            | UNT                                 | Annual Report Completion Date – The annual report was prepared 47 days late.  | Moderate   | Prepare and present financial results as the annual report. Disseminate the annual report to all required parties within the time frame set forth in Article IX, section B(c) of the SIG By Laws.  | The department chair has visited with the incoming President of the SIG regarding the recommendations. He has agreed to share the recommendations with the SIG Board of Directors and will plan to meet the 45 day deadline for the 2017 annual financial report and reports thereafter.  | SIG Board of Directors                                      | NA  | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-005 UNT     | Governance and Regulatory Compliance | Student-Managed Investment Fund Review            | UNT                                 | Annual Report Completion Date – The annual report was prepared 47 days late.  | Moderate   | Present additional information, such as remarks from the Board of Directors, symposiums attended, and other activities, in a separate report at a later date.  | The department chair has visited with the incoming President of the SIG regarding the recommendations. He has agreed to share the recommendations with the SIG Board of Directors and will plan to meet the 45 day deadline for the 2017 annual financial report and reports thereafter.  | SIG Board of Directors                                      | NA  | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-005 UNT     | Governance and Regulatory Compliance | Student-Managed Investment Fund Review            | UNT                                 | Voting Summary Form – The number of shares voted to be purchased was missing from two Voting Summary forms.   | Low        | Ensure that Senior Analysts and Portfolio Managers include the number of shares on the Voting Summary form. Designate one specific location on the Voting Summary form to include the number of shares.  | In Spring 2016, the SIG Board of Directors adopted and began using a Recommendation Form and an Equity Order Form. Each form provides a specific location for the number of shares to be sold or purchased.   | SIG Board of Directors                                      | NA  | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-004, 16-009 | Governance and Regulatory Compliance | FY 2015 Investment Compliance Audit               | UNT System, UNT, UNT Dallas, UNTHSC | 1. Conflict of Interest – UNT System / UNT / UNT Dallas – The current Conflict of Interest policy relies on self-disclosure. Currently, there is no formal process in place to determine and document if an investment officer or any authorized designee has a personal business relationship with a business organization offering to engage in an investment transaction with UNT System, UNT, and UNT Dallas.   | High       | 1a. Management to work with Office of General Counsel and Human Resources to establish a mechanism, which includes a conflict of interest disclosure form, through which investment officers self-report annually any real or perceived conflicts of interest.     | Management will work with Office of General Counsel, Human Resources, and the campuses to establish and implement a documented formal procedure that will both provide training on and address conflicts of interest.   | James Mauldin, Associate Vice Chancellor for Treasury       | Original 8/31/2016<br>Revised 06/01/2017  | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-004, 16-009 | Governance and Regulatory Compliance | FY 2015 Investment Compliance Audit               | UNT System, UNT, UNT Dallas, UNTHSC | 1. Conflict of Interest – UNT System / UNT / UNT Dallas – The current Conflict of Interest policy relies on self-disclosure. Currently, there is no formal process in place to determine and document if an investment officer or any authorized designee has a personal business relationship with a business organization offering to engage in an investment transaction with UNT System, UNT, and UNT Dallas.   | High       | 1b. Implement a required annual conflict of interest training program to provide investment officers a clear understanding of their roles and responsibilities related to conflict of interest and steps they would need to take in the event of a concern.        | Management will work with Office of General Counsel, Human Resources, and the campuses to establish and implement a documented formal procedure that will both provide training on and address conflicts of interest.   | James Mauldin, Associate Vice Chancellor for Treasury       | Original 08/31/2016<br>Revised 06/01/2017 | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-004, 16-009 | Governance and Regulatory Compliance | FY 2015 Investment Compliance Audit               | UNT System, UNT, UNT Dallas, UNTHSC | 1. Conflict of Interest – UNT System / UNT / UNT Dallas – The current Conflict of Interest policy relies on self-disclosure. Currently, there is no formal process in place to determine and document if an investment officer or any authorized designee has a personal business relationship with a business organization offering to engage in an investment transaction with UNT System, UNT, and UNT Dallas.   | High       | 1c. For staff positions which do not require an annual conflict of interest disclosure form to be completed, consider requiring periodic acknowledgement of the institution's ethics policy from staff, which has conflict of interest embedded within the policy. | Management will work with Office of General Counsel, Human Resources, and the campuses to establish and implement a documented formal procedure that will both provide training on and address conflicts of interest.   | James Mauldin, Associate Vice Chancellor for Treasury       | Original 08/31/2016<br>Revised 03/31/2017 | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-004, 16-009 | Governance and Regulatory Compliance | FY 2015 Investment Compliance Audit               | UNT System, UNT, UNT Dallas, UNTHSC | 2. Bank Addendum Certificate of Authority – UNT - Testing identified two terminated employees with access to the UNT repurchase sweep account ending in account number 2633.  | Moderate   | 2a. To work with the Institutional CFO's in establishing an annual review process to ensure that bank account access for employees are appropriate based on their roles and responsibilities.  | Online log on credentials were disabled prior to the employees' termination. Management will review existing processes for improvement opportunities regarding immediate removal of all access for terminated employees. In addition, Treasury will work with the CFO's regarding establishing a review that occurs no less than annually.  | James Mauldin, Associate Vice Chancellor for Treasury       | 6/30/2016                                 | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-004, 16-009 | Governance and Regulatory Compliance | FY 2015 Investment Compliance Audit               | UNT System, UNT, UNT Dallas, UNTHSC | 2. Bank Addendum Certificate of Authority – UNT - Testing identified two terminated employees with access to the UNT repurchase sweep account ending in account number 2633.  | Moderate   | 2b. For employees that have an employment status change which includes termination, establish a process to remove access immediately.  | Online log on credentials were disabled prior to the employees' termination. Management will review existing processes for improvement opportunities regarding immediate removal of all access for terminated employees. In addition, Treasury will work with the CFO's regarding establishing a review that occurs no less than annually.  | James Mauldin, Associate Vice Chancellor for Treasury       | 6/30/2016                                 | Closed                |

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| Internal / External | Reporting Agency          | Fiscal Year Report was Issued | Report Number  | Audit Category                       | Report Name                         | Component Institution               | Key Observations   | Risk Level | Recommendation Details   | Management Response  | Individual Responsible for Implementation  | Expected Implementation Date | Recommendation Status |
|---------------------|---------------------------|-------------------------------|----------------|--------------------------------------|-------------------------------------|-------------------------------------|--|------------|--|--|--|------------------------------|-----------------------|
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-004, 16-009 | Governance and Regulatory Compliance | FY 2015 Investment Compliance Audit | UNT System, UNT, UNT Dallas, UNTHSC | 3. Conflict of Interest – UNTHSC – One out of three employees (33%) who have access to investment related bank accounts did not complete a conflict of interest disclosure form.   | Moderate   | 3a. Require all applicable staff to be re-educated on the policy.  | Management will work with the UNTHSC Compliance Office to establish and implement procedures to notify employees when they have not completed the Conflict Disclosure Form within the required time frame established by UNTHSC and a process for educating staff about possibly detecting conflicts of interest.  | Debra Willett, UNTHSC Director Financial Planning & Policy Analysis                        | 5/31/2016                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-004, 16-009 | Governance and Regulatory Compliance | FY 2015 Investment Compliance Audit | UNT System, UNT, UNT Dallas, UNTHSC | 3. Conflict of Interest – UNTHSC – One out of three employees (33%) who have access to investment related bank accounts did not complete a conflict of interest disclosure form.   | Moderate   | 3b. Work with the Office of Compliance to implement a monitoring process to ensure applicable staff completes an annual conflict of interest disclosure form.  | Management will work with the UNTHSC Compliance Office to establish and implement procedures to notify employees when they have not completed the Conflict Disclosure Form within the required time frame established by UNTHSC and a process for educating staff about possibly detecting conflicts of interest.  | Debra Willett, UNTHSC Director Financial Planning & Policy Analysis                        | 5/31/2016                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-004, 16-009 | Governance and Regulatory Compliance | FY 2015 Investment Compliance Audit | UNT System, UNT, UNT Dallas, UNTHSC | 4. Inaccuracy of Quarterly Investment Report – UNT System / UNT / UNT Dallas - Testing of the accuracy of quarterly investment reports identified footing errors, instances of ending and beginning balances for successive quarters not matching, incorrect balances for the third quarter and incorrect investment report posted on the investment disclosure website. | Moderate   | 4a. Review fiscal year 2015 quarterly investment reports for which ending and beginning balances for successive quarters did not match and make necessary corrections. Then, update the investment disclosure websites with the corrected reports. | Fiscal Year 2015 was a transitional year organizationally for a consolidated treasury operation. Treasury has already begun working with the campuses to ensure that the investment reports on the websites are accurate and will continue to do so. A quality review process of these reports has been implemented and will going forward include ensuring that the posting to each campus' website is accurate and complete.   | James Mauldin, Associate Vice Chancellor for Treasury                                      | 3/31/2016                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-004, 16-009 | Governance and Regulatory Compliance | FY 2015 Investment Compliance Audit | UNT System, UNT, UNT Dallas, UNTHSC | 4. Inaccuracy of Quarterly Investment Report – UNT System / UNT / UNT Dallas - Testing of the accuracy of quarterly investment reports identified footing errors, instances of ending and beginning balances for successive quarters not matching, incorrect balances for the third quarter and incorrect investment report posted on the investment disclosure website. | Moderate   | 4b. Implement a review process for quarterly investment reports to ensure the accuracy of data to be reported prior to the issuance to the Board of Regents and posting on the institution's investment disclosure website.                        | Fiscal Year 2015 was a transitional year organizationally for a consolidated treasury operation. Treasury has already begun working with the campuses to ensure that the investment reports on the websites are accurate and will continue to do so. A quality review process of these reports has been implemented and will going forward include ensuring that the posting to each campus' website is accurate and complete.   | James Mauldin, Associate Vice Chancellor for Treasury                                      | 3/31/2016                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-004, 16-009 | Governance and Regulatory Compliance | FY 2015 Investment Compliance Audit | UNT System, UNT, UNT Dallas, UNTHSC | 5. Reconciliation to the General Ledger – UNTHSC - The cash account balance per the investment report was different from the balances recorded in the general ledger as of August 31, 2015. The balance per the quarterly investment report was understated by \$4,430,968.57.   | Moderate   | 5a. Establish a process to ensure year-end close is performed on a timely basis.   | FY15 was the first time UNTHSC's financial close was managed by UNT System Controller staff, none of whom had experience in prior UNTHSC year-end financial close activities. The year-end financial close process continues to improve since the Financial Transformation Project began. For the preparation of the FY16 Annual Financial Reports, the System Controller is preparing a timeline/schedule that will require each institution to complete their annual financial reports by early October. This would result in general ledger balances being fully reconciled and finalized by the end of September. In addition, the new review process for investment reports will include Accounting staff to ensure reported cash balances reconcile to the GL. | Paula Welch, Associate Controller<br>James Mauldin, Associate Vice Chancellor for Treasury | 10/31/2016                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-004, 16-009 | Governance and Regulatory Compliance | FY 2015 Investment Compliance Audit | UNT System, UNT, UNT Dallas, UNTHSC | 5. Reconciliation to the General Ledger – UNTHSC - The cash account balance per the investment report was different from the balances recorded in the general ledger as of August 31, 2015. The balance per the quarterly investment report was understated by \$4,430,968.57.   | Moderate   | 5b. Establish a review process to ensure balances in the quarterly investment reports reconcile to the balances in the general ledger.   | FY15 was the first time UNTHSC's financial close was managed by UNT System Controller staff, none of whom had experience in prior UNTHSC year-end financial close activities. The year-end financial close process continues to improve since the Financial Transformation Project began. For the preparation of the FY16 Annual Financial Reports, the System Controller is preparing a timeline/schedule that will require each institution to complete their annual financial reports by early October. This would result in general ledger balances being fully reconciled and finalized by the end of September. In addition, the new review process for investment reports will include Accounting staff to ensure reported                                    | Paula Welch, Associate Controller<br>James Mauldin, Associate Vice Chancellor for Treasury | 10/31/2016                   | Closed                |



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| Internal / External | Reporting Agency          | Fiscal Year Report was Issued | Report Number  | Audit Category                       | Report Name                           | Component Institution               | Key Observations   | Risk Level | Recommendation Details  | Management Response  | Individual Responsible for Implementation                           | Expected Implementation Date           | Recommendation Status |
|---------------------|---------------------------|-------------------------------|----------------|--------------------------------------|---------------------------------------|-------------------------------------|--|------------|---|--|---|--|-----------------------|
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-004, 16-009 | Governance and Regulatory Compliance | FY 2015 Investment Compliance Audit   | UNT System, UNT, UNT Dallas, UNTHSC | 6. Presentation of the UNTHSC and UNTHSC Foundation Investments on the Quarterly Investment Reports – UNTHSC - The August 31, 2015 UNTHSC Quarterly Investment Report did not reflect the separation of investments belonging to UNTHSC and to UNTHSC Foundation.  | Low        | 6a. For subsequent periods, UNTHSC should identify and exclude all investments belonging to UNTHSC Foundation from the financial statements and investment reports. If investments are not excluded, properly define on the investment reports which amount is for UNTHSC and for Foundation. | Management believes the Board of Regents should have quarterly visibility to all investments that exist for the benefit of the System and therefore each Foundation's investments should not be excluded. However, we do agree that they should be clearly labeled as such. Treasury is in the process of reformatting all investment reports and will ensure that endowments, both campus and foundation, are included yet clearly labeled. A quality review of these reports is important and has been implemented to ensure that reports to the Board are accurate. | James Mauldin, Associate Vice Chancellor for Treasury               | 3/31/2016                              | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-004, 16-009 | Governance and Regulatory Compliance | FY 2015 Investment Compliance Audit   | UNT System, UNT, UNT Dallas, UNTHSC | 6. Presentation of the UNTHSC and UNTHSC Foundation Investments on the Quarterly Investment Reports – UNTHSC - The August 31, 2015 UNTHSC Quarterly Investment Report did not reflect the separation of investments belonging to UNTHSC and to UNTHSC Foundation.  | Low        | 6b. Establish a review process to ensure investments in the quarterly investment reports are appropriate.   | Management believes the Board of Regents should have quarterly visibility to all investments that exist for the benefit of the System and therefore each Foundation's investments should not be excluded. However, we do agree that they should be clearly labeled as such. Treasury is in the process of reformatting all investment reports and will ensure that endowments, both campus and foundation, are included yet clearly labeled. A quality review of these reports is important and has been implemented to ensure that reports to the Board are accurate. | James Mauldin, Associate Vice Chancellor for Treasury               | 3/31/2016                              | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-004, 16-009 | Governance and Regulatory Compliance | FY 2015 Investment Compliance Audit   | UNT System, UNT, UNT Dallas, UNTHSC | 7. Short Term Pool/Long Term Pool Ranges – UNT System / UNT / UNT Dallas - For certain months in fiscal year 2015, short term working capital funds and long term reserves percentage of available cash on hand were outside the ranges prescribed by policy. Additionally, necessary adjustments were not performed to ensure percentages remained within this range as required by the Regulation. | Low        | 7a. Review the Investment of System Funds Regulation 08.2000 pertaining to short and long term investment percentages to determine if the percentage requirement ranges should be updated to reflect the financial environment of UNT System and its' institutions.                           | This has already been addressed in the investment policy adopted by the Board on November 20, 2015.  | James Mauldin, Associate Vice Chancellor for Treasury               | 11/20/2015                             | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-004, 16-009 | Governance and Regulatory Compliance | FY 2015 Investment Compliance Audit   | UNT System, UNT, UNT Dallas, UNTHSC | 8. Collateralization Below 102% - UNTHSC - For 11 days in August 2015, collateralization for deposit accounts fell below 102% of deposits.   | Low        | 8a. Management should establish and follow procedures to inform the bank of changes in the amount or activity of deposits, that may exceed UNTHSC's collateral value, within a reasonable time before the change occurs.  | Management agrees with the recommendation. Management will add additional steps to the current set of collateralization review procedures to ensure that the bank is notified in a more timely manner before large changes in deposits occur and when collateralization falls below the required amount.   | Barbara Holt, UNTHSC Senior Director Financial Operations           | 3/1/2016                               | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-004, 16-009 | Governance and Regulatory Compliance | FY 2015 Investment Compliance Audit   | UNT System, UNT, UNT Dallas, UNTHSC | 9. Format and Content of Quarterly Investment Reports – UNT System / UNT / UNT Dallas / UNTHSC - The format and content of quarterly investment reports is not consistent across all institutions.   | Low        | 9a. Management should determine if cash should be included in the quarterly investment reports, and once defined apply methodology consistently for all institutions.   | Management has been aware of this need and has already targeted the implementation of a new format that will be standard across the System for the first report on Fiscal Year 2016.   | James Mauldin, Associate Vice Chancellor for Treasury               | 2/25/2016                              | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-004, 16-009 | Governance and Regulatory Compliance | FY 2015 Investment Compliance Audit   | UNT System, UNT, UNT Dallas, UNTHSC | 9. Format and Content of Quarterly Investment Reports – UNT System / UNT / UNT Dallas / UNTHSC - The format and content of quarterly investment reports is not consistent across all institutions.   | Low        | 9b. Management should determine an appropriate reporting format and once established utilize the new format for all institutions.   | Management has been aware of this need and has already targeted the implementation of a new format that will be standard across the System for the first report on Fiscal Year 2016.   | James Mauldin, Associate Vice Chancellor for Treasury               | 2/25/2016                              | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-004, 16-009 | Governance and Regulatory Compliance | FY 2015 Investment Compliance Audit   | UNT System, UNT, UNT Dallas, UNTHSC | 10. Annual Review and Adoption of Financial Institutions – UNT System - There was no indication that Board of Regents reviewed and adopted a list of financial institutions for fiscal year 2015.  | Low        | 10a. Establish procedures to ensure compliance with System Regulation 08.2000, Section 2005, paragraph 10 or review the System Regulation to see if requirement is applicable as is and make changes as necessary.  | Management will review the regulation to determine appropriateness of the wording as this is not a requirement in the Public Funds Investment Act. Based upon the findings, either the regulation will be revised or procedures will be modified to ensure compliance.   | James Mauldin, Associate Vice Chancellor for Treasury               | 11/30/2016<br>Revised Date: 06/30/2017 | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-004, 16-009 | Governance and Regulatory Compliance | FY 2015 Investment Compliance Audit   | UNT System, UNT, UNT Dallas, UNTHSC | 11. Outdated Investment Policy – UNTHSC - An outdated institutional investment policy is posted on the webpage under Chapter 10: Fiscal Management. However, this policy was superseded by System Regulation 08.2000 which was approved in August 2012.  | Low        | 11a. Management should update the website to reflect System Regulation 08.2000 and revisions made should be communicated to appropriate personnel.  | Management is in agreement with the recommendation. Management will implement additional steps to the current set of procedures to insure timely updating of investment policies and maintaining all required investment disclosures on the institution's website.   | Debra Willett, UNTHSC Director Financial Planning & Policy Analysis | 5/1/2016                               | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-011 HSC     | Governance and Regulatory Compliance | Joint Admission Medical Program Audit | UNTHSC                              | Non-Compliance with University Policy - The Joint Admission Medical Program (JAMP) agreement was not properly set up in accordance to University Policy Chapter 13.123.  | High       | Work with appropriate management from the Office of Grants and Contract Management and the Office of Finance to set up JAMP as a sponsored project.   | We are in agreement with moving JAMP funds to the Office of Grants and Contract Management. It should be noted that this has never been recommended in any previous audit.   | Mike Kennedy, Director of Admissions                                | 12/31/2015                             | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-011 HSC     | Governance and Regulatory Compliance | Joint Admission Medical Program Audit | UNTHSC                              | UNT Information Security Users Guidelines- Credit Card Sensitive Information   | High       | Provide training to appropriate personnel in regards to the UNT Information Security Users Guide and PCI Best Practices.  | The Purchasing Card Program Supervisor sends a copy of the Citibank statement that includes the full account number each month as supporting documentation for the payment. The account number will be redacted going forward.   | Kimberly Bien, Purchasing Card Program Supervisor                   | 10/28/2015                             | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-011 HSC     | Governance and Regulatory Compliance | Joint Admission Medical Program Audit | UNTHSC                              | UNT Information Security Users Guidelines- Credit Card Sensitive Information   | High       | Mask credit card information that is transmitted by email, uploaded and retained in the document management system, ApplicationXtender, to help ensure sensitive information is not compromised.  | The Purchasing Card Program Supervisor sends a copy of the Citibank statement that includes the full account number each month as supporting documentation for the payment. The account number will be redacted going forward.   | Kimberly Bien, Purchasing Card Program Supervisor                   | 10/28/2015                             | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-011 HSC     | Governance and Regulatory Compliance | Joint Admission Medical Program Audit | UNTHSC                              | Lack of Reconciliation Process - Internal Audit was unable to validate the reconciliation process between the FY 2015 Expenditure Reports to the University's Accounting System.   | High       | Develop procedures to help ensure that the expenditures recorded in the Expenditure Report are reconciled on a regular basis to the Accounting System.  | We are in agreement with this assessment. We will set aside periodic reconciliation periods to review JAMP expenditures to the Accounting System.  | Mike Kennedy, Director of Admissions                                | 3/1/2016                               | Closed                |



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|---------------------|---------------------------|-------------------------------|---------------|--------------------------------------|---------------------------------------|-----------------------|---|------------|--|--|---|------------------------------|-----------------------|
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-011 HSC    | Governance and Regulatory Compliance | Joint Admission Medical Program Audit | UNTHSC                | Non-Compliance with JAMP Medical School Expenditure Guidelines - Time and Effort Reporting - During our review of payroll activities related to JAMP, we noted that the JAMP Coordinator salary devoted to the project was based on an estimated average of annual time and effort. | High       | Develop procedures to track and verify the accuracy of actual time and effort devoted to the program to help ensure compliance with the JAMP Medical School Expenditure Guidelines.  | We are in agreement with the assessment that there is no official tracking of the JAMP Coordinator time and effort (only estimates). With the move of financials to the Office of Grants and Contract Management this will be a part of a new process for reporting time. It should be noted that this has never been recommended in any previous audit. | Mike Kennedy, Director of Admissions  | 3/1/2016                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-011 HSC    | Governance and Regulatory Compliance | Joint Admission Medical Program Audit | UNTHSC                | Non-Compliance with JAMP Medical School Expenditure Guidelines - Time and Effort Reporting - During our review of payroll activities related to JAMP, we noted that the JAMP Coordinator salary devoted to the project was based on an estimated average of annual time and effort. | High       | Re-evaluate percentage of salary distribution based on actual time and effort to help ensure that it is proportionate to the direct support to the JAMP Project.   | We are in agreement with the assessment that there is no official tracking of the JAMP Coordinator time and effort (only estimates). With the move of financials to the Office of Grants and Contract Management this will be a part of a new process for reporting time. It should be noted that this has never been recommended in any previous audit. | Mike Kennedy, Director of Admissions  | 3/1/2016                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-011 HSC    | Governance and Regulatory Compliance | Joint Admission Medical Program Audit | UNTHSC                | Non-Compliance with JAMP Medical School Expenditure Guidelines - Out of State Travel (Unallowable Cost) - A total of \$1,309.11 was used to fund out-of-state travel as a direct administrative cost under the JAMP Administrative Distribution.                                    | High       | Use a different funding source to cover the out of state travel expenditures and reimburse the JAMP Program account for the amount of \$1,309.11.  | We are in agreement with this assessment. We will review JAMP expenditure guidelines to ensure compliance. We will identify another account to reimburse JAMP for the aforementioned expenditures. We also feel that the move of JAMP financials to the Office of Grants and Contract Management will be a better process moving forward.                | Mike Kennedy, Director of Admissions  | 12/1/2015                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-011 HSC    | Governance and Regulatory Compliance | Joint Admission Medical Program Audit | UNTHSC                | Non-Compliance with JAMP Medical School Expenditure Guidelines - Out of State Travel (Unallowable Cost) - A total of \$1,309.11 was used to fund out-of-state travel as a direct administrative cost under the JAMP Administrative Distribution.                                    | High       | Re-educate the JAMP Coordinator on the JAMP Medical Expenditure Guidelines.  | We are in agreement with this assessment. We will review JAMP expenditure guidelines to ensure compliance. We will identify another account to reimburse JAMP for the aforementioned expenditures. We also feel that the move of JAMP financials to the Office of Grants and Contract Management will be a better process moving forward.                | Mike Kennedy, Director of Admissions  | 12/1/2015                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-011 HSC    | Governance and Regulatory Compliance | Joint Admission Medical Program Audit | UNTHSC                | Inadequate Monitoring of Expenditures - Two expenditures were incorrectly processed resulting in an overpayment of \$1,725.00 from the JAMP fund.   | High       | Request repayment from the JAMP Coordinator for the amount over-reimbursed of \$225.00.  | The \$225 reimbursement has been repaid as of 10/22/2015. We will request a refund from the Department of Medical Education for \$1,500.00. We will set aside periodic reconciliation periods (approximately every 90 days) to review JAMP expenditures.   | Mike Kennedy, Director of Admissions  | 12/1/2015                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-011 HSC    | Governance and Regulatory Compliance | Joint Admission Medical Program Audit | UNTHSC                | Inadequate Monitoring of Expenditures - Two expenditures were incorrectly processed resulting in an overpayment of \$1,725.00 from the JAMP fund.   | High       | Develop expenditure verification procedures to help ensure that all transactions entered into the Accounting System are verified for accuracy and any errors are timely reported to the appropriate office for correction. | The \$225 reimbursement has been repaid as of 10/22/2015. We will request a refund from the Department of Medical Education for \$1,500.00. We will set aside periodic reconciliation periods (approximately every 90 days) to review JAMP expenditures.   | Mike Kennedy, Director of Admissions  | 12/1/2015                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-011 HSC    | Governance and Regulatory Compliance | Joint Admission Medical Program Audit | UNTHSC                | Student Wages - For 27 timecards reviewed, hours reported on three timecards could not be reconciled to the student employees' payroll disbursement, for a net effect of \$55.00.   | Moderate   | Require all personnel entering and approving time and labor to be re-educated on the Hourly Payroll Guidelines.  | We are in agreement with this assessment. All staff who are in responsible for time cards will undergo training through BSC on time and labor entry. Internal office procedures will be put in the place to allow more time for reconciliation of hourly payroll.  | Mike Kennedy, Director of Admissions  | 3/1/2016                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-011 HSC    | Governance and Regulatory Compliance | Joint Admission Medical Program Audit | UNTHSC                | Student Wages - For 27 timecards reviewed, hours reported on three timecards could not be reconciled to the student employees' payroll disbursement, for a net effect of \$55.00.   | Moderate   | Implement a process to reconcile time entered in EIS Time and Labor to the employee's timecard prior to the payroll cut-off date.  | We are in agreement with this assessment. All staff who are in responsible for time cards will undergo training through BSC on time and labor entry. Internal office procedures will be put in the place to allow more time for reconciliation of hourly payroll.  | Mike Kennedy, Director of Admissions  | 3/1/2016                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-011 HSC    | Governance and Regulatory Compliance | Joint Admission Medical Program Audit | UNTHSC                | Non-Compliance with Purchasing Card (P-Card) Guidelines - Pcard Guidelines were not always followed.  | Moderate   | Require all current P-Card holders, reconcilers and approvers to be retrained on P-Card policies and procedures.   | We are in agreement with this assessment. Prior to this audit, changes were made in the P-Card usage process within the department. We have moved all P-Card spending to one account holder and assigned a new reconciler to all P-Card transactions. We expect this change will be decrease risk for noncompliance.                                     | Mike Kennedy, Director of Admissions  | 1/1/2016                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-011 HSC    | Governance and Regulatory Compliance | Joint Admission Medical Program Audit | UNTHSC                | Non-Compliance with Purchasing Card (P-Card) Guidelines - Pcard Guidelines were not always followed.  | Moderate   | Follow University Business Service P-Card Guidelines.  | We are in agreement with this assessment. Prior to this audit, changes were made in the P-Card usage process within the department. We have moved all P-Card spending to one account holder and assigned a new reconciler to all P-Card transactions. We expect this change will be decrease risk for noncompliance.                                     | Mike Kennedy, Director of Admissions  | 1/1/2016                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-011 HSC    | Governance and Regulatory Compliance | Joint Admission Medical Program Audit | UNTHSC                | Inappropriately Billing Expenditures to Incorrect Fiscal Years - Testing identified two expenditures that they were not processed within the appropriate fiscal year.   | Moderate   | Re-educate the JAMP Coordinator on the JAMP Expenditure Report process and monitor until sustained compliance is achieved.   | We are in agreement with this assessment. We will set aside periodic reconciliation periods (approximately every 90 days) to review JAMP expenditures. We also feel that the move of JAMP financials to the Office of Grants and Contract Management will be a better process moving forward.  | Mike Kennedy, Director of Admissions  | 12/1/2015                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-011 HSC    | Governance and Regulatory Compliance | Joint Admission Medical Program Audit | UNTHSC                | Improper Commingling of Revenues and Expenditures - Testing identified that the Summer Internship Program and the Administration Distribution funds are deposited into and expended from the same Department ID.  | Low        | Consider separating the sources of funds after the JAMP funds are set up as a sponsored project, to help ensure that expenditures are applied to the appropriate funding source.   | Office of Grants and Contract Management will follow all standard policies and procedures for project ID management and JAMP terms and conditions.   | LeAnn Forsberg, Assistant VP, Research Administration, Grants and Contract Management | 12/31/2015                   | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-011 HSC    | Governance and Regulatory Compliance | Joint Admission Medical Program Audit | UNTHSC                | Untimely Replenishment of Petty Cash - An amount of \$20.47 spent from the JAMP Petty Cash Fund was not replenished in order to be reflected on the Accounting System and the Expenditure Report.  | Low        | Modify HSC Petty Cash Fund Procedures to enforce the requirement for custodians to replenish the petty cash on a monthly basis, at a minimum, and communicate the updated procedures to all appropriate personnel. | We concur.   | Paula J. Welch, Associate Controller                        | 7/31/2016                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-011 HSC    | Governance and Regulatory Compliance | Joint Admission Medical Program Audit | UNTHSC                | Inadequate Support Documentation - Adequate support documentation of attendees were not kept (i.e. missing, not used or not sufficient to support the expenditure) for 12 of 31 (39%) expenditures reviewed related to JAMP activities.  | Low        | Maintain adequate support for JAMP activities to help ensure that fund is expended for the direct support of JAMP participants.  | We are in agreement with this assessment. The Director of Admissions will require all JAMP funded activities maintain a log of participants.   | Mike Kennedy, Director of Admissions                        | 12/1/2015                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-011 HSC    | Governance and Regulatory Compliance | Joint Admission Medical Program Audit | UNTHSC                | Untimely Return of Unspent FY 2014 Funds - An amount of \$361.91 of unspent FY 2014 funds was returned untimely to the JAMP Council. The check was issued on December 2, 2014 to refund unspent FY 2014 funds.   | Low        | Develop a procedure to help ensure that any unspent JAMP funds are returned to the JAMP Council in a timely manner in accordance with JAMP Medical Expenditure Guidelines.   | We are in agreement with this assessment. We will establish an internal deadline prior to September 30 for reimbursement for unused funds. This is predicated that the Office of Grants and Contract Management is able to provide timely financial data.  | Mike Kennedy, Director of Admissions                        | 3/1/2016                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-011 HSC    | Governance and Regulatory Compliance | Joint Admission Medical Program Audit | UNTHSC                | Non-Compliance with Travel Guidelines - Untimely Submission of Travel Vouchers - Travel Guidelines were not always followed.   | Low        | Provide training to faculty and staff on travel policies to help ensure that University Travel Guidelines are followed.  | We are in agreement with this assessment. All staff who work with JAMP travel funding will undergo training from BSC. We will set aside periodic reconciliation periods (approximately every 90 days) to review JAMP expenditures. We also feel that the move of JAMP financials to the Office of Grants and Contract Management will be a better process moving forward.  | Mike Kennedy, Director of Admissions                        | 3/1/2016                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-011 HSC    | Governance and Regulatory Compliance | Joint Admission Medical Program Audit | UNTHSC                | Non-Compliance with Travel Guidelines - Untimely Submission of Travel Vouchers - Travel Guidelines were not always followed.   | Low        | Develop procedures to help ensure travel vouchers are submitted timely to the Business Support Services Travel department.   | We are in agreement with this assessment. All staff who work with JAMP travel funding will undergo training from BSC. We will set aside periodic reconciliation periods (approximately every 90 days) to review JAMP expenditures. We also feel that the move of JAMP financials to the Office of Grants and Contract Management will be a better process moving forward.  | Mike Kennedy, Director of Admissions                        | 3/1/2016                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students                | UNT Dallas Student Fees Audit         | UNT Dallas            | 1. UNT System: Personally Identifiable Information -During our review of the cashiering area, we identified personally identifiable information (PII) (i.e. social security numbers, birth certificates, marriage license) related to waiver support documentation which dates back to 2007. | High       | 1a. Develop procedures to help ensure that all personally identifiable information (PII) is appropriately protected against inappropriate access and use in compliance with applicable laws and regulations.       | We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNT Dallas main campus and UNT Dallas College of Law campus in downtown Dallas. Certain key PII information included in the referenced binder has been imaged and the actual binder has been secured in a locked cabinet. In addition, the waiver documentation and review process requiring the need for this PII information has been transferred out of the UNT Dallas cashier's area and into the UNTS Student Accounting team to centrally manage this important operational matter for all campuses. In addition, key team members from UNT System Student Accounting and UNT System Controller's Office will work with the appropriate staff (as necessary) at both campus locations to ensure PII document retention policies are in compliance with applicable state & federal statutes. | Jeane Olson, Director of Financial Service- Student Finance | 11/30/2016                   | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | 1. UNT System: Personally Identifiable Information -During our review of the cashiering area, we identified personally identifiable information (PII) (i.e. social security numbers, birth certificates, marriage license) related to waiver support documentation which dates back to 2007.   | High       | 1b. Review applicable retention policy and statute limitation in regards to identifying if these documents can be destroyed.  | We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNT Dallas main campus and UNT Dallas College of Law campus in downtown Dallas. Certain key PII information included in the referenced binder has been imaged and the actual binder has been secured in a locked cabinet. In addition, the waiver documentation and review process requiring the need for this PII information has been transferred out of the UNT Dallas cashier's area and into the UNTS Student Accounting team to centrally manage this important operational matter for all campuses. In addition, key team members from UNT System Student Accounting and UNT System Controller's Office will work with the appropriate staff (as necessary) at both campus locations to ensure PII document | Jeane Olson, Director of Financial Service- Student Finance | 11/30/2016                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | 2. UNT System: Cash Control – Deposits - Testing identified that funds are not deposited timely within seven days after received by the institution in accordance with the Texas Education Code § 51.003. Additionally, it was noted that funds are received from students by multiple departments within the College of Law but not delivered to the Assistant Registrar for deposit on a timely basis. | High       | 2a. Develop procedures to help ensure that funds are timely deposited in the institution's bank account in accordance with the statute.   | We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNT Dallas main campus and UNT Dallas College of Law campus in downtown Dallas. Key team members from UNT System Student Accounting, UNT System Controller's Office, and UNT System Treasury are working with certain 3rd party vendors from the banking and security industries to evaluate the cost / benefit of available improved cash collection technology & armored car service collection procedures.  | Jeane Olson, Director of Financial Service- Student Finance | 11/30/2016                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | 3. UNT System: Inadequate Safeguarding Measures for Payments Received - Safeguarding measures of payments received are not adequate during the collection, receipting, depositing and reconciliation processes.  | High       | 3a. Re-educate personnel on cash handling procedures.   | We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNT Dallas main campus and UNT Dallas College of Law campus in downtown Dallas. Key team members from UNT System Student Accounting and UNT System Controller's Office will work with the appropriate staff (as necessary) at both campus locations to ensure these recommendations, and others as deemed appropriate, are implemented by no later than November 30, 2016 (six months or less).  | Jeane Olson, Director of Financial Service- Student Finance | 11/30/2016                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | 3. UNT System: Inadequate Safeguarding Measures for Payments Received - Safeguarding measures of payments received are not adequate during the collection, receipting, depositing and reconciliation processes.  | High       | 3b. Maintain a receipt logs for pre-numbered receipts and routinely review to help ensure that all receipts are accounted for.  | We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNT Dallas main campus and UNT Dallas College of Law campus in downtown Dallas. Key team members from UNT System Student Accounting and UNT System Controller's Office will work with the appropriate staff (as necessary) at both campus locations to ensure these recommendations, and others as deemed appropriate, are implemented by no later than November 30, 2016 (six months or less).  | Jeane Olson, Director of Financial Service- Student Finance | 11/30/2016                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | 3. UNT System: Inadequate Safeguarding Measures for Payments Received - Safeguarding measures of payments received are not adequate during the collection, receipting, depositing and reconciliation processes.  | High       | 3c. Ensure staff do not perform incompatible duties in the cashiering area, re-evaluate system access rights accordingly and develop compensating controls where not possible.                | We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNT Dallas main campus and UNT Dallas College of Law campus in downtown Dallas. Key team members from UNT System Student Accounting and UNT System Controller's Office will work with the appropriate staff (as necessary) at both campus locations to ensure these recommendations, and others as deemed appropriate, are implemented by no later than November 30, 2016 (six months or less).  | Jeane Olson, Director of Financial Service- Student Finance | 11/30/2016                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | 3. UNT System: Inadequate Safeguarding Measures for Payments Received - Safeguarding measures of payments received are not adequate during the collection, receipting, depositing and reconciliation processes.  | High       | 3d. Work with the College of Law to identify all areas collecting cash/checks and establish departmental cash controls to help ensure proper segregation of duties are in place in all areas. | We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNT Dallas main campus and UNT Dallas College of Law campus in downtown Dallas. Key team members from UNT System Student Accounting and UNT System Controller's Office will work with the appropriate staff (as necessary) at both campus locations to ensure these recommendations, and others as deemed appropriate, are implemented by no later than November 30, 2016 (six months or less).  | Jeane Olson, Director of Financial Service- Student Finance | 11/30/2016                   | Closed                |



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| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | 4. UNT System: Cash Controls - Safe Combination - Combinations to the safe are not modified when there is a change in staff or change in custody of the safe.  | High       | 4a. Develop departmental procedures to help ensure that safe combination is changed periodically and always when there is employee turnover or reassignment in accordance with UNT Cash Control and Departmental Deposit Handbook. | UNT System Student Accounting and UNT System Controller's Office: We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNT Dallas main campus and UNT Dallas College of Law campus in downtown Dallas. The safe combination at UNT Dallas main campus has been recently changed and new procedures will be put in place to change the safe combination immediately upon key employee turnover or reassignment and on a semi-annual basis at minimum. Due to mechanical limitations preventing the staff's ability to change the existing safe combination located at the UNT Dallas College of Law campus, a new safe will be   | Jeane Olson, Director of Financial Service- Student Finance<br><br>Reynaldo Valencia, College of Law Associate Dean for Finance and Administration and Professor of Law | 11/30/2016                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | 5. UNT System: Unauthorized Change Fund - An unauthorized change fund for the amount of \$250.00 was established at the UNT System for the purpose of providing change for parking token sales to students and faculty members.  | High       | 5a. Work with University Student Accounting and University Cashiering Services to assist you in establishing departmental cash controls and depositing any cash on hand.   | We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNT System in downtown Dallas. Key team members from UNT System Student Accounting and UNT System Controller's Office will work with the appropriate staff (as necessary) at the campus to ensure these recommendations, and others as deemed appropriate, are implemented by no later than November 30, 2016 (six months or less).  | Cynthia Hall, External Relations Director<br><br>Jeane Olson, Director of Financial Services - Student Finance  | 11/30/2016                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | 5. UNT System: Unauthorized Change Fund - An unauthorized change fund for the amount of \$250.00 was established at the UNT System for the purpose of providing change for parking token sales to students and faculty members.  | High       | 5b. Submit a justification to the University Purchasing Services Division to establish a cash fund.  | We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNT System in downtown Dallas. Key team members from UNT System Student Accounting and UNT System Controller's Office will work with the appropriate staff (as necessary) at the campus to ensure these recommendations, and others as deemed appropriate, are implemented by no later than November 30, 2016 (six months or less).  | Cynthia Hall, External Relations Director<br><br>Jeane Olson, Director of Financial Services - Student Finance  | 11/30/2016                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | 6. UNT System: Cash Controls - Change Fund - A change fund has not been established at the Office of Student Financial Services (University Cashiering) for the purpose of supporting their daily operations in a campus environment where an increased number of student population pays tuition and fees with cash.  | Moderate   | 6a. Establish a change fund at UNT Dallas and update the website to not require students to pay the exact amount.  | We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNT Dallas main campus. The campus has always maintained a desired goal of being a "cash-less" campus (where possible) in order to limit the potential fraud and safety risk inherent with this form of payment. Students are encouraged to pay with check online or at the cashier window and with credit card via online. However, given the greater goal to offer UNT Dallas students the highest quality, student-centered billing and payment services available on campus, key team members from UNT System Student Accounting and UNT System Controller's Office will evaluate and implement an acceptable change fund process at UNT Dallas that adequately serves the needs of the students while still limiting unnecessary risk associated with on-site cash handling procedures. | Jeane Olson, Director of Financial Services - Student Finance   | 11/30/2016                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | 7. UNT Dallas: Security Devices - Although our walkthrough of UNT Dallas Security Devices identified the following, University Administration has initiated a search of security technology vendors prior to this review:<br><ul style="list-style-type: none"> <li>4 out of 25 cameras (16%) were not working properly and no video images were available at the time of review</li> <li>cameras were not identifiable by a location</li> <li>record retention protocols were not established</li> <li>cameras over cashiering were not appropriately positioned to ensure full coverage</li> <li>cameras and panic buttons were not being tested; therefore, we were unsure whether or not they are actually functioning.</li> </ul> | High       | 7a. Test all cameras and panic buttons currently in place.   | UNT Dallas has begun work on a comprehensive building security technology project as recommended by Internal Audit. The project includes an overhaul of the campus' current security alarm, access, and camera systems. Additionally the campus will implement an emergency notification system including laptop/desktop computer panic buttons in specified locations.<br><br>The two cameras in the Student Finance cash handling area have been re-positioned as requested. The remainder of the project will be implemented in stages as soon as vendors and funding are approved.  | Cliff Jaynes, Chief of Police   | 3/1/2017                     | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | 7. UNT Dallas: Security Devices - Although our walkthrough of UNT Dallas Security Devices identified the following, University Administration has initiated a search of security technology vendors prior to this review: <ul style="list-style-type: none"> <li>4 out of 25 cameras (16%) were not working properly and no video images were available at the time of review</li> <li>cameras were not identifiable by a location</li> <li>record retention protocols were not established</li> <li>cameras over cashiering were not appropriately positioned to ensure full coverage</li> <li>cameras and panic buttons were not being tested; therefore, we were unsure whether or not they are actually functioning.</li> </ul> | High       | 7b. Repair / replace / reposition nonfunctioning devices.   | UNT Dallas has begun work on a comprehensive building security technology project as recommended by Internal Audit. The project includes an overhaul of the campus' current security alarm, access, and camera systems. Additionally the campus will implement an emergency notification system including laptop/desktop computer panic buttons in specified locations. The two cameras in the Student Finance cash handling area have been re-positioned as requested. The remainder of the project will be implemented in stages as soon as vendors and funding are approved. | Cliff Jaynes, Chief of Police                                  | 3/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | 7. UNT Dallas: Security Devices - Although our walkthrough of UNT Dallas Security Devices identified the following, University Administration has initiated a search of security technology vendors prior to this review: <ul style="list-style-type: none"> <li>4 out of 25 cameras (16%) were not working properly and no video images were available at the time of review</li> <li>cameras were not identifiable by a location</li> <li>record retention protocols were not established</li> <li>cameras over cashiering were not appropriately positioned to ensure full coverage</li> </ul>   | High       | 7c. Develop a process to periodically test all cameras and panic buttons.   | UNT Dallas has begun work on a comprehensive building security technology project as recommended by Internal Audit. The project includes an overhaul of the campus' current security alarm, access, and camera systems. Additionally the campus will implement an emergency notification system including laptop/desktop computer panic buttons in specified locations. The two cameras in the Student Finance cash handling area have been re-positioned as requested. The remainder of the project will be implemented in stages as soon as vendors and funding are approved. | Cliff Jaynes, Chief of Police                                  | 3/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | 8. UNT Dallas: Reconciliation of Application/Orientation Fees -The number of undergraduate/ graduate applicants submitting an application fee payment and the number of students submitting an orientation fee payment are not reconciled to revenues recorded in each respective account in the University Accounting System to help ensure that all payments received were posted in the proper accounts.   | High       | 8a. Develop procedures to help ensure that all application fee and orientation fee revenues collected are reconciled on a regular basis to the University Accounting System.  | VP of Student Access and Success will work with the Director of Undergraduate Admissions and the Director of Graduate Admissions to document procedures that ensure application and orientation fee payments are reconciled to match payments with postings of the revenue in the proper accounts. VP and Directors will also work together with Student Finance to correct any inaccurate postings for FY16.   | Stephanie Holley, Vice President of Student Access and Success | 2/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | 8. UNT Dallas: Reconciliation of Application/Orientation Fees -The number of undergraduate/ graduate applicants submitting an application fee payment and the number of students submitting an orientation fee payment are not reconciled to revenues recorded in each respective account in the University Accounting System to help ensure that all payments received were posted in the proper accounts.   | High       | 8b. Identify any application and orientation fees recorded in the incorrect account and work with Accounting to make any necessary adjusting entries for FY 2016.   | VP of Student Access and Success will work with the Director of Undergraduate Admissions and the Director of Graduate Admissions to document procedures that ensure application and orientation fee payments are reconciled to match payments with postings of the revenue in the proper accounts. VP and Directors will also work together with Student Finance to correct any inaccurate postings for FY16.   | Stephanie Holley, Vice President of Student Access and Success | 2/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | 9. UNT Dallas: Conflict of Interest- Student Workers -During our review of payroll expenditures funded by Student Services Fees, we noted that 3 out of 5 Student Service Fee Advisory Committee members for FY 2015 and 2 out of 5 members for FY 2016 appointed by the Student Government Association were also working as Student Assistants for the Office of Student Affairs.  | High       | 9a. Update the UNT Dallas Student Service Fee Advisory Committee bylaws to prohibit any Student Service Fee Advisory Committee member to be a compensated Student Assistant of any Student Services Fee funded departments other than the Committee itself. | The Student Service Fee Advisory Committee By-laws will be updated to reflect that students who are currently student assistants and funded by student fees may not hold a seat by either Student Government Association appointment or President appointment.  | Jamaica Chapple, Dean of Student Affairs                       | 8/22/2016 Revised 01/24/2017 | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | 10. UNT Dallas: Academic Catalogs- During our review of the UNT Dallas Undergraduate and Graduate Catalogs for academic years 2013-2014, 2014-2015 and 2015-2016, we noted that the Catalogs available online did not provide the students current, complete and accurate information.  | Moderate   | 10a. Update the University Catalogs to include accurate tuition and fee information.  | VP of Student Access and Success will work with Office of the Registrar to implement a thorough catalog review and revision process to be conducted by each department, even when department information is listed in another department's section, not owned by that division/department. Catalog will be updated to cover current, complete and accurate information.   | Stephanie Holley, Vice President of Student Access and Success | 2/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | 10. UNT Dallas: Academic Catalogs- During our review of the UNT Dallas Undergraduate and Graduate Catalogs for academic years 2013-2014, 2014-2015 and 2015-2016, we noted that the Catalogs available online did not provide the students current, complete and accurate information.  | Moderate   | 10b. Develop departmental procedures to help ensure that published University Catalogs reflect current tuition and fee information in compliance with University Board of Regents Rules.  | VP of Student Access and Success will work with Office of the Registrar to implement a thorough catalog review and revision process to be conducted by each department, even when department information is listed in another department's section, not owned by that division/department. Catalog will be updated to cover current, complete and accurate information.   | Stephanie Holley, Vice President of Student Access and Success | 2/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | 11. UNT Dallas: Apply Texas Billing and Refunds - During our review of graduate application fee credit card payments submitted through ApplyTexas, we noted that applicants were inconsistently charged from February 2014 to September 2015 for graduate application fees.   | Moderate   | 11a. Work with ApplyTexas to identify the reason for the rate discrepancy between fall and spring semesters.  | VP of Student Access and Success will work with the Director of Graduate Admissions to request that ApplyTexas identify why inaccurate charging was applied inconsistently to applicants during fall and spring semesters. VP and Directors will also work together with ApplyTexas to identify students improperly charged and refund any overcharges.   | Stephanie Holley, Vice President of Student Access and Success | 2/1/2017                     | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | 11. UNT Dallas: Apply Texas Billing and Refunds - During our review of graduate application fee credit card payments submitted through ApplyTexas, we noted that applicants were inconsistently charged from February 2014 to September 2015 for graduate application fees.   | Moderate   | 11b. Identify and refund any applicants that have been overcharged.   | VP of Student Access and Success will work with the Director of Graduate Admissions to request that ApplyTexas identify why inaccurate charging was applied inconsistently to applicants during fall and spring semesters. VP and Directors will also work together with ApplyTexas to identify students improperly charged and refund any overcharges.   | Stephanie Holley, Vice President of Student Access and Success   | 2/1/2017                               | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | 12. UNT Dallas: Discrepancy in Billing of 2nd Bachelor's Degree Program - The 2nd Bachelor's application fee amount was not consistently charged to students paying online and via check, money order, or cash. Students are asked to pay \$50.00 via check, money order, or cash to UNT Dallas but \$60.00 online through Nelnet (Online Business/Payment Solution). Although students are not instructed to pay online, this payment option is available on the University website. | Moderate   | 12a. Work with Student Accounting and University Cashiering to update Nelnet to \$50.00.  | VP of Student Access and Success will work with the UNT System Director of Financial Services, Student Finance and the Director of Graduate Admissions to ensure Nelnet is charging the correct amount to 2nd Bachelor's Degree students. VP and Directors will also work together to ensure that all students who may have overpaid are refunded.  | Stephanie Holley, Vice President of Student Access and Success   | 2/1/2017                               | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | 12. UNT Dallas: Discrepancy in Billing of 2nd Bachelor's Degree Program - The 2nd Bachelor's application fee amount was not consistently charged to students paying online and via check, money order, or cash. Students are asked to pay \$50.00 via check, money order, or cash to UNT Dallas but \$60.00 online through Nelnet (Online Business/Payment Solution). Although students are not instructed to pay online, this payment option is available on the University website. | Moderate   | 12b. Identify and refund all students that have overpaid since Summer 2014.   | VP of Student Access and Success will work with the UNT System Director of Financial Services, Student Finance and the Director of Graduate Admissions to ensure Nelnet is charging the correct amount to 2nd Bachelor's Degree students. VP and Directors will also work together to ensure that all students who may have overpaid are refunded.  | Stephanie Holley, Vice President of Student Access and Success   | 2/1/2017                               | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | 13. UNT Dallas: Student Services Fee Assessment Process - Since FY2011, Student Services Fee (SSF) has been set at \$10.00 per credit hour. During our review, we noted that current SSF process does not encompass the study of SSF amount to assist in evaluating if current rate/amount is sufficient to cover the cost of student services.   | Moderate   | 13a. The Student Service Fee Advisory Committee should expand their processes to include the study of Student Services Fee amount. This will allow stakeholders to perform a student services fee assessment based on feasibility/cost analysis and submit request/propose fee increases with justifications to be study and approved by the SSFAC. | The Student Service Fee Advisory Committee will identify an individual to conduct a needs assessment. A Needs Assessment Survey will be developed and distributed to all students to identify areas of increased need of student service fee funds. Based on the survey data collected the SSFAC will conduct a cost analysis to address feasibility. Based on the results of the analysis and survey data the SSFAC will develop a report so as to address the increase of fees which will be substantiated by the cost analysis and results from the needs assessment survey. | Jamaica Chapple, Dean of Student Affairs   | 4/30/2017                              | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | 14. UNT Dallas: Instructional Fee Assessment Process -There is not an instructional fee assessment process in place to allow colleges/schools to request a review of new fees or changes to existing fees.  | Moderate   | 14a. Develop procedures and detailed guidelines to help ensure that colleges/schools could request the establishment of new instructional fees or changes to existing instructional fees for review and approval before presented to the President.   | The UNT Dallas Instructional Fees policy was drafted and submitted to the Office of General Counsel for review and approval.  | Glenda Balas, UNT Dallas Interim Provost and Senior Vice President for Academic Excellence and Student Success | June 6, 2016 (action plan implemented) | Closed                |



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| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | 15. UNT Dallas: Student Tuition and Fees Policy - During our review, we noted that UNT Dallas has not adopted policies on student tuition and fees. However, a draft policy on Tuition and Fees has been developed and will be submitted to the Office of General Counsel for review and approval.  | Moderate   | 15a. The draft Tuition and Fees policy should be modified to reflect and define important Tuition and Fee elements and be submitted to the Office of General Counsel for review and approval. | The UNT Dallas Tuition and Fees policy was drafted and submitted to the Office of General Counsel for review and approval.   | Daniel Edelman, Chief Financial Officer and the Executive Vice President for Finance and Administration | 3/28/2016<br>(action plan implemented) | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | 16. UNT Dallas: Incidental Fee Account Balances - During our review of six incidental fee accounts for UNT Dallas and UNT Dallas College of Law for FY 2014, FY 2015 and FY 2016, we noted incidental fee account balances were not rolled forward at the end of each fiscal year. Furthermore, testing identified 1 out of 6 incidental fee accounts had a large unexpended balance for FY 2015. | Moderate   | 16a. Update the accounts in University Accounting System to roll forward at the end of each fiscal year.  | With these recommendations, the Budget Office will have a chance to edit budget closing rules and determine which budget balances roll forward into next fiscal year and which fund balances will close at the end of the fiscal year. A proposed list of incidental and student services fees accounts to roll forward will be communicated and approved by Chief Financial Officer and the Executive Vice President for Finance and Administration.<br><br>Also, for any incidental fee budget roll forward balance that exceeds 25% of original budget, a formal justification will be required from the account manager. This justification shall include the reason for the unexpended balance and plans for the unexpended balance. Additionally, if the incidental fee account is projected to roll forward a deficit balance, regardless of dollar amount, the account manager shall submit a formal justification that includes the reason and plan for deficit coverage. All formal justifications shall be submitted to the Assistance Vice President for Budget and Planning by no later than February 1st each fiscal year and must contain the signature of the respective Vice President. | April Barnes, Assistant Vice President of Budgeting and Planning  | 7/31/2016<br>Revised 01/02/2017        | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | 16. UNT Dallas: Incidental Fee Account Balances - During our review of six incidental fee accounts for UNT Dallas and UNT Dallas College of Law for FY 2014, FY 2015 and FY 2016, we noted incidental fee account balances were not rolled forward at the end of each fiscal year. Furthermore, testing identified 1 out of 6 incidental fee accounts had a large unexpended balance for FY 2015. | Moderate   | 16b. Establish an annual requirement for accountholders to provide a formal justifications or action plans for accumulated unexpended balances over an established threshold.                 | With these recommendations, the Budget Office will have a chance to edit budget closing rules and determine which budget balances roll forward into next fiscal year and which fund balances will close at the end of the fiscal year. A proposed list of incidental and student services fees accounts to roll forward will be communicated and approved by Chief Financial Officer and the Executive Vice President for Finance and Administration.<br><br>Also, for any incidental fee budget roll forward balance that exceeds 25% of original budget, a formal justification will be required from the account manager. This justification shall include the reason for the unexpended balance and plans for the unexpended balance. Additionally, if the incidental fee account is projected to roll forward a deficit balance, regardless of dollar amount, the account manager shall submit a formal justification that includes the reason and plan for deficit coverage. All formal justifications shall be submitted to the Assistance Vice President for Budget and Planning by no later than February 1st each fiscal year and must contain the signature of the respective Vice President. | April Barnes, Assistant Vice President of Budgeting and Planning  | 7/31/2016<br>Revised 03/01/2017        | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | <p>17. UNT Dallas: Student Service Fee Advisory Committee Composition - During our review of the FY 2014-2015 UNT Dallas Student Service Fee Advisory Committee composition, we noted that the student government appointed five undergraduate students as representative of all students enrolled at the institution. When the committee deliberated in FY 2015, none of the members appointed by the student government were graduate students. Additionally, when the committee deliberated on FY 2016, none of the members appointed by the student government were graduate or law students.</p> <p>Furthermore, we noted that since UNT Dallas and UNT Dallas College of Law are not within the same reasonably contiguous geographic area, some activities funded partially with student services fees may not be easily accessible and directly benefiting the Law student community.</p> | Moderate   | 17a. Modify current Fee Advisory Committee bylaws to include composition requirements provided by the Texas Education Code § 54.5031 Student Fee Advisory Committee to help ensure that student government appointees are representative of all students enrolled at the institution. | <p>The Student Service Fee Advisory Committee will ensure that the Student Government Association appoint one graduate student, and one college of law student to ensure representation of all students at UNT Dallas.</p> <p>Student Affairs will continue to expand the current process to ensure core services are available for students at the college of law. Currently (includes all of FY 2016) College of Law students have access to our Veterans Success Center and the Gym. They are also notified through UNT Dallas Announcements each week with the weekly programming and activities that we offer for our students via the Jaguar Roar</p> <ul style="list-style-type: none"> <li>• We will continue to work in collaboration with the Student Affairs office at the College of Law, so that COL students continue to be notified through UNT Dallas Announcements (sent by a member of Student Affairs) each week with the weekly programming and activities that we offer for our students. Student Affairs remains committed to ensuring that all UNT Dallas students have access to services for which their fees provide.</li> <li>• We will continue to diligently work with the College of Law to further that students can take advantage of services that their fees provide for on both campuses.</li> </ul> | Jamaica Chapple, Dean of Student Affairs  | 8/22/2016<br>Revised 01/24/2017 | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | <p>17. UNT Dallas: Student Service Fee Advisory Committee Composition - During our review of the FY 2014-2015 UNT Dallas Student Service Fee Advisory Committee composition, we noted that the student government appointed five undergraduate students as representative of all students enrolled at the institution. When the committee deliberated in FY 2015, none of the members appointed by the student government were graduate students. Additionally, when the committee deliberated on FY 2016, none of the members appointed by the student government were graduate or law students.</p> <p>Furthermore, we noted that since UNT Dallas and UNT Dallas College of Law are not within the same reasonably contiguous geographic area, some activities funded partially with student services fees may not be easily accessible and directly benefiting the Law student community.</p> | Moderate   | 17b. Develop a process to help ensure that student services activities funded with student services fees at UNT Dallas are more easily accessible to the College of Law students.   | <p>The Student Service Fee Advisory Committee will ensure that the Student Government Association appoint one graduate student, and one college of law student to ensure representation of all students at UNT Dallas.</p> <p>Student Affairs will continue to expand the current process to ensure core services are available for students at the college of law. Currently (includes all of FY 2016) College of Law students have access to our Veterans Success Center and the Gym. They are also notified through UNT Dallas Announcements each week with the weekly programming and activities that we offer for our students via the Jaguar Roar</p> <ul style="list-style-type: none"> <li>• We will continue to work in collaboration with the Student Affairs office at the College of Law, so that COL students continue to be notified through UNT Dallas Announcements (sent by a member of Student Affairs) each week with the weekly programming and activities that we offer for our students. Student Affairs remains committed to ensuring that all UNT Dallas students have access to services for which their fees provide.</li> <li>• We will continue to diligently work with the College of Law to further that students can take advantage of services that their fees provide for on both campuses.</li> </ul> | Jamaica Chapple, Dean of Student Affairs  | 8/22/2016<br>Revised 01/24/2017 | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | 18. UNT Dallas: Incidental Fee Approval Documentation - The application fees for undergraduate and graduate students changed from \$60.00 to \$40.00 and \$60.00 to \$50.00, respectively, and a \$30.00 late application fee was no longer assessed for any applications submitted since Summer 2014. However, a formal documentation that include the President as the final reviewer and approver of this change in application fee was not available for our review.  | Moderate   | 18a. Develop procedures to help to ensure appropriate approval processes are in place when there are changes in fees and support documentation is retained. | The following management action plans and affirmation in regards to incidental fees were communicated and approved by the UNT Dallas President on June 3, 2016:<br><ul style="list-style-type: none"> <li>• Effective immediately, all incidental fees shall be frozen at rates established as set forth in this memo and no new incidental fees shall be assessed without prior written approval from the UNT Dallas President until such time an approved policy can be implemented.</li> <li>• A proposed policy regarding incidental fees shall be submitted for your approval within the next 60 days and implemented by February 2017.</li> <li>• Please be aware that incidental fees charged for FY 2016 (and prior years) do not reconcile to the UNT System Board Briefing dated January 22, 2010 (UNT at Dallas Tuition for FY 2011 and 2012 and Fees for FY 2011). Apparently, over the years, a number of incidental fees being charged has increased as well as changes in the rates assessed. Unfortunately, documentation with Presidential approval cannot be located. Pursuant with UNT System Board of Regents Rule, Chapter 7 – Student Affairs, Education and Funding (07.403.2.d), authority has been delegated to the President of UNT Dallas to set the appropriate rates and rules pertaining to collection and distribution.</li> <li>• Incidental Fees shall be assessed through Student Financial Services by SF Item Type. College of Law specific fees shall contain appropriate General Ledger interface mapping to direct the activity to Organizational Departments located in the College of Law. We are aware of three incidental fees being assessed outside of Student</li> </ul> | Daniel Edelman, Chief Financial Officer and the Executive Vice President for Finance and Administration | 8/15/2016                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | 19. UNT Dallas: Additional Funds Collected from Students - The Office of Student Affairs collects additional funds from students for a few student oriented activities as a participation fee to ensure proper planning for activities. Specifically, the College of Law may charge this additional fee to ensure student participation. The participation fee varies for these events from \$5.00 to \$15.00 and is determined in collaboration with the Student Bar Association (SBA) elected leaders.<br><br>For FY 2016 the College of Law was allocated \$60,000.00 by the Student Service Fee Advisory Committee to be able to serve the College's student body needs. Although the College of Law expended only \$7,157.66 as of January 2016, major events funded by student services fees such as the Barristers' Ball and Over-the-Hump are planned later in the Spring Semester. | Moderate   | 19a. Plan/Determine what the student services fees will be utilized for.  | We concur that we need to plan/determine what the student services fees will be utilized for and will continue to do so within the guidelines of the statutory Student Services Fee Advisory Committee (SSFAC) process.<br><ul style="list-style-type: none"> <li>• We will work with the SBA and student organizations on their budget proposal deadlines each semester.</li> <li>• While we will expend all Student Services Fees each year, we will notify students that some events may require a minimal participation fee.</li> <li>• No additional funds will be commingled with student services fees. Funds collected will have appropriate segregation of duties when receiving, processing, and depositing money.</li> <li>• The Office of Student Affairs will record cash/money order payments on carbon receipts. The receipts will state the name of the payer and the name of the Student Affairs staff person who received the payment. An administrative assistant from another law school department will review/reconcile the payments received with the receipts and sign/verify that the payments match the receipts. The deposit of the cash/money order payments will be given to Candice Birks, the law school bursar, who will sign a statement confirm receipt of the funds.</li> </ul>   | Rebecca Greenan, College of Law - Assistant Dean of Students  | 5/31/2017                    | Closed                |



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| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | <p>19. UNT Dallas: Additional Funds Collected from Students - The Office of Student Affairs collects additional funds from students for a few student oriented activities as a participation fee to ensure proper planning for activities. Specifically, the College of Law may charge this additional fee to ensure student participation. The participation fee varies for these events from \$5.00 to \$15.00 and is determined in collaboration with the Student Bar Association (SBA) elected leaders.</p> <p>For FY 2016 the College of Law was allocated \$60,000.00 by the Student Service Fee Advisory Committee to be able to serve the College's student body needs. Although the College of Law expended only \$7,157.66 as of January 2016, major events funded by student services fees such as the Barristers' Ball and Over-the-Hump are planned later in the Spring Semester.</p> | Moderate   | 19b. Determine if the fees allocated to the College by the Student Service Fee Advisory Committee will cover the cost and relay to students that additional funds will be needed to participate in the event/activity.  | <p>We concur that we need to plan/determine what the student services fees will be utilized for and will continue to do so within the guidelines of the statutory Student Services Fee Advisory Committee (SSFAC) process.</p> <ul style="list-style-type: none"> <li>• We will work with the SBA and student organizations on their budget proposal deadlines each semester.</li> <li>• While we will expend all Student Services Fees each year, we will notify students that some events may require a minimal participation fee.</li> <li>• No additional funds will be commingled with student services fees. Funds collected will have appropriate segregation of duties when receiving, processing, and depositing money.</li> <li>• The Office of Student Affairs will record cash/money order payments on carbon receipts. The receipts will state the name of the payer and the name of the Student Affairs staff person who received the payment. An administrative assistant from another law school department will review/reconcile the payments received with the receipts and sign/verify that the payments match the receipts. The deposit of the cash/money order payments will be given to Candice Birks, the law school bursar, who will sign a statement confirm receipt of the funds.</li> </ul> | Rebecca Greenan, College of Law - Assistant Dean of Students                | 5/31/2017                      | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | <p>19. UNT Dallas: Additional Funds Collected from Students - The Office of Student Affairs collects additional funds from students for a few student oriented activities as a participation fee to ensure proper planning for activities. Specifically, the College of Law may charge this additional fee to ensure student participation. The participation fee varies for these events from \$5.00 to \$15.00 and is determined in collaboration with the Student Bar Association (SBA) elected leaders.</p> <p>For FY 2016 the College of Law was allocated \$60,000.00 by the Student Service Fee Advisory Committee to be able to serve the College's student body needs. Although the College of Law expended only \$7,157.66 as of January 2016, major events funded by student services fees such as the Barristers' Ball and Over-the-Hump are planned later in the Spring Semester.</p> | Moderate   | 19c. Additional funds collected should be deposited within the same chart string account as a credit to expense with a unique identifying purpose value. Also, funds collected should have appropriate segregation of duties when receiving, processing and depositing the money. | <p>We concur that we need to plan/determine what the student services fees will be utilized for and will continue to do so within the guidelines of the statutory Student Services Fee Advisory Committee (SSFAC) process.</p> <ul style="list-style-type: none"> <li>• We will work with the SBA and student organizations on their budget proposal deadlines each semester.</li> <li>• While we will expend all Student Services Fees each year, we will notify students that some events may require a minimal participation fee.</li> <li>• No additional funds will be commingled with student services fees. Funds collected will have appropriate segregation of duties when receiving, processing, and depositing money.</li> <li>• The Office of Student Affairs will record cash/money order payments on carbon receipts. The receipts will state the name of the payer and the name of the Student Affairs staff person who received the payment. An administrative assistant from another law school department will review/reconcile the payments received with the receipts and sign/verify that the payments match the receipts. The deposit of the cash/money order payments will be given to Candice Birks, the law school bursar, who will sign a statement confirm receipt of the funds.</li> </ul> | Rebecca Greenan, College of Law - Assistant Dean of Students                | 5/31/2017                      | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas            | <p>20. UNT Dallas College of Law: Seat Deposit Reconciliation - Reconciliation procedures have not been performed to verify that seat deposits sent by admitted Law Students to UNT College of Law Admission's Office were properly credited towards the correct student account if the student enrolled, or were properly recorded in the correct chart of accounts if seat deposits were forfeited .</p>   | Moderate   | 20a. Develop reconciliation procedures to help ensure that seat deposit checks received were credited towards the correct student account if the student enrolled or were properly recorded in the correct chart of accounts if the seat deposit was forfeited.                   | <p>The College of Law- Office of Admissions will work with the Information Technology Manager at Dallas to establish a query report to be run weekly to ensure seat deposits received by the Office are timely processed and the respective student accounts are updated by student finance timely. This will allow the Office of Admissions to prevent or identify processing errors early—as a checks and balance mechanism.</p> <p>Additionally, the Office of Admissions will work with the Information Technology Manager at Dallas to obtain needed access to the student account screens in EIS to verify this information in the system. If there is a discrepancy found with seat deposits not being posted to a student's account or posted to the wrong student account, the Office of Admissions will work with the Information Technology Manager at Dallas to handle correction of the error. This process will be explained to the Assistant Director of Admissions, in the event that the Assistant Dean is out of the office to ensure that the report is reconciled weekly in the Assistant Dean's absence.</p>  | Valerie James, College of Law Assistant Dean of Admissions and Scholarships | 9/1/2016<br>Revised 01/31/2017 | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-024 DAL    | Academic and Students                | UNT Dallas Student Fees Audit               | UNT Dallas            | 21. UNT Dallas: College of Law Academic Catalog - Although the total cost of attendance is included in the 2015-2016 UNT Dallas College of Law Catalog, the catalog did not include a description of the amount of each fee to be charged to students.   | Moderate   | 21a. Develop procedures to help ensure that future academic catalogs include a description of the amount of each fee to be charged to students in accordance with the statute.  | The three individuals who work on this page for the College of Law catalog are: 1) Assistant Director of Registration and Student Finance, 2) Information Technology Manager, Accounting Office, and 3) Director of Marketing and Communications. These three have been informed that moving forward, the incidental fees should be broken down and specifically identified/explained so that students have complete transparency as to the fee being charged and paid. In addition, these fees are also available on the College of Law website, by semester: <a href="https://lawschool.untsystem.edu/current-students/student-financial-services/tuition-and-fees">https://lawschool.untsystem.edu/current-students/student-financial-services/tuition-and-fees</a> .  | Reynaldo Valencia, College of Law Associate Dean for Finance and Administration and Professor of Law  | 8/15/2016                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-008 HSC    | Governance and Regulatory Compliance | President's Expenditure Review              | UNTHSC                | Travel reimbursements paid to or on behalf of the President were in compliance with employment agreement provisions, System/University policies, state and federal laws. Although all travel reimbursements included proper documentation, not all travel budget authorization forms were signature-approved by the Chancellor, as required by UNT System Travel Guidelines. Additionally, Business Support Services processed the payments without all the appropriate approval signatures.         | NA         | None  | Management will ensure that approval from the Chancellor will be obtained for all Travel Budget Authorization forms.  | NA  | NA                           | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-101 SYS    | Information Technology               | Audit of IT Governance - IT Shared Services | UNT System            | The IT Governance Audit was very enlightening as it involved an in depth analysis of the organizational structure and communication lines, and an overview of policies and procedures, security program and plan, strategic plan and risk assessment, and website / web application publishing.<br><br>During the course of the audit, the team found that IT is making significant efforts to strengthen communication and governance throughout the System and found that all teams are working to | NA         | None  | NA  | NA  | NA                           | NA                    |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-010 HSC    | Governance and Regulatory Compliance | Family Medicine Residency Program           | UNTHSC                | The Family Medicine Residency Program (FMRP) agreement is not set up as a sponsored project in accordance with the Health Science Center Policy and it is not processed or monitored for financial performance by the Office of Grant and Contract Management.   | High       | Recommendation for the Associate Dean for Educational Programs is to:<br><br>Work with appropriate management from the Office of Grant and Contract Management and the Office of Finance to set up the FMRP as a sponsored project.   | 1. Associate Dean for Educational Programs will work with appropriate management from the Office of Grant and Contract Management(OGCM) and the Office of Finance to set up the FMRP as a sponsored project.  | Lisa R. Nash, DO, Associate Dean for Educational Programs / Jessica Chavez, Texas OPTI Administrator.                                       | 5/31/2016,                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-010 HSC    | Governance and Regulatory Compliance | Family Medicine Residency Program           | UNTHSC                | The Family Medicine Residency Program (FMRP) agreement is not set up as a sponsored project in accordance with the Health Science Center Policy and it is not processed or monitored for financial performance by the Office of Grant and Contract Management.   | High       | Recommendation for the Provost & Executive Vice President, Academic Affairs is to:<br><br>Identify all grants, contracts or cooperative agreements (i.e. externally-funded activities with a formal written agreement) and collaborate with the Office of Grant and Contract Management to assess if these agreements should be identified as sponsored projects. Once identified, work with Office of Grant and Contract Management to set up as sponsored projects. | 2. The Provost office will coordinate review of the final outstanding Texas Higher Education Coordinating Board(THECB) contract number 14178 between Texas College of Osteopathic Medicine (TCOM) and OGCM to determine if a new ProjID should be established. Review will occur and if needed, ProjID will be established prior to January 30 to allow for necessary accounting corrections prior to the black-out dates.<br><br>For future awards, the Provost's office will ensure that all contracts submitted for signature by the Provost will have been vetted and routed through the Office of Contract Administration (OCA). OGCM will coordinate with OCA to ensure contracts that incorporate the State of Texas Uniform Grant Management Standards as a requirement of the award are routed through OGCM for review and project management. | 2.Thomas Yorio, Provost & Executive Vice President, Academic Affairs / LeAnn Forsberg, Assistant Vice President for Research Administration | 9/30/2016                    | Closed                |

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|---------------------|---------------------------|-------------------------------|---------------|--------------------------------------|-----------------------------------|-----------------------|---|------------|---|--|---|-----------------------------------|-----------------------|
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-010 HSC    | Governance and Regulatory Compliance | Family Medicine Residency Program | UNTHSC                | Internal Audit noted control deficiencies over the preparation of the FMRP Annual Financial Report (AFR). THE FMRP AFR is not prepared at a level required to ensure accurate financial reporting. We identified the following financial reporting errors after the FMRP AFR preparation methodology was validated by Texas Higher Education Coordinating Board(THECB):<br>Revenues:<br>B. Professional Service Revenue<br>B1 - Total gross charge amount for Professional Service Charges was reported only for the FMRP primary locations (i.e. Seminary Family Medicine and Inpatient Plaza Medical Center) and not for all  | High       | Recommendation for the Senior Vice President of Finance/ Chief Financial Officer and FMRP Director is to:<br><br>The FMRP Annual Financial Report should be prepared by the Office of Finance in collaboration with the department in an effort to ensure accurate financial reporting. | Several areas/locations (specifically: PCC APC Family Medicine, Eagle Ranch Internal Medicine, PCC APC General Internal Medicine and PCC OMM) noted by the auditors under Revenues A., B. and C. above are unrelated in any way to the Family Residency Program funded under this grant and are not to be included in the financial report.  | Lisa R. Nash, DO, Associate Dean for Educational Programs / Barbara Holt, Senior Director Financial Operations / Jessica Chavez, Texas OPTI Administrator | 5/31/2016<br>Revised: 10/31/ 2016 | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-010 HSC    | Governance and Regulatory Compliance | Family Medicine Residency Program | UNTHSC                | Testing identified that faculty and staff devoting time to the FMRP do not certify that the effort charged was based on actual activity.  | High       | Recommendation for the FMRP Director is to:<br><br>Work with the Office of Grant and Contract Management to help ensure that the grant is in compliance with the Texas' Uniform Grant Management Standards for time and effort reporting requirements.                                  | The Associate Dean for Educational Programs will work with the Office of Finance to develop and implement procedures to collect and report on financial activity related to the program in a manner that is in compliance with the Coordinating Board's financial reporting guidelines.  | Lisa R. Nash, DO, Associate Dean for Educational Programs / Jessica Chavez, Texas OPTI Administrator  | 5/31/2016<br>Revised: 10/31/ 2016 | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-010 HSC    | Governance and Regulatory Compliance | Family Medicine Residency Program | UNTHSC                | Testing identified the following:<br>• The Procurement-Card (P-Card) Expenditure Report which was partially paid from the Texas Higher Education Coordinating Board(THECB) grant for fiscal year 2015 was not retained at the department level and was unavailable for review.<br>• Occasionally, the reconciler and approver is serving a dual role in the P-Card Expenditure review process.  | Moderate   | Recommendations for the Associate Dean of Educational Programs are to:<br><br>Require all current P-Card holders, reconcilers and approvers to be retrained on P-Card policies and procedures.  | The Associate Dean for Educational Programs will require signature approval by three different individuals for final reconciliation/approval of P-card purchases. Transition to electronic filing of P-card documentation resolves issue on retention of documents.  | Lisa R. Nash, DO, Associate Dean for Educational Programs / Jessica Chavez, Texas OPTI Administrator  | 5/31/2016<br>Revised: 10/31/ 2016 | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-010 HSC    | Governance and Regulatory Compliance | Family Medicine Residency Program | UNTHSC                | Testing identified the following:<br>• The Procurement-Card (P-Card) Expenditure Report which was partially paid from the Texas Higher Education Coordinating Board(THECB) grant for fiscal year 2015 was not retained at the department level and was unavailable for review.<br>• Occasionally, the reconciler and approver is serving a dual role in the P-Card Expenditure review process.  | Moderate   | Recommendations for the Associate Dean of Educational Programs are to:<br><br>Follow University Business Service Center P-Card Guidelines.  | The Associate Dean for Educational Programs will require signature approval by three different individuals for final reconciliation/approval of P-card purchases. Transition to electronic filing of P-card documentation resolves issue on retention of documents.  | Lisa R. Nash, DO, Associate Dean for Educational Programs / Jessica Chavez, Texas OPTI Administrator  | 5/31/2016<br>Revised: 10/31/ 2016 | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-010 HSC    | Governance and Regulatory Compliance | Family Medicine Residency Program | UNTHSC                | The FMRP grant was not properly classified in the UNTHSC Accounting System for fiscal year 2013 and fiscal year 2014. During our review of classification of revenues and proper recording for the FMRP grant in the UNTHSC Accounting System, we noted that fiscal year 2013 and fiscal year 2014 funds passed from the Texas Higher Education Coordinating Board(THECB) to UNTHSC were classified as State Grant Pass Through Revenue - Operational compared to fiscal year 2015 funds, which were classified as State Grant Pass Through Revenue - Non Operational. Based on the audited fiscal year 2013 and fiscal year 2014 FMRP Annual Financial Reports, the support received from THECB was 3.11% and 6.85% of the total revenues for the FMRP and are supplemental to the Program. The Associate Dean for Educational Programs also confirmed that the FMRP will be conducted regardless of the additional funds received from THECB. | Low        | Recommendations for the UNTHSC Associate Controller are to:<br><br>Work with the Texas Comptroller of Public Accounts to determine if prior years' classifications should be corrected.   | Associate Dean for Educational Programs will work with appropriate management from the UNT System's Controller's Office to ensure the funds are recorded appropriately within UNTHSC's Accounting System. In addition, the UNT System's Controller's Office will work with the Texas Comptroller of Public Accounts to make a determination if prior year Annual Financial Reports need to be adjusted to report the proper classification of the program's funds. | Lisa R. Nash, DO, Associate Dean for Educational Programs / Paula Welch, Associate Controller / Jessica Chavez, Texas OPTI Administrator                  | 5/31/2016                         | Closed                |



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| Internal / External | Reporting Agency          | Fiscal Year Report was Issued | Report Number | Audit Category                       | Report Name                       | Component Institution | Key Observations   | Risk Level | Recommendation Details   | Management Response  | Individual Responsible for Implementation  | Expected Implementation Date   | Recommendation Status |
|---------------------|---------------------------|-------------------------------|---------------|--------------------------------------|-----------------------------------|-----------------------|--|------------|--|--|--|--------------------------------|-----------------------|
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-010 HSC    | Governance and Regulatory Compliance | Family Medicine Residency Program | UNTHSC                | The FMRP grant was not properly classified in the UNTHSC Accounting System for fiscal year 2013 and fiscal year 2014. During our review of classification of revenues and proper recording for the FMRP grant in the UNTHSC Accounting System, we noted that fiscal year 2013 and fiscal year 2014 funds passed from the Texas Higher Education Coordinating Board (THECB) to UNTHSC were classified as State Grant Pass Through Revenue - Operational compared to fiscal year 2015 funds, which were classified as State Grant Pass Through Revenue - Non Operational. Based on the audited fiscal year 2013 and fiscal year 2014 FMRP Annual Financial Reports, the support received from THECB was 3.11% and 6.85% of the total revenues for the FMRP and are supplemental to the Program. The Associate Dean for Educational Programs also confirmed that the FMRP will be conducted regardless of the additional funds received from THECB. | Low        | Recommendations for the UNTHSC Associate Controller are to:<br><br>Re-educate personnel on financial reporting of state grant pass through revenues to help ensure compliance with the Texas Comptroller of Public Accounts' guidelines.                                   | Associate Dean for Educational Programs will work with appropriate management from the UNT System's Controller's Office to ensure the funds are recorded appropriately within UNTHSC's Accounting System. In addition, the UNT System's Controller's Office will work with the Texas Comptroller of Public Accounts to make a determination if prior year Annual Financial Reports need to be adjusted to report the proper classification of the program's funds. | Lisa R. Nash, DO, Associate Dean for Educational Programs / Paula Welch, Associate Controller / Jessica Chavez, Texas OPTI Administrator | 5/31/2016                      | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-021 UNT    | Academic and Students                | Student Service Fee Audit         | UNT                   | The current process for monitoring Student Service Fee allocations is not sufficient to ensure funds are not overspent and funds are spent in accordance with approved purposes. Internal Audit reviewed and tested the Student Service Fee (SSF) process and allocations for fiscal year 2015. Out of 57 SSF dept ID allocations, 9 instances were identified where total expenditures exceeded available SSF account revenues. If additional other funding sources were not obtained by SSF dept ID holder then deficit balances were charged to the SSF reserve account at year end.  | Low        | Recommendations for Vice President for Student Affairs:<br><br>1a. Coordinate with the UNT Budget Office to establish a process to ensure that only transfers approved by the Vice President for Student Affairs Office are processed.                                     | a. Management agrees. Establish process to ensure no transfers are processed by the UNT Budget Office without approval from the VPSA Office.   | Dr. Elizabeth With, Vice President for Student Affairs   | 7/31/2016<br>Actual 08/29/2016 | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-021 UNT    | Academic and Students                | Student Service Fee Audit         | UNT                   | The current process for monitoring Student Service Fee allocations is not sufficient to ensure funds are not overspent and funds are spent in accordance with approved purposes. Internal Audit reviewed and tested the Student Service Fee (SSF) process and allocations for fiscal year 2015. Out of 57 SSF dept ID allocations, 9 instances were identified where total expenditures exceeded available SSF account revenues. If additional other funding sources were not obtained by SSF dept ID holder then deficit balances were charged to the SSF reserve account at year end.  | Low        | Recommendations for Vice President for Student Affairs:<br><br>1b. Provide training to SSF dept ID holders with regard to their responsibilities on receiving SSF funding especially SSF approval process pertaining to requesting transfers of SSF funds.                 | b. Management agrees. Send memo to all dept ID holders outlining approval process to transfer funds; also discuss during meetings with SSF dept ID holders (held as SSF process begins and when awards are made).  | Dr. Elizabeth With, Vice President for Student Affairs   | 7/31/2016<br>Actual 08/29/2016 | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-021 UNT    | Academic and Students                | Student Service Fee Audit         | UNT                   | The current process for monitoring Student Service Fee allocations is not sufficient to ensure funds are not overspent and funds are spent in accordance with approved purposes. Internal Audit reviewed and tested the Student Service Fee (SSF) process and allocations for fiscal year 2015. Out of 57 SSF dept ID allocations, 9 instances were identified where total expenditures exceeded available SSF account revenues. If additional other funding sources were not obtained by SSF dept ID holder then deficit balances were charged to the SSF reserve account at year end.  | Low        | Recommendations for Vice President for Student Affairs:<br><br>1c. Establish a process to identify potential deficit situations, including steps/procedures to be taken, and consequences for SSF dept ID holders for non-compliance.                                      | c. Management agrees. Send memo to all dept ID holders outlining consequences of account deficits; also discuss during meetings with SSF dept ID holders (held as SSF process begins and when awards are made).  | Dr. Elizabeth With, Vice President for Student Affairs   | 7/31/2016<br>Actual 08/29/2016 | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-021 UNT    | Academic and Students                | Student Service Fee Audit         | UNT                   | UNT Policy 18.4.7 Student Service Fee Committee does not reflect current member selection process by the Student Government Association President.<br>UNT policy 18.4.7 states nine students will be selected to comprise a Student Service Fee Committee (SSFC). Five students to be selected by the Student Government Association (SGA) President and four students by UNT President. In the current process the SGA President selects four because the SGA President is to be a member of the committee and acts as Chair of the SSFC.   | Low        | Recommendation for Vice President for Student Affairs:<br><br>2a. Revise UNT Policy 18.4.7 Student Services Fee Committee to reflect the current process regarding the Student Government Association President's Student Services Fee Committee member selection process. | Management agrees. Update policy to reflect actual practice.   | Dr. Elizabeth With, Vice President for Student Affairs   | 11/1/2016                      | Closed                |

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| Internal / External | Reporting Agency          | Fiscal Year Report was Issued | Report Number | Audit Category                       | Report Name                         | Component Institution | Key Observations  | Risk Level | Recommendation Details   | Management Response  | Individual Responsible for Implementation                      | Expected Implementation Date                | Recommendation Status |
|---------------------|---------------------------|-------------------------------|---------------|--------------------------------------|-------------------------------------|-----------------------|---|------------|--|--|--|---|-----------------------|
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-021 UNT    | Academic and Students                | Student Service Fee Audit           | UNT                   | Minutes are not taken on Student Service Fee Committee meetings.<br>For selected Student Service Fee Committee (SSFC) members, annually the Vice President for Student Affairs management conducts meetings to explain to these members the committee's responsibilities, establish meeting dates, explanation of the deliberation and SSF allocation processes. During these meeting priorities and Student Service Fee (SSF) allocation criteria are established. Documentation as to priorities determined, proposed meeting agenda and meeting dates, and applications requests for SSF funding are submitted. However, meeting minutes including attendance of those SSFC members present are not documented and retained. | Low        | Recommendation for Vice President for Student Affairs:<br><br>3a. Written minutes should be kept on Student Service Fee Committee meetings held.   | Management agrees. Minutes will be taken at meetings.  | Debbie Stevens, Budget Officer for Division of Student Affairs | Expected: 11/30/2016<br>Revised: 01/18/2017 | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-014 DAL    | Governance and Regulatory Compliance | Presidents' Expenditure Review      | UNT Dallas            | None  | NA         | None   | NA   | NA   | NA  | NA                    |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-001 SYS    | Governance and Regulatory Compliance | Chancellor's Expenditure Review     | UNT System            | None  | NA         | None   | NA   | NA   | NA  | NA                    |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-003 UNT    | Governance and Regulatory Compliance | Presidents' Expenditure Review      | UNT                   | None  | NA         | None   | NA   | NA   | NA  | NA                    |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-405 UNT    | Governance and Regulatory Compliance | UNT Student Money Management Center | UNT                   | 1. The rate of default for the Green Loan Program (GLP) is high as compared to similar loans managed by the Student Money Management Center (SMMC), and at this rate, the loan program is unsustainable.<br><ul style="list-style-type: none"> <li>High default rate; 67.5% at December 31, 2015 and 60% at January 31, 2016 as compared to about 10% for the other loan programs.</li> <li>For loans issued prior to August 2013, the collection rate since August 2013 to January 2016 is 9% , less than 4% per year. Overall default rate for old and new loans is 72%.</li> </ul>   | Moderate   | Recommendations for Paul Goebel, Assistant Director III, Student Money Management Center:<br><br>1a. Coordinate with Student Accounting and University Cashiering Services to determine an effective and efficient way to disburse loans and collect repayments.   | a. Coordinate with Student Accounting and University Cashiering Services to transition loan program to an electronic disbursement, and repayment system (non-cash). Coordinate with Division of Student Affairs Advancement Specialist to secure a small allotment of gas and food cards for the purpose of disbursing to students facing critical and immediate need. | Paul Goebel, Assistant Director III, SMMC                      | 09/01/ 2016                                 | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-405 UNT    | Governance and Regulatory Compliance | UNT Student Money Management Center | UNT                   | 1. The rate of default for the Green Loan Program (GLP) is high as compared to similar loans managed by the Student Money Management Center (SMMC), and at this rate, the loan program is unsustainable.<br><ul style="list-style-type: none"> <li>High default rate; 67.5% at December 31, 2015 and 60% at January 31, 2016 as compared to about 10% for the other loan programs.</li> <li>For loans issued prior to August 2013, the collection rate since August 2013 to January 2016 is 9% , less than 4% per year. Overall default rate for old and new loans is 72%.</li> </ul>   | Moderate   | Recommendations for Paul Goebel, Assistant Director III, Student Money Management Center:<br><br>1b. Coordinate with Student Accounting and University Cashiering Services to determine an effective way to display the blocks effectively in order to avoid any misconception.  | b. For new loans posted directly to students' accounts, any unpaid balances will be clearly denoted on accounts that will avoid any misconceptions. Coordinate with Student Accounting and University Cashiering Services to add old defaulted loans to students' account balances.  | Paul Goebel, Assistant Director III, SMMC                      | 01/15/17                                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-405 UNT    | Governance and Regulatory Compliance | UNT Student Money Management Center | UNT                   | 1. The rate of default for the Green Loan Program (GLP) is high as compared to similar loans managed by the Student Money Management Center (SMMC), and at this rate, the loan program is unsustainable.<br><ul style="list-style-type: none"> <li>High default rate; 67.5% at December 31, 2015 and 60% at January 31, 2016 as compared to about 10% for the other loan programs.</li> <li>For loans issued prior to August 2013, the collection rate since August 2013 to January 2016 is 9% , less than 4% per year. Overall default rate for old and new loans is 72%.</li> </ul>   | Moderate   | Recommendations for Paul Goebel, Assistant Director III, Student Money Management Center:<br><br>1c. Review loans issued prior to August 2013 and document current status e.g. whether and when a student graduated, whether they are a current student, whether all appropriate blocks are in place, and whether all necessary documents are in file. | c. Review loans issued prior to August 2013 and document current status, all appropriate blocks are in place, and all necessary documents are in file.   | Danielle Champagne, Student Services Coordinator II            | 8/01/2016                                   | Closed                |

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|---------------------|---------------------------|-------------------------------|---------------|--------------------------------------|-------------------------------------|-----------------------|--|------------|---|--|---|------------------------------|-----------------------|
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-405 UNT    | Governance and Regulatory Compliance | UNT Student Money Management Center | UNT                   | 2. The current practice at Student Money Management Center (SMMC) is that management has some discretion as to the loan amounts and the repayment period for the Green Loan Program (GLP). Current procedures do not sufficiently document when and how much management discretion is allowable.<br><ul style="list-style-type: none"> <li>There is some management discretion as to the amount of fees to charge, for 1 out of 24 loans tested, an exception was noted where the total fees and charges due was \$23; \$20 late charge and \$3 service charge. Only \$17 was collected while \$6 was waived. Additionally, procedures are not specific as to whether fees apply to a specific dollar amount of the loan i.e. \$100 or \$50.</li> <li>Management also has some discretion as to the repayment date. For example, management can alter the repayment date if it falls on a weekend or if the student is aware of a difficulty in repaying before the deadline.</li> </ul> | Moderate   | Recommendations for Paul Goebel, Assistant Director III, Student Money Management Center:<br><br>2a. Review current GLP manual and update for procedures related to management discretion, including but not limited to, defining the exceptions and stating how and when management discretion should be applied, and also ensure that it is consistent with the current practice. | a. Redraft Green Loan Program manual's management discretion reference. Include list of approved exceptions that would fall under the scope of "management discretion."                        | Paul Goebel, Assistant Director III, SMMC           | 8/1/2016                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-405 UNT    | Governance and Regulatory Compliance | UNT Student Money Management Center | UNT                   | 2. The current practice at Student Money Management Center (SMMC) is that management has some discretion as to the loan amounts and the repayment period for the Green Loan Program (GLP). Current procedures do not sufficiently document when and how much management discretion is allowable.<br><ul style="list-style-type: none"> <li>There is some management discretion as to the amount of fees to charge, for 1 out of 24 loans tested, an exception was noted where the total fees and charges due was \$23; \$20 late charge and \$3 service charge. Only \$17 was collected while \$6 was waived. Additionally, procedures are not specific as to whether fees apply to a specific dollar amount of the loan i.e. \$100 or \$50.</li> </ul>  | Moderate   | Recommendations for Paul Goebel, Assistant Director III, Student Money Management Center:<br><br>2b. Establish a specific periodic review process to ensure that the GLP manual is accurate and adequately addresses relevant issues. The procedures should indicate the last time it was reviewed.   | b. Identify a standard date of annual review for the GLP manual. Documentation of date of review on title page will be included in the updated GLP manual.                                     | Paul Goebel, Assistant Director III, SMMC           | 8/1/2016                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-405 UNT    | Governance and Regulatory Compliance | UNT Student Money Management Center | UNT                   | 3. Promissory notes and transcript blocks were not in place as required by the Green Loan Program (GLP) manual terms and conditions.<br>Promissory notes and transcript blocks were missing for old loans issued prior to August 2013. There were also instances relating to loans issued after August 2013 where there were no blocks on non-current loans. Incomplete documentation and lack of enforcement of blocks reduce the chance of repayment of loans.   | Moderate   | Recommendation for Paul Goebel, Assistant Director III, Student Money Management Center:<br><br>3a. Review non-current loans and document current status e.g. whether and when a student graduated, whether they are a current student, and whether all necessary documents are in file and ensure proper blocks are in place.  | a. Review loans issued prior to August 2013 and document current status, all appropriate blocks are in place, and all necessary documents are in file.   | Danielle Champagne, Student Services Coordinator II | 8/1/2016                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-405 UNT    | Governance and Regulatory Compliance | UNT Student Money Management Center | UNT                   | 3. Promissory notes and transcript blocks were not in place as required by the Green Loan Program (GLP) manual terms and conditions.<br>Promissory notes and transcript blocks were missing for old loans issued prior to August 2013. There were also instances relating to loans issued after August 2013 where there were no blocks on non-current loans. Incomplete documentation and lack of enforcement of blocks reduce the chance of repayment of loans.   | Moderate   | Recommendation for Paul Goebel, Assistant Director III, Student Money Management Center:<br><br>3b. Establish a review process to ensure that appropriate blocks are being placed on students' accounts with non-current loans.   | b. Identify process to ensure timely posting of relevant blocks to student accounts. Documentation of the process and monthly review checklist will be included in the updated program manual. | Paul Goebel, Assistant Director III, SMMC           | 8/1/2016                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-405 UNT    | Governance and Regulatory Compliance | UNT Student Money Management Center | UNT                   | 4. There is variance between petty cash records, total amount of donations received to the fund, and the general ledger. There is a variance between the amount of fund balance per the Student Money Management Center (SMMC) records - \$16,345, tally of the total amount of donations received into the fund - \$22,625, and fund balance per the general ledger - \$16,217.   | Moderate   | Recommendations for Paul Goebel, Assistant Director III, Student Money Management Center:<br><br>4a. Review current fund balance and coordinate with Financial Reporting to ensure that the correct balance is reflected in the general ledger.   | a. Coordinate with Financial Reporting to conduct a thorough and comprehensive reconciliation of the Green Loan account.   | Paul Goebel, Assistant Director III, SMMC           | 1/15/2017<br>Rev. 08/31/2017 | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2016              | 16-405 UNT    | Governance and Regulatory Compliance | UNT Student Money Management Center | UNT                   | 4. There is variance between petty cash records, total amount of donations received to the fund, and the general ledger. There is a variance between the amount of fund balance per the Student Money Management Center (SMMC) records - \$16,345, tally of the total amount of donations received into the fund - \$22,625, and fund balance per the general ledger - \$16,217.   | Moderate   | Recommendations for Paul Goebel, Assistant Director III, Student Money Management Center:<br><br>4b. Update policies to include procedures for periodic reconciliation with the General Ledger.   | b. Coordinate with Financial Reporting to determine policies and procedures for periodic reconciliation. Include this information in GLP manual.   | Danielle Champagne, Student Services Coordinator II | 1/15/2017                    | Closed                |



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|-----------------------|---------------------------|-------------------------------|---------------|--------------------------------------|--|-----------------------|--|------------|--|---|---|------------------------------|-----------------------|----|
| Internal              | UNT System Internal Audit | Fiscal Year 2016              | 16-405 UNT    | Governance and Regulatory Compliance | UNT Student Money Management Center                | UNT                   | 5. There are instances where information on Student Money Management Center (SMMC) website is not consistent with information in the procedures Green Loan Program (GLP) manual. One of the terms and conditions listed on the SMMC's website and in the GLP manual says that both transcript and registration blocks will be applied to late and default accounts but the intention and practice is to use transcript blocks only.  | Low        | Recommendations for Paul Goebel, Assistant Director III, Student Money Management Center:<br><br>5a. Review information currently posted to SMMC website for accuracy and consistency with policies and procedures.  | a. Information posted to SMMC website has been reviewed for consistency with policies and procedures.   | Danielle Champagne, Student Services Coordinator II | 8/15/2016                    | Closed                |    |
| Internal              | UNT System Internal Audit | Fiscal Year 2016              | 16-405 UNT    | Governance and Regulatory Compliance | UNT Student Money Management Center                | UNT                   | 5. There are instances where information on Student Money Management Center (SMMC) website is not consistent with information in the procedures Green Loan Program (GLP) manual. One of the terms and conditions listed on the SMMC's website and in the GLP manual says that both transcript and registration blocks will be applied to late and default accounts but the intention and practice is to use transcript blocks only.  | Low        | Recommendations for Paul Goebel, Assistant Director III, Student Money Management Center:<br><br>5b. Establish a process to ensure review of information posted to SMMC website is performed periodically.   | b. Annual date of website review has been set as August 1, documentation of this step will be included in the revised Green Loan Program Manual.  | Paul Goebel, Assistant Director III, SMMC           | 8/1/2016                     | Closed                |    |
| Internal              | UNT System Internal Audit | Fiscal Year 2016              | 16-405 UNT    | Governance and Regulatory Compliance | UNT Student Money Management Center                | UNT                   | 6. The Green Loan Program (GLP) is not being maintained on an imprest basis as required by UNT cash handling policies. The Green Loan petty cash fund is not being maintained on an imprest system; when repayments are received, only fees get deposited while the principal is retained in the petty cash fund to be used to disburse for new loans.   | Low        | Recommendation for Paul Goebel, Assistant Director III, Student Money Management Center:<br><br>6a. Coordinate with Financial Reporting and Vice President for Finance and Administration, UNT, to determine how to best comply with UNT cash handling policies. | a. Coordinate with Student Accounting and University Cashiering Services to transition loan program to an electronic disbursement, and repayment system (non-cash). This will eliminate the need for the SMMC to handle any cash. | Paul Goebel, Assistant Director III, SMMC           | 9/1/2016                     | Closed                |    |
| Internal              | UNT System Internal Audit | Fiscal Year 2016              | 16-405 UNT    | Governance and Regulatory Compliance | UNT Student Money Management Center                | UNT                   | 7. The Student Money Management Center (SMMC) uses pre-numbered receipts; however, the receipts do not comply with guidelines set forth in UNT policies. SMMC uses pre-numbered receipts but the receipts have not been approved by Student Accounting and University Cashiering Services (SAUCS) as to form and content as required by Cash Handling Controls Policy 2.1.10.1 and does not have UNT logo printed on as required by UNT Sales and Receipt of Funds Policy 2.2.1.   | Low        | Recommendations for Assistant Director III, Student Money Management Center:<br><br>7a. Coordinate with SAUCS to obtain receipts that comply with UNT sales and Receipt of Funds Policy 2.2.1.   | a. Obtain approved receipt book from UNT Printing Services.   | Danielle Champagne, Student Services Coordinator II | 6/23/2016                    | Closed                |    |
| Internal              | UNT System Internal Audit | Fiscal Year 2016              | 16-405 UNT    | Governance and Regulatory Compliance | UNT Student Money Management Center                | UNT                   | 7. The Student Money Management Center (SMMC) uses pre-numbered receipts; however, the receipts do not comply with guidelines set forth in UNT policies. SMMC uses pre-numbered receipts but the receipts have not been approved by Student Accounting and University Cashiering Services (SAUCS) as to form and content as required by Cash Handling Controls Policy 2.1.10.1 and does not have UNT logo printed on as required by UNT Sales and Receipt of Funds Policy 2.2.1.   | Low        | Recommendations for Assistant Director III, Student Money Management Center:<br><br>7b. Establish a process to ensure that all receipts issued are cleared by SAUCS as to form.  | b. Implement the use of SAUCS-approved receipts and payment deposit process.  | Danielle Champagne, Student Services Coordinator II | 6/23/2016                    | Closed                |    |
| Internal (Co-Sourced) | PwC                       | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | UNT System Benefits Proportionality Internal Audit | UNT                   | Through review of the each entity's Benefits Proportionality processes and inspection of corresponding source documentation files, IA identified the following:<br>- Even though UNT documented procedures, accounting information, and screenshots within the source documentation file, there were not sufficient comments and/or notes embedded in the cells in the Section tabs explaining where information was obtained or what information was used for calculation.<br>- UNT and UNTD did not utilize a "Lead Workpaper" tab within their source documentation files. This separate tab could be used to document all amounts and calculations related to the amounts recorded in the Section tabs as well as to embed notes and comments explaining the source of information in a clearer and more concise manner.<br>- There was not an "Information/Documentation Needed to Complete the APS 011 Form" section within the source documentation files used by each entity of the UNT System. As a result, significant information relevant to completing the APS 011 Form (such as completion and review instructions, State information, and other information), was not formally documented for use in subsequent years. It was | Moderate   | UNT should embed comments and/or notes within the supporting documentation Excel file to explain specific details of key amounts, calculations, and sources of information.  | NA  | NA  | NA                           | NA                    | NA |

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| Internal / External   | Reporting Agency | Fiscal Year Report was Issued | Report Number | Audit Category                       | Report Name  | Component Institution | Key Observations   | Risk Level | Recommendation Details  | Management Response | Individual Responsible for Implementation | Expected Implementation Date | Recommendation Status |
|-----------------------|------------------|-------------------------------|---------------|--------------------------------------|--|-----------------------|--|------------|---|---------------------|---|------------------------------|-----------------------|
| Internal (Co-Sourced) | PwC              | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | UNT System Benefits Proportionality Internal Audit | UNT                   | <p>Through review of the each entity's Benefits Proportionality processes and inspection of corresponding source documentation files, IA identified the following:</p> <ul style="list-style-type: none"> <li>- Even though UNT documented procedures, accounting information, and screenshots within the source documentation file, there were not sufficient comments and/or notes embedded in the cells in the Section tabs explaining where information was obtained or what information was used for calculation.</li> <li>- UNT and UNTD did not utilize a "Lead Workpaper" tab within their source documentation files. This separate tab could be used to document all amounts and calculations related to the amounts recorded in the Section tabs as well as to embed notes and comments explaining the source of information in a clearer and more concise manner.</li> <li>- There was not an "Information/Documentation Needed to Complete the APS 011 Form" section within the source documentation files used by each entity of the UNT System. As a result, significant information relevant to completing the APS 011 Form (such as completion and review instructions, State information, and other information), was not formally documented for use in subsequent years. It was</li> </ul> | Moderate   | <p>UNT and UNTD should implement a "Lead Workpaper" separate from the formal sections that would be used to detail source documentation and other important information. This workpaper could include the Method of Finance calculation, the Local Funds Adjustment calculation, and each benefits calculation.</p> | NA                  | NA  | NA                           | NA                    |
| Internal (Co-Sourced) | PwC              | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | UNT System Benefits Proportionality Internal Audit | UNT Dallas            | <p>Through review of the each entity's Benefits Proportionality processes and inspection of corresponding source documentation files, IA identified the following:</p> <ul style="list-style-type: none"> <li>- Even though UNT documented procedures, accounting information, and screenshots within the source documentation file, there were not sufficient comments and/or notes embedded in the cells in the Section tabs explaining where information was obtained or what information was used for calculation.</li> <li>- UNT and UNTD did not utilize a "Lead Workpaper" tab within their source documentation files. This separate tab could be used to document all amounts and calculations related to the amounts recorded in the Section tabs as well as to embed notes and comments explaining the source of information in a clearer and more concise manner.</li> <li>- There was not an "Information/Documentation Needed to Complete the APS 011 Form" section within the source documentation files used by each entity of the UNT System. As a result, significant information relevant to completing the APS 011 Form (such as completion and review instructions, State information, and other information), was not formally documented for use in subsequent years. It was</li> </ul> | Moderate   | <p>UNT and UNTD should implement a "Lead Workpaper" separate from the formal sections that would be used to detail source documentation and other important information. This workpaper could include the Method of Finance calculation, the Local Funds Adjustment calculation, and each benefits calculation.</p> | NA                  | NA  | NA                           | NA                    |

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| Internal / External   | Reporting Agency | Fiscal Year Report was Issued | Report Number | Audit Category                       | Report Name  | Component Institution | Key Observations   | Risk Level | Recommendation Details  | Management Response | Individual Responsible for Implementation | Expected Implementation Date | Recommendation Status |
|-----------------------|------------------|-------------------------------|---------------|--------------------------------------|--|-----------------------|--|------------|---|---------------------|---|------------------------------|-----------------------|
| Internal (Co-Sourced) | PwC              | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | UNT System Benefits Proportionality Internal Audit | UNT                   | <p>Through review of the each entity's Benefits Proportionality processes and inspection of corresponding source documentation files, IA identified the following:</p> <ul style="list-style-type: none"> <li>- Even though UNT documented procedures, accounting information, and screenshots within the source documentation file, there were not sufficient comments and/or notes embedded in the cells in the Section tabs explaining where information was obtained or what information was used for calculation.</li> <li>- UNT and UNTD did not utilize a "Lead Workpaper" tab within their source documentation files. This separate tab could be used to document all amounts and calculations related to the amounts recorded in the Section tabs as well as to embed notes and comments explaining the source of information in a clearer and more concise manner.</li> <li>- There was not an "Information/Documentation Needed to Complete the APS 011 Form" section within the source documentation files used by each entity of the UNT System. As a result, significant information relevant to completing the APS 011 Form (such as completion and review instructions, State information, and other information), was</li> </ul> | Moderate   | <p>All entities within the UNT System should consider including a section for "Information/Documentation Needed to Complete the APS 011 Form". It would be helpful to include the following:</p> <ul style="list-style-type: none"> <li>- APS 011 Form and Instructions (FMX website)</li> <li>- Method of Finance (General Appropriations Act)</li> <li>- Applicable USAS Screens</li> <li>- Specific queries from PeopleSoft General Ledger</li> <li>- APS_Check report</li> <li>- Instructions for uploading the completed form and performing internal reviews by the entity and the UNT System</li> <li>- Key contacts within the State and the UNT System</li> <li>- Other related and important documentation</li> </ul> | NA                  | NA  | NA                           | NA                    |
| Internal (Co-Sourced) | PwC              | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | UNT System Benefits Proportionality Internal Audit | UNT Dallas            | <p>Through review of the each entity's Benefits Proportionality processes and inspection of corresponding source documentation files, IA identified the following:</p> <ul style="list-style-type: none"> <li>- Even though UNT documented procedures, accounting information, and screenshots within the source documentation file, there were not sufficient comments and/or notes embedded in the cells in the Section tabs explaining where information was obtained or what information was used for calculation.</li> <li>- UNT and UNTD did not utilize a "Lead Workpaper" tab within their source documentation files. This separate tab could be used to document all amounts and calculations related to the amounts recorded in the Section tabs as well as to embed notes and comments explaining the source of information in a clearer and more concise manner.</li> <li>- There was not an "Information/Documentation Needed to Complete the APS 011 Form" section within the source documentation files used by each entity of the UNT System. As a result, significant information relevant to completing the APS 011 Form (such as completion and review instructions, State information, and other information), was</li> </ul> | Moderate   | <p>All entities within the UNT System should consider including a section for "Information/Documentation Needed to Complete the APS 011 Form". It would be helpful to include the following:</p> <ul style="list-style-type: none"> <li>- APS 011 Form and Instructions (FMX website)</li> <li>- Method of Finance (General Appropriations Act)</li> <li>- Applicable USAS Screens</li> <li>- Specific queries from PeopleSoft General Ledger</li> <li>- APS_Check report</li> <li>- Instructions for uploading the completed form and performing internal reviews by the entity and the UNT System</li> <li>- Key contacts within the State and the UNT System</li> <li>- Other related and important documentation</li> </ul> | NA                  | NA  | NA                           | NA                    |



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|-----------------------|------------------|-------------------------------|---------------|--------------------------------------|--|-----------------------|--|------------|---|---------------------|---|------------------------------|-----------------------|
| Internal (Co-Sourced) | PwC              | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | UNT System Benefits Proportionality Internal Audit | UNTHSC                | Through review of the each entity's Benefits Proportionality processes and inspection of corresponding source documentation files, IA identified the following:<br>- Even though UNT documented procedures, accounting information, and screenshots within the source documentation file, there were not sufficient comments and/or notes embedded in the cells in the Section tabs explaining where information was obtained or what information was used for calculation.<br>- UNT and UNTD did not utilize a "Lead Workpaper" tab within their source documentation files. This separate tab could be used to document all amounts and calculations related to the amounts recorded in the Section tabs as well as to embed notes and comments explaining the source of information in a clearer and more concise manner.<br>- There was not an "Information/Documentation Needed to Complete the APS 011 Form" section within the source documentation files used by each entity of the UNT System. As a result, significant information relevant to completing the APS 011 Form (such as completion and review instructions, State information, and other information), was | Moderate   | All entities within the UNT System should consider including a section for "Information/Documentation Needed to Complete the APS 011 Form". It would be helpful to include the following:<br>- APS 011 Form and Instructions (FMX website)<br>- Method of Finance (General Appropriations Act)<br>- Applicable USAS Screens<br>- Specific queries from PeopleSoft General Ledger<br>- APS_Check report<br>- Instructions for uploading the completed form and performing internal reviews by the entity and the UNT System<br>- Key contacts within the State and the UNT System<br>- Other related and important documentation | NA                  | NA  | NA                           | NA                    |
| Internal (Co-Sourced) | PwC              | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | UNT System Benefits Proportionality Internal Audit | UNT                   | Through review of processes related to Benefits Proportionality, IA identified that as part of APS 011 Form completion procedures, UNT and UNTD do not obtain an APS_Check Report from the ACO and compare the report information to the amounts used in the APS 011 Form. This APS_Check report includes the USAS expenses by benefit and appropriation. As such, UNT and UNTD were not performing a reconciliation comparing their recorded amounts to amounts provided by the State in order to ensure accuracy of the overall form.  | Moderate   | UNT and UNTD should obtain the APS_Check report from the assigned ACO and perform a reconciliation of UNT and UNTD amounts, respectively, to State amounts.   | NA                  | NA  | NA                           | NA                    |
| Internal (Co-Sourced) | PwC              | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | UNT System Benefits Proportionality Internal Audit | UNT Dallas            | Through review of processes related to Benefits Proportionality, IA identified that as part of APS 011 Form completion procedures, UNT and UNTD do not obtain an APS_Check Report from the ACO and compare the report information to the amounts used in the APS 011 Form. This APS_Check report includes the USAS expenses by benefit and appropriation. As such, UNT and UNTD were not performing a reconciliation comparing their recorded amounts to amounts provided by the State in order to ensure accuracy of the overall form.  | Moderate   | UNT and UNTD should obtain the APS_Check report from the assigned ACO and perform a reconciliation of UNT and UNTD amounts, respectively, to State amounts.   | NA                  | NA  | NA                           | NA                    |
| Internal (Co-Sourced) | PwC              | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | UNT System Benefits Proportionality Internal Audit | UNT Dallas            | Through review of processes related to Benefits Proportionality, IA identified that as part of APS 011 Form completion procedures, HSC and UNTD were not periodically performing a "mock completion" of the APS 011 Form based on estimates and information obtained up to the date of the mock completion. To perform this procedure, an institution fills out a preliminary APS 011 Template, which assists them in tracking payments from the GR and GR-D funds, as well as remaining balances to monitor what amounts may still be utilized. Additionally, completing the preliminary templates can provide opportunities for additional feedback and make the year-end process less time consuming.   | Moderate   | UNT and HSC should establish a routine for periodically completing preliminary templates of the APS011 form and formally documenting the preliminary templates in source documentation files.   | NA                  | NA  | NA                           | NA                    |

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| Internal / External   | Reporting Agency                             | Fiscal Year Report was Issued | Report Number | Audit Category                       | Report Name  | Component Institution | Key Observations   | Risk Level | Recommendation Details   | Management Response  | Individual Responsible for Implementation | Expected Implementation Date    | Recommendation Status |
|-----------------------|--|-------------------------------|---------------|--------------------------------------|--|-----------------------|--|------------|--|--|---|---------------------------------|-----------------------|
| Internal (Co-Sourced) | PwC  | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | UNT System Benefits Proportionality Internal Audit | UNTHSC                | Through review of processes related to Benefits Proportionality, IA identified that as part of APS 011 Form completion procedures, HSC and UNTD were not periodically performing a "mock completion" of the APS 011 Form based on estimates and information obtained up to the date of the mock completion. To perform this procedure, an institution fills out a preliminary APS 011 Template, which assists them in tracking payments from the GR and GR-D funds, as well as remaining balances to monitor what amounts may still be utilized. Additionally, completing the preliminary templates can provide opportunities for additional feedback and make the year-end process less time consuming. | Moderate   | UNTD and HSC should establish a routine for periodically completing preliminary templates of the APS011 form and formally documenting the preliminary templates in source documentation files.   | NA   | NA  | NA                              | NA                    |
| External              | Accreditation Council for Pharmacy Education | Fiscal Year 2016              | NA            | Governance and Regulatory Compliance | Review for Pharmacy Education Accreditation        | UNTHSC                | Accreditation Council for Pharmacy Education   | NA         | None   | NA   | NA  | NA                              | NA                    |
| External              | State Fire Marshal's Office                  | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report                      | UNTHSC                | MET Building<br>The MET Building is a five-story structure classified as a mixed occupancy consisting of existing assembly and existing business. Features of fire protection include a fire sprinkler system, fire alarm system with smoke detection and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting.  | NA         | VIOLATION 1<br>The door going from the exterior balcony to the main building is equipped with a double-cylinder lock. Balcony occupants could be locked out of the building and unable to egress the balcony.<br>Exterior door assemblies shall be permitted to have key-operated locks from the egress side, provided that the following criteria are met:<br><del>There shall be a readily visible and durable sign in letters not</del> | Door hardware will be replaced to allow re-entry from the balcony. | NA  | 1/31/2017<br>Revised 12/01/2018 | Open                  |
| External              | State Fire Marshal's Office                  | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report                      | UNTHSC                | MET Building<br>The MET Building is a five-story structure classified as a mixed occupancy consisting of existing assembly and existing business. Features of fire protection include a fire sprinkler system, fire alarm system with smoke detection and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting.  | NA         | VIOLATION 2<br>The penthouse chiller room has two electrical splice boxes with the covers removed.<br>NFPA 1, Fire Code, Chapter 11.1.10   | Covers will be replaced.   | NA  | 1/31/2017                       | Closed                |
| External              | State Fire Marshal's Office                  | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report                      | UNTHSC                | MET Building<br>The MET Building is a five-story structure classified as a mixed occupancy consisting of existing assembly and existing business. Features of fire protection include a fire sprinkler system, fire alarm system with smoke detection and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting.  | NA         | VIOLATION 3<br>An extension cord is used as permanent wiring at the 5th floor receptionist desk.   | Outlet will be installed and extension cord will be removed.       | NA  | 11/14/2016                      | Closed                |
| External              | State Fire Marshal's Office                  | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report                      | UNTHSC                | MET Building<br>The MET Building is a five-story structure classified as a mixed occupancy consisting of existing assembly and existing business. Features of fire protection include a fire sprinkler system, fire alarm system with smoke detection and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting.  | NA         | VIOLATION 4<br>There are unsecured gas cylinders in Room 421 and in the Penthouse.<br>NFPA 1, Fire Code, Chapter 63.3.1.8.4  | Mounting hardware will be installed and cylinders will be secured. | NA  | 12/23/2016                      | Closed                |

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| Internal / External | Reporting Agency            | Fiscal Year Report was Issued | Report Number | Audit Category                       | Report Name                   | Component Institution | Key Observations  | Risk Level | Recommendation Details   | Management Response   | Individual Responsible for Implementation | Expected Implementation Date | Recommendation Status |
|---------------------|-----------------------------|-------------------------------|---------------|--------------------------------------|-------------------------------|-----------------------|---|------------|--|---|---|------------------------------|-----------------------|
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | MET Building<br>The MET Building is a five-story structure classified as a mixed occupancy consisting of existing assembly and existing business. Features of fire protection include a fire sprinkler system, fire alarm system with smoke detection and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting. | NA         | VIOLATION 5<br>The egress hallway is obstructed near Room 470.<br>NFPA 1, Fire Code, Chapters 4.4.3.1.1, 14.4.1 and 14.10.2  | Equipment will be moved.  | NA  | 12/23/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | MET Building<br>The MET Building is a five-story structure classified as a mixed occupancy consisting of existing assembly and existing business. Features of fire protection include a fire sprinkler system, fire alarm system with smoke detection and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting. | NA         | VIOLATION 6<br>There are missing ceiling tiles in room IE4 auditorium support<br>NFPA 1, Fire Code, Chapter 13.7.4.3.9   | Ceiling tiles will be replaced.   | NA  | 12/23/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | MET Building<br>The MET Building is a five-story structure classified as a mixed occupancy consisting of existing assembly and existing business. Features of fire protection include a fire sprinkler system, fire alarm system with smoke detection and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting. | NA         | VIOLATION 7<br>Room 432 has a sprinkler head missing the escutcheon ring.<br>NFPA 1, Fire Code, Chapter 4.5.8.1  | Parts will be replaced.   | NA  | 12/5/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | MET Building<br>The MET Building is a five-story structure classified as a mixed occupancy consisting of existing assembly and existing business. Features of fire protection include a fire sprinkler system, fire alarm system with smoke detection and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting. | NA         | VIOLATION 8<br>The fire department connection is obstructed by vegetation.<br>NFPA 1, Fire Code, Chapters 13.1.3, 13.1.4, and 13.1.4.1   | A clear path will be created.   | NA  | 12/23/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | MET Building<br>The MET Building is a five-story structure classified as a mixed occupancy consisting of existing assembly and existing business. Features of fire protection include a fire sprinkler system, fire alarm system with smoke detection and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting. | NA         | VIOLATION 9<br>The copy machine located outside cubical WKSTN W3N obstructs the egress corridor to less than three feet.   | The copy machine will be relocated.   | NA  | 12/23/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | MET Building<br>The MET Building is a five-story structure classified as a mixed occupancy consisting of existing assembly and existing business. Features of fire protection include a fire sprinkler system, fire alarm system with smoke detection and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting. | NA         | VIOLATION 10<br>The following rooms have unsealed penetrations.<br>☒ Electrical room SE1<br>☒ Room 3J2<br>☒ Room 3E2 communications room floor penetrations extends all 5 floors and numerous wall penetrations. (5 violations)<br>NFPA 1, Fire Code, Chapter 12.7.5.6.1                       | Penetrations will be properly sealed.   | NA  | 11/14/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | MET Building<br>The MET Building is a five-story structure classified as a mixed occupancy consisting of existing assembly and existing business. Features of fire protection include a fire sprinkler system, fire alarm system with smoke detection and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting. | NA         | VIOLATION 11<br>The roof top Freon emergency shut pull station has a protective cover marked Fire alarm.<br>NFPA 1, Fire Code, Chapter 4.5.8.1   | Cover will be replaced.   | NA  | 12/5/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | MET Building<br>The MET Building is a five-story structure classified as a mixed occupancy consisting of existing assembly and existing business. Features of fire protection include a fire sprinkler system, fire alarm system with smoke detection and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting. | NA         | VIOLATION 12<br>The convenience stairs between the first and second floors lack corridor smoke doors on the second floor to close off the area from the egress corridor by the women's rest room 2T1.<br>NFPA 1, Fire Code, Chapter 10.1.2; and NFPA 101, Life Safety Code, Chapter 8.6.9.1(3) | We need to consult with our local fire authority for possible solutions. Once consultation takes place we will be able to provide a timeline. | NA  | 1/31/2017                    | Closed                |



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|---------------------|-----------------------------|-------------------------------|---------------|--------------------------------------|-------------------------------|-----------------------|--|------------|--|--|---|------------------------------|-----------------------|
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | RES Building<br>The RES building is a five-story structure with a basement classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator. | NA         | VIOLATION 1<br>There are unsecured gas cylinders in the following rooms.<br>- 124<br>- 310<br>NFPA 1, Fire Code, Chapter 63.3.1.8.4  | Mounting hardware will be installed and cylinders will be secured.                         | NA  | 12/23/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | RES Building<br>The RES building is a five-story structure with a basement classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator. | NA         | VIOLATION 2<br>The egress hallway is obstructed in the following locations.<br>- 2nd floor cross hallway<br>- 1st floor cross hallway<br>NFPA 1, Fire Code, Chapters 4.4.3.1.1 and 14.4.1  | Equipment will be relocated.   | NA  | 12/23/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | RES Building<br>The RES building is a five-story structure with a basement classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator. | NA         | VIOLATION 3<br>There are missing ceiling tiles in the following rooms.<br>- 406<br>- 240<br>NFPA 1, Fire Code, Chapter 13.7.4.3.9  | Ceiling tiles will be replaced.  | NA  | 12/23/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | RES Building<br>The RES building is a five-story structure with a basement classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator. | NA         | VIOLATION 4<br>There are unsealed penetrations in the following rooms.<br>- 4M1<br>- 3M1<br>- 2M1<br>- 1M3<br>NFPA 1, Fire Code, Chapter 12.7.5.1  | Penetrations will be properly sealed.  | NA  | 11/16/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | RES Building<br>The RES building is a five-story structure with a basement classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator. | NA         | VIOLATION 5<br>The chemical fume hood is being used for storage in the following rooms.<br>- 310<br>- 240<br>NFPA1, Fire Code, Chapter 4.5.8.1   | Items will be removed and stored properly.   | NA  | 12/9/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | RES Building<br>The RES building is a five-story structure with a basement classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator. | NA         | VIOLATION 6<br>The chemical fume hoods throughout the building lack current inspection labels. The last inspection was dated 5/2015. (58 Violations)<br>NFPA 1, Fire Code, Chapter 4.5.8.1 | All hoods will be inspected and labeled properly.  | NA  | 10/16/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | RES Building<br>The RES building is a five-story structure with a basement classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator. | NA         | VIOLATION 7<br>There are containers of hazardous chemicals improperly stored in the following rooms.<br>- 406<br>- 118<br>NFPA 1, Fire Code, Chapter 34.4.1.1                              | Chemicals will be stored properly.   | NA  | 12/9/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | RES Building<br>The RES building is a five-story structure with a basement classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator. | NA         | VIOLATION 8<br>An extension cord is used as permanent wiring in Room 553, which also has a filing cabinet sitting on the cord.<br>NFPA 1, Fire Code, Chapter 11.1.7.6 and 11.1.7.5         | This violation is in the CBH building, not RES. See the RES section for corrective action. | NA  | 12/26/2016                   | Closed                |

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| Internal / External | Reporting Agency            | Fiscal Year Report was Issued | Report Number | Audit Category                       | Report Name                   | Component Institution | Key Observations   | Risk Level | Recommendation Details  | Management Response   | Individual Responsible for Implementation | Expected Implementation Date   | Recommendation Status |
|---------------------|-----------------------------|-------------------------------|---------------|--------------------------------------|-------------------------------|-----------------------|--|------------|---|---|---|--------------------------------|-----------------------|
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | RES Building<br>The RES building is a five-story structure with a basement classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator. | NA         | VIOLATION 9<br>There are unused openings in the electrical panels in the following rooms.<br>- 208<br>- 2M1<br>- 126<br>- EO1<br>- OLA Sect 2<br>NFPA 1, Fire Code, Chapter 11.1.2; and NFPA 70, National               | All openings in panels will have covers.                      | NA  | 1/31/2017                      | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | RES Building<br>The RES building is a five-story structure with a basement classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator. | NA         | VIOLATION 10<br>The fire alarm panel was red tagged on 6/24/16 and UNT Staff state the system is current and operational, but no white correction tag is present.<br>NFPA 1, Fire Code, Chapter 4.5.8.1                 | Correct tags will be attached.                                | NA  | 12/5/2016                      | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | RES Building<br>The RES building is a five-story structure with a basement classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator. | NA         | VIOLATION 11<br>There are electrical outlet faceplates missing in the following rooms.<br>- EO1<br>- 3M1<br>NFPA 1, Fire Code, Chapter 11.1.10  | Faceplates will be replaced.                                  | NA  | 1/31/2017                      | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | RES Building<br>The RES building is a five-story structure with a basement classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator. | NA         | VIOLATION 12<br>There is a lack of building separation where the RES building connects to the EAD building on floors 1, 3, and 4.<br>NFPA 1, Fire Code, Chapter 10.1.2; and NFPA 101, Life Safety Code, Chapter 8.2.1.3 | Proper separations will be installed.                         | NA  | 6/1/2017<br>Revised 12/01/2018 | Open                  |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | RES Building<br>The RES building is a five-story structure with a basement classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator. | NA         | VIOLATION 13<br>Multiplug adapters are being used in the following rooms.<br>- 406<br>- 448<br>NFPA 1, Fire Code, Chapter 11.1.5.2  | Adapters will be removed and equipment properly connected.    | NA  | 12/23/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | RES Building<br>The RES building is a five-story structure with a basement classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator. | NA         | VIOLATION 14<br>Appliances are plugged into surge protectors in the following rooms I, rather than directly into wall outlets.<br>- 302H<br>- 220D<br>NFPA 1, Fire Code, Chapter 10.1.7                                 | Outlets will be installed and appliances correctly connected. | NA  | 1/25/2017                      | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | RES Building<br>The RES building is a five-story structure with a basement classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator. | NA         | VIOLATION 15<br>There is exposed wiring in the following rooms.<br>- 3M1<br>- 240<br>- EO1<br>NFPA 1, Fire Code, Chapter 11.1.2; and NFPA 70, National Electrical Code, Articles 300.3 (A) and 300.4                    | Wiring will be properly capped and protected.                 | NA  | 1/31/2017                      | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | RES Building<br>The RES building is a five-story structure with a basement classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator. | NA         | VIOLATION 16<br>The exit signs are not illuminated in the basement area.<br>NFPA 1, Fire Code, Chapter 4.5.8.1  | Signs will either be replaced or repaired.                    | NA  | 1/31/2017                      | Closed                |

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| Internal / External | Reporting Agency            | Fiscal Year Report was Issued | Report Number | Audit Category                       | Report Name                   | Component Institution | Key Observations   | Risk Level | Recommendation Details  | Management Response   | Individual Responsible for Implementation | Expected Implementation Date    | Recommendation Status |
|---------------------|-----------------------------|-------------------------------|---------------|--------------------------------------|-------------------------------|-----------------------|--|------------|---|---|---|---------------------------------|-----------------------|
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | RES Building<br>The RES building is a five-story structure with a basement classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator. | NA         | VIOLATION 17<br>The fire sprinkler riser lacks appropriate valve signage.<br>NFPA 1, Fire Code, Chapter 13.3.3.2; and NFPA 25 Standard for the Inspection, Testing and Maintenance of Water Based Fire Protection Systems, Table 5.1.1.2  | Signage will be installed.  | NA  | 1/31/2017                       | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | RES Building<br>The RES building is a five-story structure with a basement classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator. | NA         | VIOLATION 18<br>The basement lacks audio visual occupant notification appliances for the fire alarm.<br>NFPA 1, Fire Code, Chapter 13.7.1.4.10.1  | Proper equipment will be installed in the basement.   | NA  | 4/31/2017<br>Revised 01/01/2018 | Open                  |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | RES Building<br>The RES building is a five-story structure with a basement classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator. | NA         | VIOLATION 19<br>Storage is piled within 18 inches of the sprinkler head in Hall 240.<br>NFPA 1, Fire Code, Chapter 10.19.3.2  | Items will be removed and stored properly.  | NA  | 12/23/2016                      | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | RES Building<br>The RES building is a five-story structure with a basement classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator. | NA         | VIOLATION 20<br>There is wiring hanging from the fire sprinkler system piping in lab 240.<br>NFPA 1, Fire Code, Chapter 13.3.3.2; and NFPA 25 Standard for the Inspection, Testing And Maintenance of Water - Based Fire Protection Systems, Chapter 5.2.2.2  | Wiring will be removed.   | NA  | 1/31/2017                       | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | RES Building<br>The RES building is a five-story structure with a basement classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator. | NA         | VIOLATION 21<br>Non-UL Listed electrical outlets are suspended from the ceiling in room 456.<br>NFPA 1, Fire Code, Chapter 11.1.3; and NFPA 70, National Electrical Code 300.3  | Proper outlets will be installed and Non-UL outlets will be removed.                                  | NA  | 1/31/2017                       | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | RES Building<br>The RES building is a five-story structure with a basement classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator. | NA         | VIOLATION 22<br>Surge protectors are daisy chained in room 406.<br>NFPA 1, Fire Code, Chapter 11.1.6.2  | Surge protectors will only be plugged into wall outlets.  | NA  | 12/23/2016                      | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | RES Building<br>The RES building is a five-story structure with a basement classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator. | NA         | VIOLATION 23<br>The exit doors in room 240 are equipped with a magnetic locking device and do not incorporate the required operational features.<br>(1) A sensor shall be provided on the egress side, arranged to detect an occupant approaching door leaves that are arranged to unlock in the direction of egress upon detection of an approaching occupant or loss of power to the sensor.<br>(2) Loss of power to the part of the access control system that | Hardware will be installed to deactivate magnetic locks when someone approaches from inside the room. | Bill Jones, Senior Systems Analyst        | 4/1/2017<br>Revised 12/01/2018  | Open                  |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | RES Building<br>The RES building is a five-story structure with a basement classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator. | NA         | VIOLATION 24<br>The door leading from the chiller room to the main part of the building has a key operated lock. There is no secondary exit from the chiller room.<br>NFPA 1, Fire Code, Chapters 14.5.2.1 and 14.5.2.3   | We need clarity on this location, as the chiller room seems to have adequate exits.                   | NA  | NA                              | Closed                |



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| Internal / External | Reporting Agency            | Fiscal Year Report was Issued | Report Number | Audit Category                       | Report Name                   | Component Institution | Key Observations  | Risk Level | Recommendation Details   | Management Response                                       | Individual Responsible for Implementation | Expected Implementation Date | Recommendation Status |
|---------------------|-----------------------------|-------------------------------|---------------|--------------------------------------|-------------------------------|-----------------------|---|------------|--|---|---|------------------------------|-----------------------|
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | CBH Building<br>The CBH Building is a six-story structure with a penthouse classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and an emergency generator. | NA         | VIOLATION 1<br>Storage is piled within 18 inches of sprinkler head in the following rooms.<br>- 250<br>- 323<br>- 440<br>- 460<br>- 500<br>- 501<br>- 504<br>- 551   | All storage will be relocated as needed.                  | NA  | 12/23/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | CBH Building<br>The CBH Building is a six-story structure with a penthouse classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and an emergency generator. | NA         | VIOLATION 2<br>There are unsealed penetrations in the following locations.<br>- Room 2ME2<br>- Room 3ME1<br>- Room 5E1<br>- Room 5E2<br>- Room 6E1<br>- 5MEC north chase<br>- IT rooms all six floors<br>NFPA 1, Fire Code, Chapter 12.7.5.1 | All penetrations will be properly sealed.                 | NA  | 1/31/2017                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | CBH Building<br>The CBH Building is a six-story structure with a penthouse classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and an emergency generator. | NA         | VIOLATION 3<br>The chemical fume hood is being used for storage in the following rooms.<br>- 250<br>- 323<br>- 440<br>- 460<br>- 500<br>- 501<br>- 504<br>- 551<br>- 552<br>NFPA1, Fire Code, Chapter 4.5.8.1                                | Materials will be removed from hoods and stored properly. | NA  | 12/23/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | CBH Building<br>The CBH Building is a six-story structure with a penthouse classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and an emergency generator. | NA         | VIOLATION 4<br>The chemical fume hoods throughout the building lack current inspection labels. The last inspection was May 2015. (51 Violations)<br>NFPA 1, Fire Code, Chapter 4.5.8.1   | All fume hoods will be inspected and properly labeled.    | NA  | 10/16/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | CBH Building<br>The CBH Building is a six-story structure with a penthouse classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and an emergency generator. | NA         | VIOLATION 5<br>There are two 5 gallon cans of flammable liquid being stored on the lab floor in Room 511, which should be stored flammable liquid cabinet.<br>NFPA 1, Fire Code, Chapter 34.4.4.1  | Flammable materials will be stored in flammable cabinets. | NA  | 12/9/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | CBH Building<br>The CBH Building is a six-story structure with a penthouse classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and an emergency generator. | NA         | VIOLATION 6<br>An extension cord is used as permanent wiring and is running under a filing cabinet in room 553.<br>NFPA 1, Fire Code, Chapters 11.1.7.6 and 11.1.7.5   | Extension cord will be removed.                           | NA  | 12/6/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | CBH Building<br>The CBH Building is a six-story structure with a penthouse classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and an emergency generator. | NA         | VIOLATION 7<br>There are unused openings in electrical panel 3LB in the third floor pipe chase.<br>NFPA 1, Fire Code, Chapter 11.1.2; NFPA 70, National Electrical Code, Article 408.7   | All openings in panels will have covers.                  | NA  | 1/31/2016                    | Closed                |

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| Internal / External | Reporting Agency            | Fiscal Year Report was Issued | Report Number | Audit Category                       | Report Name                   | Component Institution | Key Observations  | Risk Level | Recommendation Details  | Management Response  | Individual Responsible for Implementation | Expected Implementation Date     | Recommendation Status |
|---------------------|-----------------------------|-------------------------------|---------------|--------------------------------------|-------------------------------|-----------------------|---|------------|---|--|---|----------------------------------|-----------------------|
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | CBH Building<br>The CBH Building is a six-story structure with a penthouse classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and an emergency generator. | NA         | VIOLATION 8<br>Stairwell doors will not close and latch due to excessive stairwell pressurization in the following rooms.<br>- 452<br>- 351<br>- 352<br>- 251<br>NFPA 1, Fire Code, Chapter 4.5.8.1 | Air balancing will be adjusted to correct issue, or hardware will be installed if necessary. | NA  | 1/31/2016                        | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | CBH Building<br>The CBH Building is a six-story structure with a penthouse classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and an emergency generator. | NA         | VIOLATION 9<br>There is an unsecured CO2 cylinder in room 355.<br>NFPA 1, Fire Code, Chapter 63.1.8.4   | All cylinders will be secured.   | NA  | 12/23/2016                       | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | CBH Building<br>The CBH Building is a six-story structure with a penthouse classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and an emergency generator. | NA         | VIOLATION 10<br>Two large wood crates block corridor egress by room 355.<br>NFPA 1, Fire Code, Chapters 4.4.3.1.1 and 14.4.1  | Equipment will be removed.   | NA  | 12/23/2016<br>Revised 04/10/2017 | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | CBH Building<br>The CBH Building is a six-story structure with a penthouse classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and an emergency generator. | NA         | VIOLATION 11<br>Stairwell two first floor has unapproved storage under the stairs.<br>NFPA 1, Fire Code, Chapter 14.6.3.1   | Storage will be removed.   | NA  | 12/23/2016                       | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Evert Building<br>The Evert Building is an eight-story structure with a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting.                         | NA         | VIOLATION 1<br>There are missing ceiling tiles in the following locations.<br>- 4th floor elevator<br>- 2nd floor cross hall<br>NFPA 1, Fire Code, Chapter 13.7.4.3.9                               | Ceiling tiles will be replaced.  | NA  | 12/23/2016                       | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Evert Building<br>The Evert Building is an eight-story structure with a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting.                         | NA         | VIOLATION 2<br>The stairwell doors lack the required two hour fire rating throughout the building.<br>NFPA 1, Fire Code, Chapter 12.7.3.1   | Doors will be evaluated and labeled properly, or replaced.                                   | NA  | 3/1/2017<br>Revised 02/01/2018   | Open                  |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Evert Building<br>The Evert Building is an eight-story structure with a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting.                         | NA         | VIOLATION 3<br>The doors on room 852 have self-closing mechanisms that do not function properly.<br>NFPA 1, Fire Code, Chapter 12.4.6.19.1  | Hardware will be repaired or replaced.   | NA  | 1/31/2017<br>Revised 05/01/2017  | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Evert Building<br>The Evert Building is an eight-story structure with a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting.                         | NA         | VIOLATION 4<br>Combustibles are stored under stairwell A on the first floor.<br>NFPA 1, Fire Code, Chapter 14.6.3   | Materials will be removed and stored properly.   | NA  | 12/23/2016<br>Revised 04/30/2017 | Closed                |

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|---------------------|-----------------------------|-------------------------------|---------------|--------------------------------------|-------------------------------|-----------------------|---|------------|--|--|---|------------------------------|-----------------------|
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Evert Building<br>The Evert Building is an eight-story structure with a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting. | NA         | VIOLATION 5<br>There are unused openings in the electrical panels in the following rooms.<br>- 8M1<br>- 5LS6<br>- 3M3<br>- 474<br>NFPA 1, Fire Code, Chapter 11.1.2; NFPA 70, National Electrical Code, Article 408.7  | All openings in panels will have covers.       | NA  | 1/31/2017                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Evert Building<br>The Evert Building is an eight-story structure with a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting. | NA         | VIOLATION 6<br>There are unsealed penetrations in the following rooms.<br>- 5M3<br>- 6M3<br>- 1E1<br>- 2E1<br>NFPA 1, Fire Code, Chapter 12.7.5.1  | All penetrations will be properly sealed.      | NA  | 1/31/2017                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Evert Building<br>The Evert Building is an eight-story structure with a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting. | NA         | VIOLATION 7<br>Storage is piled within 18 inches of the sprinkler head in room 662.<br>NFPA 1, Fire Code, Chapter 10.19.3.2  | Storage will be removed.                       | NA  | 12/23/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Evert Building<br>The Evert Building is an eight-story structure with a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting. | NA         | VIOLATION 8<br>The chemical fume hoods lack current inspection labels. The last inspection was dated May 2015. (45 locations)<br>NFPA 1, Fire Code, Chapter 4.5.8.1  | All fume hoods will be inspected and labeled.  | NA  | 10/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Evert Building<br>The Evert Building is an eight-story structure with a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting. | NA         | VIOLATION 9<br>The chemical fume hoods are being used for storage in the following rooms.<br>- 632<br>- 546<br>- 544<br>- 474<br>NFPA1, Fire Code, Chapter 4.5.8.1; and NFPA 45, Standard on Fire Protection for Laboratories using Chemicals, Chapter 9.2.3.7 | Chemicals will be removed and stored properly. | NA  | 12/23/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Evert Building<br>The Evert Building is an eight-story structure with a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting. | NA         | VIOLATION 10<br>There are containers of hazardous chemicals improperly stored in the following rooms.<br>- 546<br>- 544<br>- 474<br>- 646<br>NFPA 1, Fire Code, Chapter 34.4.1.1   | Chemicals will be stored properly.             | NA  | 12/23/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Evert Building<br>The Evert Building is an eight-story structure with a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting. | NA         | VIOLATION 11<br>There are unsecured gas cylinders in room 554.<br>NFPA 1, Fire Code, Chapter 63.3.1.8.4  | All cylinders will be secured properly.        | NA  | 12/23/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Evert Building<br>The Evert Building is an eight-story structure with a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting. | NA         | VIOLATION 12<br>Electrical junction boxes in following rooms are missing the protective covers.<br>- 3M3<br>- 4M2<br>- 4M3<br>- 474<br>- 8M1<br>NFPA 1, Fire Code, Chapter 11.1.10   | Protective covers will be replaced.            | NA  | 1/31/2017                    | Closed                |



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| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Evert Building<br>The Evert Building is an eight-story structure with a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting.                       | NA         | VIOLATION 13<br>The interior exit stairwell B lacks the required enclosed rated construction.<br>NFPA 1, Fire Code, Chapters 14.6.1.1 and 14.6.1.2  | Consultation for appropriate corrective action will need to occur. | NA  | 1/31/2017<br>Revised 03/01/2018 | Open                  |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Evert Building<br>The Evert Building is an eight-story structure with a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting.                       | NA         | VIOLATION 14<br>The interior exit stairwell A lacks the required enclosed rated construction.<br>NFPA 1, Fire Code, Chapters 14.6.1.1 and 14.6.1.2  | Consultation for appropriate corrective action will need to occur. | NA  | 1/31/2017<br>Revised 03/01/2018 | Open                  |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Library<br>The Library is a five-story structure with a basement classified as a mixed occupancy consisting of existing assembly and existing business. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, emergency lighting and a generator. | NA         | VIOLATION 1<br>The fire alarm system is a new installation, the control panel lacks a white installation label and the blue inspection tag is not properly filled out.<br>NFPA 1, Fire Code, Chapter 4.6.12.1; and Title 28 Texas Department of Insurance Chapter 34 State Fire Marshal Subchapter "F" Fire Alarm Rules, Chapters 34.620 and 34.622 | Labels and tags will be installed.                                 | NA  | 12/5/2016                       | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Library<br>The Library is a five-story structure with a basement classified as a mixed occupancy consisting of existing assembly and existing business. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, emergency lighting and a generator. | NA         | VIOLATION 2<br>Room 126 computer area has extension cords used as a replacement for permanent wiring to power the computers.<br>NFPA 1, Fire Code, Chapter 11.1.7.6   | Electrical outlets or appropriate wiring will be installed.        | NA  | NA                              | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Library<br>The Library is a five-story structure with a basement classified as a mixed occupancy consisting of existing assembly and existing business. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, emergency lighting and a generator. | NA         | VIOLATION 3<br>Room 126K is missing the cover plate for the light switch.<br>NFPA 1, Fire Code, Chapter 11.1.10   | Cover plate will be replaced.                                      | NA  | 1/31/2017                       | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Library<br>The Library is a five-story structure with a basement classified as a mixed occupancy consisting of existing assembly and existing business. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, emergency lighting and a generator. | NA         | VIOLATION 4<br>There are unsealed penetrations in the following rooms.<br>- 4ME2<br>- 32ME2<br>- 3ME1<br>- 1E1<br>NFPA 1, Fire Code, Chapter 12.7.5.1   | All penetrations will be properly sealed.                          | NA  | 11/27/2016                      | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Library<br>The Library is a five-story structure with a basement classified as a mixed occupancy consisting of existing assembly and existing business. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, emergency lighting and a generator. | NA         | VIOLATION 5<br>A sprinkler head in room 114A is missing the escutcheon.<br>NFPA 1, Fire Code, Chapter 4.5.8.1   | Sprinkler head will be repaired.                                   | NA  | 12/5/2016                       | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Library<br>The Library is a five-story structure with a basement classified as a mixed occupancy consisting of existing assembly and existing business. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, emergency lighting and a generator. | NA         | VIOLATION 6<br>Room 4ME2 has an unused opening in electrical panel L4A.<br>NFPA 1, Fire Code, Chapter 11.1.2 and NFPA 70 National Electrical Code, Article 408.7  | All openings in panels will have covers.                           | NA  | 1/31/2017                       | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Library<br>The Library is a five-story structure with a basement classified as a mixed occupancy consisting of existing assembly and existing business. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, emergency lighting and a generator. | NA         | VIOLATION 7<br>The basement high voltage room is used for storage, NFPA 1, Fire Code, Chapter 10.19.5.1   | Storage will be removed.  | NA  | 1/31/2017                        | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Library<br>The Library is a five-story structure with a basement classified as a mixed occupancy consisting of existing assembly and existing business. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, emergency lighting and a generator. | NA         | VIOLATION 8<br>Sprinkler piping in the following areas have wires attached to the pipe.<br>- Basement electrical supply room<br>- Basement fresh air chase<br>NFPA 1, Fire Code, Chapter 13.3.3.2; and NFPA 25 Standard for the Inspection, Testing And Maintenance of Water-Based Fire Protection Systems, Chapter   | All items suspended from sprinkler piping will be removed.                              | NA  | NA                               | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Library<br>The Library is a five-story structure with a basement classified as a mixed occupancy consisting of existing assembly and existing business. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, emergency lighting and a generator. | NA         | VIOLATION 9<br>The Fire Department Connection (FDC) is blocked by vegetation.<br>NFPA 1, Fire Code, Chapters 13.1.3, 13.1.4 and 13.1.4.1  | A clear path will be created to the FDC.  | NA  | 12/23/2016<br>Revised 04/30/2017 | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Library<br>The Library is a five-story structure with a basement classified as a mixed occupancy consisting of existing assembly and existing business. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, emergency lighting and a generator. | NA         | VIOLATION 10<br>In the Kiva Lounge area the flexible electrical power cords for the food warming equipment is run across the floor and is subject to physical damage.<br>NFPA 1, Fire Code, Chapter 11.1.7.5  | Wiring will be routed in a way that protects them.                                      | NA  | 1/31/2017<br>Revised 04/30/2017  | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Library<br>The Library is a five-story structure with a basement classified as a mixed occupancy consisting of existing assembly and existing business. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, emergency lighting and a generator. | NA         | VIOLATION 11 (Noted on 2011 Inspection report)<br>There is a lack of the required fire rated separation in the basement area where the building connects to the RES building.<br>NFPA 1, Fire Code, Chapter 10.1.2; and NFPA 101, Life Safety Code, Chapter 8.2.1.3   | A fire separation will be installed. (Note this is on the 1st floor, not the basement). | NA  | 4/1/2017<br>Revised 12/01/2018   | Open                  |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | East Parking Garage<br>The East Parking Garage is a three-story structure classified as an existing storage occupancy. Features of fire protection include a dry stand pipe system, a fire alarm system, and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting units in the stairwells.  | NA         | VIOLATION 1<br>The fire department standpipe connections are obstructed by vehicles on all levels of the parking garage.<br>NFPA 1, Fire Code, Chapter 13.1.4.1   | Standpipe connections will be routed so they are not obstructed.                        | NA  | 3/1/2017                         | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | St. Emillion Restaurant<br>The St. Emillion Restaurant is a two-story structure classified as an existing assembly occupancy. Features of fire protection include a UL300 wet chemical fire suppression system, single-station smoke detectors and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting.                                      | NA         | VIOLATION 1<br>An electric deep fryer unit is not contained within the hood and is not protected by the hood fire suppression system. Additionally the unit does not shut down upon activation of the suppression system.<br>NFPA, Fire Code, Chapters 50.1.1, 50.4.3.2, 50.4.4.3, 50.4.4.3.1, 50.4.6.1; and NFPA 96 Standard for Ventilation Control and Fire Protection of Commercial Cooking Equipment, Chapter 10.1.2 | Equipment will be removed.  | NA  | 11/1/2016                        | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | St. Emillion Restaurant<br>The St. Emillion Restaurant is a two-story structure classified as an existing assembly occupancy. Features of fire protection include a UL300 wet chemical fire suppression system, single-station smoke detectors and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting.                                      | NA         | VIOLATION 2<br>The dining room electrical outlet is missing the protective cover plate.<br>NFPA 1, Fire Code, Chapter 11.1.10   | The electrical plate will be replaced.  | NA  | 1/31/2017                        | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | St. Emillion Restaurant<br>The St. Emillion Restaurant is a two-story structure classified as an existing assembly occupancy. Features of fire protection include a UL300 wet chemical fire suppression system, single-station smoke detectors and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting.  | NA         | VIOLATION 3<br>Extension cords are used as a substitute for permanent wiring in the kitchen area.<br>NFPA, Fire Code, Chapter 11.1.7.6   | Extension cords will be removed.   | NA  | 1/31/2017                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Blue House 800 Clifton Street<br>The Blue House is a one-story structure classified as an existing business occupancy. Features of fire protection include single-station, battery operated smoke detectors and portable fire extinguishers. Illuminated exit signs are provided.   | NA         | VIOLATION 1<br>There are interconnected power strips in room 101.<br>NFPA 1, Fire Code, Chapter 11.1.6.2   | Power strips will only be plugged into wall outlets.                                     | NA  | 12/31/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Blue House 800 Clifton Street<br>The Blue House is a one-story structure classified as an existing business occupancy. Features of fire protection include single-station, battery operated smoke detectors and portable fire extinguishers. Illuminated exit signs are provided.   | NA         | VIOLATION 2<br>The side exit door will not open, it appears to be painted shut. The forces required to open the door by manual means shall not exceed 15 lbs to release the latch, 30 lbs to set the door in motion, and 15 lbs to open the door to the minimum required width. These forces shall be applied at the latch stile.<br>NFPA 1, Fire Code, Chapter 14.5.1.5.1 | Door will be repaired to open easily.  | NA  | 1/31/2017                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Blue House 800 Clifton Street<br>The Blue House is a one-story structure classified as an existing business occupancy. Features of fire protection include single-station, battery operated smoke detectors and portable fire extinguishers. Illuminated exit signs are provided.   | NA         | VIOLATION 3<br>The garage located under the house is used for storage of combustible materials and lacks a fire rated separation from the first floor. The room ceiling is exposed wood floor joists and exposed wood flooring.<br>NFPA 1, Fire Code, Chapter 10.19.6; and NFPA 101, Life Safety Code, Chapter 8.7.1.1   | Combustible materials will be removed.   | NA  | 3/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Former - Daycare Building (3620 Modlin)<br>The Former Daycare Building is a single-story structure currently classified as an existing business occupancy. Features of fire protection include a fire alarm and detection system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting.<br>(Currently the building is temporarily being used as an office and may be a daycare again in the future.) | NA         | VIOLATION 1<br>The Kitchen UL300 suppression system lacks a current inspection tag. The last inspection was conducted in February 2015.<br>NFPA1, Fire Code, Chapter 4.5.8.1   | Kitchen suppression system will either be inspected properly or kitchen will be removed. | NA  | 4/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Former - Daycare Building (3620 Modlin)<br>The Former Daycare Building is a single-story structure currently classified as an existing business occupancy. Features of fire protection include a fire alarm and detection system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting.<br>(Currently the building is temporarily being used as an office and may be a daycare again in the future.) | NA         | VIOLATION 2<br>The class K portable fire extinguisher is missing from its mounting location.<br>NFPA1, Fire Code, Chapter 4.5.8.1  | Fire extinguisher will be mounted properly.  | NA  | 3/31/2017                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Former - Daycare Building (3620 Modlin)<br>The Former Daycare Building is a single-story structure currently classified as an existing business occupancy. Features of fire protection include a fire alarm and detection system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting.<br>(Currently the building is temporarily being used as an office and may be a daycare again in the future.) | NA         | VIOLATION 3<br>In room 3 the center cubical has interconnected power strips.<br>NFPA 1, Fire Code, Chapter 11.1.6.2  | Power strips will only be plugged into wall outlets.                                     | NA  | 11/2/2016                    | Closed                |



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| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Former - Daycare Building (3620 Modlin)<br>The Former Daycare Building is a single-story structure currently classified as an existing business occupancy. Features of fire protection include a fire alarm and detection system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting.<br>(Currently the building is temporarily being used as an office and  | NA         | VIOLATION 4<br>Access to the manual fire alarm pull stations are blocked by photocopier machines in the following locations.<br>- Room 2 (Room 2 Corrected at the time of the inspection)<br>- Room 5<br>NFPA 1, Fire Code, Chapter 13.7.1.4.8.7 | Copy machines will be relocated.   | NA  | 12/7/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Sleep Lab (3632 Modlin Street)<br>The Sleep Lab is a two-story structure classified as an existing business occupancy. Features of fire protection include battery operated single-station smoke detectors and portable fire extinguishers. The building is equipped with illuminated exit signs emergency lighting.  | NA         | VIOLATION 1<br>In room 106 an electrical outlet is missing the protective cover plate.<br>NFPA 1, Fire Code, Chapter 11.1.10   | Outlet cover plate will be replaced.                                       | NA  | 1/31/2017                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Sleep Lab (3632 Modlin Street)<br>The Sleep Lab is a two-story structure classified as an existing business occupancy. Features of fire protection include battery operated single-station smoke detectors and portable fire extinguishers. The building is equipped with illuminated exit signs emergency lighting.  | NA         | VIOLATION 2<br>The fire doors separating the egress stairwell exit enclosure from the first floor are propped in the open position.<br>NFPA 1, Fire Code, Chapter 12.4.6.3.2   | Doors will be closed and occupants trained to keep doors closed.           | NA  | 12/9/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Police Services and Parking Garage (3600 Mattison Ave)<br>The Police Services and Parking Garage building consists of a four-story open parking structure and a single story police building. The building is classified as a mixed occupancy consisting of existing business and existing storage. Features of fire protection in the parking garage are limited to a standpipe system. Illuminated exit signs and emergency lighting are provided in the stairwells. The Police building has a fire sprinkler system, fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lights. | NA         | VIOLATION 1<br>The parking garage lacks portable fire extinguishers.<br>NFPA 1, Fire Code, Chapter 13.6.2  | Extinguishers will be installed throughout the building.                   | NA  | 3/31/2017                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Police Services and Parking Garage (3600 Mattison Ave)<br>The Police Services and Parking Garage building consists of a four-story open parking structure and a single story police building. The building is classified as a mixed occupancy consisting of existing business and existing storage. Features of fire protection in the parking garage are limited to a standpipe system. Illuminated exit signs and emergency lighting are provided in the stairwells. The Police building has a fire sprinkler system, fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lights. | NA         | VIOLATION 2<br>The Police Department report writing room has an extension cord connected to a power strip.<br>NFPA 1, Fire Code, Chapter 11.1.6.2  | Extension cord will be removed and power strip connected to a wall outlet. | NA  | 1/31/2017                    | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Patient Care Center<br>The Patient Care Center is a six-story structure classified as an existing business occupancy. Features of fire protection include a fire sprinkler system, fire alarm system, and portable fire extinguishers. The building is equipped with illuminated exit signs, emergency lighting and an emergency generator. | NA         | VIOLATION 1<br>There are unsealed penetrations in the following rooms.<br>- 6E2<br>- 6StairA<br>- 5CM1<br>- 4CM1<br>- 3StairB<br>- C3M1<br>- 2E1<br>- 2CM1<br>- 2E2<br>- 2ST1<br>- 1S T1<br>- 1CM1<br>- 1E1<br>- 3E1<br>- 4E1<br>- 5E1<br>- 6E1<br>NFPA 1, Fire Code, Chapter 12.7.5.1 | All penetrations will be properly sealed.  | NA  | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Patient Care Center<br>The Patient Care Center is a six-story structure classified as an existing business occupancy. Features of fire protection include a fire sprinkler system, fire alarm system, and portable fire extinguishers. The building is equipped with illuminated exit signs, emergency lighting and an emergency generator. | NA         | VIOLATION 2<br>There are unused openings in the electrical panels in the following rooms.<br>- 6E2<br>- 5E1<br>- Riser room<br>- Penthouse air handler<br>NFPA 1, Fire Code, Chapter 11.1.2; NFPA 70, National Electrical Code, Article 408.7  | All panel openings will have covers replaced.  | NA  | 1/31/2017                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Patient Care Center<br>The Patient Care Center is a six-story structure classified as an existing business occupancy. Features of fire protection include a fire sprinkler system, fire alarm system, and portable fire extinguishers. The building is equipped with illuminated exit signs, emergency lighting and an emergency generator. | NA         | VIOLATION 3<br>There are appliances that are plugged into a surge protector rather than directly into the wall outlet in the following rooms.<br>- 614<br>- 591<br>- 594<br>- 495<br>- 311 cubicle<br>NFPA 1, Fire Code, Chapter 10.1.7  | All appliances will be plugged directly into wall outlets. Outlets will be installed if necessary. | NA  | 1/31/2017                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Patient Care Center<br>The Patient Care Center is a six-story structure classified as an existing business occupancy. Features of fire protection include a fire sprinkler system, fire alarm system, and portable fire extinguishers. The building is equipped with illuminated exit signs, emergency lighting and an emergency generator. | NA         | VIOLATION 4<br>There are sprinkler escutcheons missing or damaged in the following locations.<br>- Room 621<br>- Room 201<br>- First floor parking garage<br>NFPA 1, Fire Code, Chapter 4.5.8.1  | Sprinkler equipment will be repaired or replaced.  | NA  | 1/31/2017                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Patient Care Center<br>The Patient Care Center is a six-story structure classified as an existing business occupancy. Features of fire protection include a fire sprinkler system, fire alarm system, and portable fire extinguishers. The building is equipped with illuminated exit signs, emergency lighting and an emergency generator. | NA         | VIOLATION 5<br>The exit sign on the 6th floor, near the stair is not illuminated.<br>NFPA 1, Fire Code, Chapter 4.5.8.1  | The exit sign will be repaired or replaced.  | NA  | 1/31/2017                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Patient Care Center<br>The Patient Care Center is a six-story structure classified as an existing business occupancy. Features of fire protection include a fire sprinkler system, fire alarm system, and portable fire extinguishers. The building is equipped with illuminated exit signs, emergency lighting and an emergency generator. | NA         | VIOLATION 6<br>Surge protectors are daisy chained in the following locations.<br>- 5th floor main lobby<br>- Hallway near room 594<br>- 311 cubicle<br>NFPA 1, Fire Code, Chapter 11.1.6.2   | All surge protectors will be plugged directly into wall outlets.                                   | NA  | 1/31/2017                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Patient Care Center<br>The Patient Care Center is a six-story structure classified as an existing business occupancy. Features of fire protection include a fire sprinkler system, fire alarm system, and portable fire extinguishers. The building is equipped with illuminated exit signs, emergency lighting and an emergency generator. | NA         | VIOLATION 7<br>The fire door near room 523 is damaged.<br>NFPA 1, Fire Code, Chapter 12.4.6.9.2  | The fire doors will be repaired or removed if it is determined they are no longer necessary.       | NA  | 4/1/2017                     | Closed                |

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|---------------------|-----------------------------|-------------------------------|---------------|--------------------------------------|-------------------------------|-----------------------|--|------------|--|--|---|----------------------------------|-----------------------|
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Patient Care Center<br>The Patient Care Center is a six-story structure classified as an existing business occupancy. Features of fire protection include a fire sprinkler system, fire alarm system, and portable fire extinguishers. The building is equipped with illuminated exit signs, emergency lighting and an emergency generator.                                      | NA         | VIOLATION 8<br>The fire door near room 451 is obstructed by the carpet and will not close properly.<br>NFPA 1, Fire Code, Chapter 4.5.8.1  | The fire doors will be repaired or removed if it is determined they are no longer necessary. | NA  | 12/23/2016<br>Revised 05/01/2017 | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Patient Care Center<br>The Patient Care Center is a six-story structure classified as an existing business occupancy. Features of fire protection include a fire sprinkler system, fire alarm system, and portable fire extinguishers. The building is equipped with illuminated exit signs, emergency lighting and an emergency generator.                                      | NA         | VIOLATION 9<br>The fire door near room 584 requires more than 15 pounds to open.<br>The forces required to open the door by manual means shall not exceed 15 lbs to release the latch, 30 lbs to set the door in motion, and 15 lbs to open the door to the minimum required width. These forces shall be applied at the latch stile.<br>NFPA 1, Fire Code, Chapter 14.5.1.5.1 | The fire doors will be repaired or removed if it is determined they are no longer necessary. | NA  | 1/31/2017<br>Revised 05/01/2017  | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Patient Care Center<br>The Patient Care Center is a six-story structure classified as an existing business occupancy. Features of fire protection include a fire sprinkler system, fire alarm system, and portable fire extinguishers. The building is equipped with illuminated exit signs, emergency lighting and an emergency generator.                                      | NA         | VIOLATION 10<br>The Fire Department Connection (FDC) is obstructed at the front of the building.<br>NFPA 1, Fire Code, Chapters 13.1.3, 13.1.4; and 13.1.4.1   | A clear path will be created to the FDC.   | NA  | 12/31/2016<br>Revised 05/10/2017 | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Patient Care Center<br>The Patient Care Center is a six-story structure classified as an existing business occupancy. Features of fire protection include a fire sprinkler system, fire alarm system, and portable fire extinguishers. The building is equipped with illuminated exit signs, emergency lighting and an emergency generator.                                      | NA         | VIOLATION 11<br>The junction box in the penthouse air handler room is missing the cover.<br>NFPA 1, Fire Code, Chapter 11.1.10   | Junction box cover will be replaced.   | NA  | 1/31/2017                        | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Patient Care Center<br>The Patient Care Center is a six-story structure classified as an existing business occupancy. Features of fire protection include a fire sprinkler system, fire alarm system, and portable fire extinguishers. The building is equipped with illuminated exit signs, emergency lighting and an emergency generator.                                      | NA         | VIOLATION 12<br>The sprinkler heads in the following locations have been altered or were inappropriately installed and will not function properly when activated.<br>- 5th floor north lobby<br>- Hall near room 594<br>NFPA 1, Fire Code, Chapter 4.5.8.1   | Sprinkler equipment will be repaired or replaced.  | NA  | 2/28/2017<br>Revised 05/01/2017  | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Student Services Building (1002 Montgomery)<br>The Student Services Building is a two-story structure classified as an existing business occupancy. Features of fire protection include a fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting.                                 | NA         | VIOLATION 1<br>There is an unsealed penetration in IT room 2E2.<br>NFPA 1, Fire Code, Chapter 12.7.5.1   | All penetrations will be properly sealed.  | NA  | 12/31/2016                       | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Founders Activity Center/PACE Building (3515 W. 7th St.)<br>The Founders Activity Center/PACE Building is a two-story structure classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include single-station smoke detectors and portable fire extinguishers. The building is equipped with illuminated exit signs. | NA         | VIOLATION 1<br>An extension cord is used as a replacement for permanent wiring at the second floor reception desk.<br>NFPA 1, Fire Code, Chapter 11.1.7.6  | The extension cord will be removed.  | NA  | 1/31/2017                        | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Founders Activity Center/PACE Building (3515 W. 7th St.)<br>The Founders Activity Center/PACE Building is a two-story structure classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include single-station smoke detectors and portable fire extinguishers. The building is equipped with illuminated exit signs. | NA         | VIOLATION 2<br>The group exercise room rear exit is partly blocked by a rack for free weights.<br>NFPA 1, Fire Code, Chapters 4.4.3.1.1 and 14.4.1   | Weight rack will be relocated.   | NA  | 12/23/2016                       | Closed                |



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| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Founders Activity Center/PACE Building (3515 W. 7th St.)<br>The Founders Activity Center/PACE Building is a two-story structure classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include single-station smoke detectors and portable fire extinguishers. The building is equipped with illuminated exit signs.  | NA         | VIOLATION 3<br>The landing outside the cardio room east exit door has a piece of rebar sticking out of the concrete creating a tripping hazard.<br>NFPA 1, Fire Code, Chapters 4.4.3.1.1 and 14.4.1                                   | Rebar will be removed.  | NA  | 12/23/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | Founders Activity Center/PACE Building (3515 W. 7th St.)<br>The Founders Activity Center/PACE Building is a two-story structure classified as a mixed occupancy consisting of existing business and existing assembly. Features of fire protection include single-station smoke detectors and portable fire extinguishers. The building is equipped with illuminated exit signs.  | NA         | VIOLATION 4<br>Room 203 door is equipped with a key lock and if locked occupants do not have access to the secondary exit from the second floor.<br>NFPA 1, Fire Code, Chapters 14.5.2.1 and 14.5.2.3                                 | Door hardware will be replaced to prevent anyone from being locked in the room. | NA  | 3/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | 7th Street Strip<br>The 7th Street Strip Building is a one-story structure classified as an existing business occupancy. Features of fire protection include single-station smoke detectors. The building is equipped with illuminated exit signs emergency lighting.<br>Note: At the time of the inspection only unit 3609 was occupied the other sections of the building are undergoing renovations.<br>UNIT 3609 Eric Wear DDS Office | NA         | VIOLATION 1<br>In the corridor closet O2 bottles are stored with an artificial Christmas tree.<br>NFPA 1, Fire Code, Chapter 4.1.3.3.2.1  | Christmas tree will be removed.   | NA  | 12/31/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | 3633 W. 7th Street - Professional and Continuing Education<br>The 3633 W. 7th Street building is a one-story structure classified as an existing business occupancy. Features of fire protection include a fire alarm system with smoke detection and portable fire extinguishers. Illuminated exit signs are provided.   | NA         | VIOLATION 1<br>The fire alarm system lacks a current inspection label. The last inspection was conducted in July 2015.<br>NFPA 1, Fire Code, Chapter 4.5.8.1  | Inspection tags will be properly installed.                                     | NA  | 12/5/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | FEB/General Services Building<br>The FEB/General Services Building is a one-story structure classified as an existing business occupancy. Features of fire protection include a complete fire alarm system, full fire sprinkler system, and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting.   | NA         | VIOLATION 1<br>The installation label is missing on the fire alarm panel.<br>NFPA 1, Fire Code, Chapter 4.5.8.1   | Labels will be properly installed.  | NA  | 12/5/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | FEB/General Services Building<br>The FEB/General Services Building is a one-story structure classified as an existing business occupancy. Features of fire protection include a complete fire alarm system, full fire sprinkler system, and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting.   | NA         | VIOLATION 2<br>There are combustible materials stored around the gas water heater in room 111.<br>NFPA 1, Fire Code, Chapter 10.19.5.   | Combustible materials will be removed.  | NA  | 3/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | SEM Building<br>The SEM Building is a one-story structure classified as an existing business occupancy and used as a clinic. Features of fire protection include single station battery operated smoke alarms and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting.   | NA         | VIOLATION 1<br>The east exterior exit door by room 139 is a marked exit with an illuminated exit sign but has a sign on the door stating not an exit. (Corrected at the time of the inspection)<br>NFPA 1, Fire Code, Chapter 4.5.8.1 | Corrected.  | NA  | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report | UNTHSC                | May Building<br>The May Building is a single story structure classified as an existing business occupancy and is used as a clinic. Features of fire protection include single station battery operated smoke alarms and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting.   | NA         | VIOLATION 1<br>The exit signs throughout the building are not illuminated.<br>NFPA 1, Fire Code, Chapter 4.5.8.1  | Exit signs will be repaired or replaced.  | NA  | 1/31/2017                    | Closed                |

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| External            | State Fire Marshal's Office                                  | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report                   | UNTHSC                | May Building<br>The May Building is a single story structure classified as an existing business occupancy and is used as a clinic. Features of fire protection include single station battery operated smoke alarms and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting. | NA         | VIOLATION 2<br>The junction box in the room 1M1 is missing the cover.<br>NFPA 1, Fire Code, Chapter 11.1.10   | Junction box cover will be installed.  | NA  | 1/31/2017                    | Closed                |
| External            | State Fire Marshal's Office                                  | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Safety Inspection Report                   | UNTHSC                | May Building<br>The May Building is a single story structure classified as an existing business occupancy and is used as a clinic. Features of fire protection include single station battery operated smoke alarms and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting. | NA         | VIOLATION 3<br>There are missing ceiling tiles in room 137.<br>NFPA 1, Fire Code, Chapter 13.7.4.3.9  | Ceiling tiles will be replaced.  | NA  | 12/23/2016                   | Closed                |
| External            | Hartford Steam Boiler Inspection and Insurance Company (HSB) | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Loss Prevention Report                          | UNT                   | 6 reports/audits performed. For more detailed information please see the reports from Risk Management.  | NA         | NA  | NA   | NA  | NA                           | NA                    |
| External            | Hartford Steam Boiler Inspection and Insurance Company (HSB) | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Loss Prevention Report, Healthcare Risk Control | UNTHSC                | 2 reports/audits performed; no findings identified. For more detailed information please see the reports from Risk Management.  | NA         | NA  | NA   | NA  | NA                           | NA                    |
| External            | State Office of Risk Management                              | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Risk Management Program Review Report           | UNT                   | 17-11-01 Safety: Fire Safety: Portable Fire Extinguishers (Frisco Campus)<br>During this RMPR, SORM noted that the portable fire extinguishers on the Frisco Campus lacked an indication that they are being inspected monthly, as required by the Life Safety Code.  | NA         | SORM recommends that UNT communicate with the building owner/maintenance personnel to ensure that these inspections are occurring, as required. Inspections must be documented either on each extinguisher's tag or in a separate database or log.<br>References: NFPA-101 (2015), "Life Safety Code," Chapters 39.3.5, 9.9; NFPA-10 (2013), "Standard for Portable Fire Extinguishers," Chapters 7.2.1.2, 7.2.1.2.1, 7.2.2 | UNT will communicate with building owner to ensure that those inspections are occurring. | Shauna Barbato, Assistant Director        | 1/27/2017                    | Closed                |
| External            | State Office of Risk Management                              | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Risk Management Program Review Report           | UNT                   | 17-11-02 Safety: Emergency Preparedness: Shelter-in-Place Drill (Frisco Campus)<br>During this RMPR, SORM noted that a shelter-in-place drill had not yet been conducted for this location.   | NA         | SORM recommends that UNT conduct a drill for this location to include the students to the degree that this is feasible. Identifying the occupancy of specific locations for a shelter in place event prior to an event is good risk management practice and can help improve the current plan in place.<br>Reference: SORM, RMTSA Guidelines, Volume III, Section Two, Chapter 6, Subchapter 6.5                            | UNT will conduct shelter-in-place drills before the end of the spring semester.          | Shauna Barbato, Assistant Director        | 4/30/2017                    | Closed                |
| External            | State Office of Risk Management                              | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Risk Management Program Review Report           | UNT                   | 17-11-03 Safety: Fire Safety: Combustible Materials Storage (Frisco Campus)<br>During this RMPR, SORM noted that there were combustible materials such as cardboard boxes and filters being stored beneath an emergency egress stairwell.   | NA         | SORM recommends that UNT work with the landlord to remove these combustible materials from this area, in accordance with the Fire Code, as referenced below.<br>Reference: NFPA-1 (2015), "Fire Code," Chapter 10.19.4  | All combustible materials have been removed.   | Shauna Barbato, Assistant Director        | 12/16/2016                   | Closed                |

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|---------------------|---------------------------------|-------------------------------|---------------|--------------------------------------|---------------------------------------|-----------------------|---|---|---|--|---|------------------------------|-----------------------|
| External            | State Office of Risk Management | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Risk Management Program Review Report | UNT                   | 17-11-04 Safety: Hazard Communication: Safety Data Sheets and Eyewash Station (Pohl Recreation Center (Denton Campus))<br>During this RMPR, SORM noted that in room #39, the "pool room" in the Pohl Recreation Center, there were hazardous chemicals being stored and utilized relative to the maintenance of the swimming pools. However, the Material Safety Data Sheets were not current and no eyewash station was present even though the MSDSs for these chemicals indicated the need for an eyewash station.   | NA  | SORM recommends that the university install an eyewash station in this room and ensure that all the chemicals have their current Safety Data Sheets from the manufacturer or distributor, as required by federal law.<br>References: OSHA, 29 CFR 1910.1200, "Hazard Communication;" OSHA, 29 CFR 1910.151 (c); ANSI/ISEA z358.1 (2014), "Standard for Emergency Eyewash and Shower Equipment"  | UNT will install an eyewash station and update the SDS sheets.   | Scott Dunkle, Program Director for Environmental Risk | 2/28/2017                    | Closed                |
| External            | State Office of Risk Management | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Risk Management Program Review Report | UNT                   | 17-11-05 Safety: Hazard Communication: Safety Data Sheets and Eyewash Solution (Union Building (Denton Campus))<br>During this RMPR, SORM noted that in Paint Room #121 in the Union Building, paints and other hazardous chemicals were being stored. However, there were no Safety Data Sheets present for these chemicals. In addition, it was noted that the room is utilized by various student groups, and there is a procedure for signing up to access the room for various projects. There is an eyewash station within walking distance of the room itself. | NA  | SORM recommends that the university maintain SDS's for all chemical substances in the room, and ensure that any groups using the room temporarily possess and follow the instructions of the SDS's for the hazardous substances they will be using. The university should measure the distance from the room to the eyewash station, and if it is less than 10-seconds walking-distance (as per the language in the ANSI standard), the university should install a portable, auxiliary eyewash bottle in the room to assist the injured person while moving to the eyewash station. If the eyewash station is further away than this, then a plumbed or self-contained eyewash station should be installed in the room. in | UNT will install a mobile eyewash station and add SDS sheets for any hazardous materials.  | Scott Dunkle, Program Director for Environmental Risk | 2/28/2017                    | Closed                |
| External            | State Office of Risk Management | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Risk Management Program Review Report | UNT                   | 17-11-06 Safety: Fire Safety: Avesta Kitchen (Union Building (Denton Campus))<br>During this RMPR, SORM noted that in the "Avesta" kitchen in the Union Building several metal caps were hanging from the fire-suppression nozzle heads, and some nozzles were missing their "O-rings." This indicates a level of grease accumulation that will prevent the fire suppression system from operating as intended during a fire. Additionally, it was noted that the manual activation ("pull") stations were not marked, as required by the Fire Code.                  | NA  | SORM recommends that the university mark the pull stations to indicate which part of the system each one controls, and establish a cleaning schedule for the nozzle heads such that grease does not accumulate in them in significant amounts.<br>References: NFPA-1 (2015), "Fire Code," Chapters 50.4, 50.4.7.1, 50.5.6, 50.5.6.1, 50.5.6.3   | O-rings will be replaced on fire-suppression nozzles and all metal caps will be inspected to ensure nozzles are positioned correctly. A cleaning schedule will be established to ensure the fire-suppression nozzle heads do not accumulate a significant amount of grease. The manual activation ("pull") stations will be marked to indicate which part of the system each one controls. | Vickie Coffey, Health and Food Safety Officer         | 2/28/2017                    | Closed                |
| External            | State Office of Risk Management | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report           | UNTHSC                | 17-10-01 Safety: Fall Protection: Ladder Cage<br>SORM noted during the consultation that the metal ladder secured to the wall beneath the grating in the sidewalk between the RES Building and the Library leading down to the transformer pit was missing a required cage.   | 17-10-01 Safety: Fall Protection: Ladder Cage<br>SORM recommends that the university install an OSHA-compliant cage to this ladder, as per the standard referenced below.<br>Reference: OSHA, 29 CFR 1910.127 and 1910.127(d)(1)(ii)  | NA  | Matthew Moncus, Director for the Safety Office   | 3/31/2017<br>Revised 12/01/2018                       | Open                         |                       |
| External            | State Office of Risk Management | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report           | UNTHSC                | 17-10-02 Safety: Electrical Safety: Open Junction Boxes (EAD Building, Rooms 3M4, 5M3)<br>SORM noted during the consultation that junction boxes in rooms 3M4 and 5M3 in the EAD Building contained uncovered ("open") junction boxes.  | 17-10-02 Safety: Electrical Safety: Open Junction Boxes (EAD Building, Rooms 3M4, 5M3)<br>SORM recommends that the university cover these junction boxes as required by the National Electrical Code, referenced below.<br>Reference: NFPA-70 (2017), "National Electrical Code," Chapter 3, Article 314.28 C   | The electricians are checking all junction boxes for covers.  | Matthew Moncus, Director for the Safety Office   | 12/8/2016   | Closed                       |                       |
| External            | State Office of Risk Management | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report           | UNTHSC                | 17-10-03 Safety: Electrical Safety: Electrical Panelboards (EAD Building, room 6M5)<br>SORM noted during the consultation that in room 6M5 of the EAD Building, some of the circuit breakers appeared to be warmer than normal and the circuit breakers were not labeled to indicate what they controlled. These panelboards were: 6LN1, 6LN2, 6LN4, 6LN8, and 6LN9. Of specific concern were circuit breakers 14, 16, and 18 in these panelboards.   | 17-10-03 Safety: Electrical Safety: Electrical Panelboards (EAD Building, room 6M5)<br>SORM recommends that the university determine (either via maintenance staff or with the contracted vendor(s)) what each circuit breaker controls and label it as such on the panelboard manifest, as required by the below-referenced National Electrical Code.<br>Reference: NFPA-70 (2017), "National Electrical Code," Chapter 4, Article 408.4 A | The electricians are evaluating the loads of each of these panelboards and labeling them appropriately.   | Matthew Moncus, Director for the Safety Office   | 1/31/2017   | Closed                       |                       |



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| External            | State Office of Risk Management                     | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report  | UNTHSC                | 17-10-04 Safety: Fire Safety: Combustible Materials in Mechanical Rooms (EAD Building, room 8M6)<br>SORM noted during the consultation that in mechanical room 8M6 of the EAD Building, the university was storing combustible materials.   |            | 17-10-04 Safety: Fire Safety: Combustible Materials in Mechanical Rooms (EAD Building, room 8M6)<br>SORM recommends that the university ensure that no combustible materials are stored in mechanical rooms, except for materials and supplies for the operation and maintenance of the equipment in the room, as per the below-referenced Fire Code.<br>Reference: NFPA-1 (2015), "Fire Code," Chapters 10.18.5.1 and 10.18.5.2 | Materials have already been removed.   | Matthew Moncus, Director for the Safety Office | 12/2/2016                    | Closed                |
| External            | State Office of Risk Management                     | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | On-Site Consultation Report  | UNTHSC                | 17-10-05 Safety: Fire Safety: Electrical Panelboard Cleaning (PCC Building, room 1E1)<br>SORM noted during the consultation that in the Patient Care Center (PCC Building), room 1E1, there is a significant accumulation of dust, including within the electrical panelboards located in this room.                  |            | 17-10-05 Safety: Fire Safety: Electrical Panelboard Cleaning (PCC Building, room 1E1)<br>SORM recommends that the university establish a cleaning schedule for this room and these electrical panelboards such that dust does not accumulate to a significant degree, as required by the OSHA standard referenced below.<br>Reference: OSHA, 29 CFR 1910.303(b)(1)   | Cleaning will be included as a part of regular maintenance on the panelboards. | Matthew Moncus, Director for the Safety Office | 1/31/2017                    | Closed                |
| External            | Tarrant County                                      | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | On-Site Fiscal Monitoring Review   | UNTHSC                | Tarrant County reviewed all expenditures for May-June 2016. No findings or recommendations.   | NA         | None   | None   | NA   | NA                           | NA                    |
| External            | Health Resources and Services Administration (HRSA) | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | On-Site Fiscal Program Monitoring Review                                     | UNTHSC                | The primary scope of this on-site visit was to review program objectives and progress. OGCM met with HRSA for 30 minutes making introductions and providing a brief overview of organization and processes.   | NA         | None   | None   | NA   | NA                           | NA                    |
| External            | State Fire Marshal's Office                         | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Rawlings Hall<br><br>Rawlings Hall is a four story new dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | N/A        | Finding 1<br><br>The corridor fire doors by room 266 B do not close and latch properly.<br>NFPA 1, Fire Code, Chapter 12.4.6.9.2(6) and (8)  | UNT will repair doors to latch properly.                                       | NA   | 2/1/2017                     | Closed                |
| External            | State Fire Marshal's Office                         | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Rawlings Hall<br><br>Rawlings Hall is a four story new dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | N/A        | Finding 2<br><br>Unsealed or improperly sealed penetrations are present in the following locations.<br>- Room 355 Security closet<br>- Apartment 280 Hole in ceiling by entrance door<br>- Room 412 unsealed and improperly sealed mineral wool not secured in place by fire caulking.<br>NFPA 1, Fire Code, Chapter 12.7.5.1 and 12.3.3.1   | UNT will properly seal penetrations.   | NA   | 2/1/2017                     | Closed                |
| External            | State Fire Marshal's Office                         | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Rawlings Hall<br><br>Rawlings Hall is a four story new dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | N/A        | Finding 3<br><br>Multipurpose room 270 A/B has an occupant load in excess of 49 people and lacks the required exit signs.<br>NFPA 1, Fire Code, Chapters 20.1.4.7.1 and 14.14.1.1  | UNT will install exit signs  | NA   | 2/1/2017                     | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Rawlings Hall<br><br>Rawlings Hall is a four story new dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.                  | N/A        | Finding 4<br><br>The emergency egress floor plans are missing or incorrect and need to be redone for all rooms.<br>NFPA 1, Fire Code, Chapter 20.8.2.4.1   | UNT will review for accuracy and develop plans.<br><br>Work In Progress - Currently out for bidding process - TMA Project # 13639 | NA  | NA                           | Open                  |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Crumley Hall<br><br>Crumley Hall is a three-story mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | N/A        | Finding 1<br><br>There is a dead end corridor on both the second and third floors that exceed the allowable distance of 50 feet. The corridors measured 64 feet long. On the second floor rooms 228 and 229 cannot be normally occupied. The third floor rooms 328 and 329 cannot be normally occupied due to the excessive dead-end corridor distance. Note: Rooms no longer being used.<br><br>NOTE: The violation was noted several inspection cycles ago by the SFMO and the university was instructed at that time they were not to use these rooms. During this inspection it was observed the rooms were again being used. The Housing Staff stated the Risk Management Department told them since the building was retro fitted with a fire sprinkler system the rooms could now be used. THE SFMO instructed the university the rooms cannot be used, the code does not allow dead end corridors to exceed 50 feet in unsprinklered or sprinklered buildings. The university was ordered to lock the rooms and post signs the rooms are not to be occupied by order of the State Fire Marshal's Office.<br>NFPA 1, Fire Code, Chapter 14.10.1.5; and NFPA 101, Life Safety Code, Chapter 29.2.5.5 | Completed. Rooms are no longer being used.  | NA  | 12/23/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Crumley Hall<br><br>Crumley Hall is a three-story mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | N/A        | Finding 2<br><br>The stairwells have HVAC vent ducts penetrating the exit enclosure in approximately 12 locations.<br>NFPA 1, Fire Code, Chapter 14.3.1(10)  | Completed. Vents are closed.  | NA  | 12/23/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Crumley Hall<br><br>Crumley Hall is a three-story mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | N/A        | Finding 3<br><br>Paneling is applied to the walls located in the first floor business office corridor that does not meet class A or B interior finish requirements.<br>NFPA 1, Fire Code, Chapter 20.13.3.2.1  | UNT will replace paneling.  | NA  | 4/3/2017                     | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Crumley Hall<br>Crumley Hall is a three-story mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | N/A        | Finding 4<br>The First floor A/C 3 room has an unsealed floor penetration. NFPA 1, Fire Code, Chapter 12.7.5.1  | UNT will seal penetrations.   | NA  | 3/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Crumley Hall<br>Crumley Hall is a three-story mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | N/A        | Finding 5<br>The door separating the business occupancy from the dormitory occupancy lacks a fire rating. Provide documentation this door is not located in a fire wall. NFPA 1, Fire Code 6.1.14.4.1(a)  | UNT will provide documentation.   | NA  | 8/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Crumley Hall<br>Crumley Hall is a three-story mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | N/A        | Finding 6<br>The stairwell fire door on the third floor center stairwell has a continuous hinge and does not have UL listing information on hinge NFPA 1, Fire Code, Chapters 12.7.3.1, 12.7.3.2.2 and 12.7.3.2.3   | UNT will label the hinge.   | NA  | 3/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Crumley Hall<br>Crumley Hall is a three-story mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | N/A        | Finding 7<br>The emergency egress floor plans are incorrect and need to be redone for all rooms. NFPA 1, Fire Code, Chapter 20.8.2.4.1  | UNT will review for accuracy and develop plans.<br>Work In Progress - Currently out for bidding process - TMA Project # 13639 | NA  | NA                           | Open                  |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Clark Hall<br>Clark Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | N/A        | Finding 1<br>Fire doors in the following locations are damaged or missing parts.<br>- B wing third floor stairwell door holes in door<br>- B wing third floor broken wired glass panel<br>- B wing second floor holes in door<br>- Corridor fire door by room 146 missing latch plate and holes                       | UNT will repair doors and/or replace missing parts.   | NA  | 2/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Clark Hall<br>Clark Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | N/A        | Finding 2<br>HVAC vents for the building system are located in the stairwells. (6 stairwells x 3 floors) NFPA 1, Fire Code, Chapter 14.3.1 (10) (d)   | Completed. All vents have been sealed.  | NA  | 12/23/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Clark Hall<br>Clark Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | N/A        | Finding 3<br>Unsealed or improperly sealed penetrations are present in the following locations.<br>- C wing south stairwell unsealed penetration conduit for smoke detector<br>- Custodial closet A wing<br>- Corridor by room 379 hole in ceiling<br>- Mechanical room A/C 7 improper material used to seal          | UNT will seal penetrations.   | NA  | 3/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Clark Hall<br>Clark Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | N/A        | Finding 4<br>The First floor corridor fire door by mechanical room A/C 3 has a ventilation grate cut in the bottom half of the door. The door is no longer a UL listed fire door assembly. Additionally the door is missing the door latch cover plate. NFPA 1, Fire Code, Chapters 12.4.6.9.1 and 12.4.6.9.2(10) (4) | UNT will replace door.  | NA  | 8/1/2017                     | Closed                |



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| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Clark Hall<br><br>Clark Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.   | N/A        | Finding 5<br><br>The emergency egress floor plans are incorrect and need to be redone for all rooms.<br>NFPA 1, Fire Code, Chapter 20.8.2.4.1   | UNT will review for accuracy and develop plans.<br><br>Work In Progress - Currently out for bidding process - TMA Project # 13639 | NA  | NA                           | Open                  |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | N/A        | Finding 1<br><br>Unsealed or improperly sealed penetrations are present in the following locations.<br>- Room A743 Several unsealed penetrations<br>- Room A763A Several unsealed penetrations<br>- Mechanical room 643A Several unsealed penetrations<br>- Mechanical room 641A Unsealed sprinkler pipe and<br>- Electrical room next to 641A floor conduit sealed with non-fire rated yellow spray foam used<br>- Room 631A Floor penetrations<br>- Mechanical room 563A non-fire rated yellow spray foam used<br>- Mechanical room 543A non-fire rated yellow spray foam used<br>- Room 541A non-fire rated yellow spray foam used<br>- Room 531A Several unsealed penetrations<br>- Mechanical room 505A non-fire rated yellow spray foam used<br>- Room 507A Floor conduit unsealed<br>- Room 463A non-fire rated yellow spray foam used<br>- Mechanical room 443A non-fire rated yellow spray foam used<br>- Electrical room next to 441A non-fire rated yellow spray foam used<br>- Room 405A non-fire rated yellow spray foam used<br>- Room 363A non-fire rated yellow spray foam used and | UNT will seal penetrations.   | NA  | 5/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | N/A        | Finding 2<br><br>The emergency egress floor plans are missing or incorrect and need to be redone for all rooms.<br>NFPA 1, Fire Code, Chapter 20.8.2.4.1  | UNT will review for accuracy and develop plans.<br><br>Work In Progress - Currently out for bidding process - TMA Project # 13639 | NA  | NA                           | Open                  |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | N/A        | Finding 3<br><br>The corridor sprinkler head by room 236A is missing the escutcheon.<br>NFPA 1, Fire Code, Chapter 4.5.8.1  | UNT will order new escutcheons, may have to replace sprinkler heads if escutcheons cannot be located due to sprinkler head age    | NA  | 3/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | N/A        | Finding 4<br><br>The cafeteria has a posted occupant load of 203 people. The main entrance doors have keyed deadbolts with thumb latches. Doors serving occupant loads of 100 or more shall be supplied with panic hardware or fire exit hardware only.<br>NFPA 1, Fire Code, Chapter 14.5.3.4.2  | UNT will install panic hardware.  | NA  | 4/3/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | N/A        | Finding 5<br><br>The kitchen flame broiled grill is on wheels and lacks an approved method to insure the appliance is in the approved design location.<br>NFPA 1, Fire Code, Chapter 50.6.1.2.3.1   | Seal tech will install stops to position the equipment.   | NA  | 4/3/2017                     | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | N/A        | Finding 6<br><br>Pizza conveyer type oven is open and produces grease laden vapors and is not protected by the UL-300 Wet chemical system.<br>NFPA 1, Fire Code, Chapter 50.4.3.2   | UNT will evaluate the best course of action for completion.   | NA  | 8/31/2017                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | N/A        | Finding 7<br><br>The pizza conveyer oven is not located under the vent a hood as required.<br>NFPA 1, Fire Code, Chapter 50.2.1.1   | UNT will evaluate the best course of action for completion.   | NA  | 8/31/2017                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | N/A        | Finding 8<br><br>The storage room located next to the boiler room off the loading is not protected by the building fire sprinkler system.<br>NFPA 1, Fire Code, Chapter 13.3.1.2 and 13.3.2.26.2  | UNT will add sprinkler coverage.  | NA  | 3/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | N/A        | Finding 9<br><br>The sprinkler system hydraulic calculation plate is unreadable.<br>NFPA 1, Fire Code, Chapter 13.3.3.2   | UNT will have the plate re-made.  | NA  | 3/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-B<br><br>Kerr Hall-Building-B is an eight-story high-rise, classified as a mixed occupancy of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | N/A        | Finding 1<br><br>Sprinkler heads are missing the escutcheons in the following locations.<br>- Room 801B<br>- Laundry room 719B two heads<br>NFPA 1, Fire Code, Chapter 4.5.8.1  | UNT will order new escutcheons, may have to replace sprinkler heads if escutcheons cannot be located due to sprinkler head age. | NA  | 3/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-B<br><br>Kerr Hall-Building-B is an eight-story high-rise, classified as a mixed occupancy of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | N/A        | Finding 2<br><br>Unsealed or improperly sealed penetrations are present in the following locations.<br>- Mechanical room 522B non fire rated yellow spray foam used<br>- Mechanical room 402B non fire rated yellow spray foam used<br>- Storage room 301B hole in ceiling<br>NFPA 1, Fire Code, Chapter 12.7.5.1 | UNT will seal penetrations.   | NA  | 5/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-B<br><br>Kerr Hall-Building-B is an eight-story high-rise, classified as a mixed occupancy of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | N/A        | Finding 3<br><br>Both stairwells discharge into the building interior on the first floor. Not less than fifty percent of the exits shall discharge directly to the exterior of the building.<br>NFPA 1, Fire Code, Chapter 14.11.2(1)   | UNT will evaluate the best course of action for completion.   | NA  | 8/31/2017                    | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-B<br><br>Kerr Hall-Building-B is an eight-story high-rise, classified as a mixed occupancy of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | N/A        | Finding 4<br><br>The emergency egress floor plans are missing or incorrect and need to be redone for all rooms.<br>NFPA 1, Fire Code, Chapter 20.8.2.4.1   | UNT will review for accuracy and develop plans.<br><br>Work In Progress - Currently out for bidding process - TMA Project # 13639 | NA  | NA                           | Open                  |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Maple Hall<br><br>Maple Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | N/A        | Finding 1<br><br>The following corridors have fiberglass reinforced plastic (FRP) ceiling panels installed in the drop ceiling grids. Documentation was not available at the time of the inspection that FRP ceiling tiles meet class A or B interior finish requirements for use in corridors.<br>- F wing second floor<br>- B wing first floor<br>- B wing second floor<br>- C wing second floor<br>- C wing first floor | FRP will be replaced w/acoustical ceiling tile  | NA  | 8/31/2017                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Maple Hall<br><br>Maple Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | N/A        | Finding 2<br><br>Unsealed or improperly sealed penetrations are present in the following locations.<br>- FC-2 Mechanical room non rated yellow spray foam<br>- F220 IT room 4 inch conduit floor and ceiling<br>- E226 IT room 4 inch conduit floor and ceiling<br>- A/C H8 room E321 floor non rated yellow spray foam  | UNT will seal penetrations.   | NA  | 4/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Maple Hall<br><br>Maple Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | N/A        | Finding 3<br><br>Stairwell fire rated doors at the following locations have holes in the door.<br>- Stairwell C third floor<br>- Stairwell D second floor<br>NFPA 1, Fire Code, Chapter 12.4.6.9.1 and 12.4.6.9.2(1)   | UNT will seal hole in doors.  | NA  | 4/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Maple Hall<br><br>Maple Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | N/A        | Finding 4<br><br>Mechanical room B132 has an extension cord wired into the HVAC controller to supply power to the unit.<br>NFPA 1, Fire Code, Chapter 11.1.2   | UNT will replace extension cord with a permanent solution.  | NA  | 4/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Maple Hall<br><br>Maple Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | N/A        | Finding 5<br><br>The corridor fire door by room C123 has a ventilation grate installed in the bottom of the door.<br>NFPA 1, Fire Code, Chapter 12.4.6.9.1 and 12.4.6.9.2(10)  | UNT will replace door.  | NA  | 4/1/2017                     | Closed                |



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| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Maple Hall<br><br>Maple Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | N/A        | Finding 6<br><br>Stairwell signage is missing in the following locations. Stairwell signs are not required by code in this existing building however since signs have been installed they must be maintained.<br>- D corridor south third floor<br>- F wing west stairwell third floor<br>- A wing west stairwell third floor<br>- A wing south stairwell second floor<br>- F wing west second floor<br>- B wing south stairwell second floor<br>- E wing corridor across from room 201<br>- D wing south stairwell first floor<br>NFPA 1, Fire Code, Chapter 4.5.8.1                          | UNT will replace signs.   | NA  | 5/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Maple Hall<br><br>Maple Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | N/A        | Finding 7<br><br>The emergency egress floor plans are missing or incorrect and need to be redone for all rooms.<br>NFPA 1, Fire Code, Chapter 20.8.2.4.1   | UNT will review for accuracy and develop plans.<br><br>Work In Progress - Currently out for bidding process - TMA Project # 13639 | NA  | NA                           | Open                  |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Mozart Hall<br><br>Mozart Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.   | N/A        | Finding 1<br><br>The center stairwell first floor has an unsealed penetration around the security camera wire.<br>NFPA 1, Fire Code, Chapter 12.7.5.1  | UNT will seal the penetration.  | NA  | 2/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Mozart Hall<br><br>Mozart Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.   | N/A        | Finding 2<br><br>The emergency egress floor plans are missing or incorrect and need to be redone for all rooms.<br>NFPA 1, Fire Code, Chapter 20.8.2.4.1   | UNT will review for accuracy and develop plans.<br><br>Work In Progress - Currently out for bidding process - TMA Project # 13639 | NA  | NA                           | Open                  |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Victory Hall<br><br>Victory Hall is a four-story mixed occupancy consisting of existing dormitory and existing assembly use. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | N/A        | Finding 1<br><br>Fire extinguishers in the following locations lack a current annual inspection tag.<br>- Storage room 2162 last inspection January 2008<br>- Laundry room 1116 last inspection July 2009<br>- Room 3207 last inspection June 2013<br>- Storage room 3280 last inspection September 2014<br>- IT room 2250 no inspection tag on extinguisher, year of manufacture 2004<br>- Communications room 2210 last inspection June 2010<br>- IT room located off mechanical room 2280 no inspection tag on extinguisher, year of manufacture 2004<br>NFPA 1, Fire Code, Chapter 4.5.8.1 | Completed. All extinguishers have been removed.   | NA  | 12/23/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Victory Hall<br><br>Victory Hall is a four-story mixed occupancy consisting of existing dormitory and existing assembly use. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | N/A        | Finding 2<br><br>The fire alarm control panel is displaying the following trouble signals.<br>☒ Missing detector<br>☒ Pre-alarmF1 #1 elevator<br>☒ Mechanical room 1176<br>NFPA 1, Fire Code, Chapter 4.5.8.1  | Completed. UNT replaced detector and reset panel.   | NA  | 12/23/2016                   | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Victory Hall<br>Victory Hall is a four-story mixed occupancy consisting of existing dormitory and existing assembly use. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | N/A        | Finding 3<br>The corridor travel distances between fire alarm pull stations exceeds the maximum 200 feet travel distance between pull stations. Corridor distance was measured to be 366 feet. NFPA 1, Fire Code, Chapter 13.7.1.4.8.5  | Completed. UNT installed pull station.  | NA  | 12/23/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Victory Hall<br>Victory Hall is a four-story mixed occupancy consisting of existing dormitory and existing assembly use. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | N/A        | Finding 4<br>The emergency egress floor plans are missing or incorrect and need to be redone for all rooms. NFPA 1, Fire Code, Chapter 20.8.2.4.1   | UNT will review for accuracy and develop plans.<br><br>Work In Progress - Currently out for bidding process - TMA Project # 13639 | NA  | NA                           | Open                  |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Victory Hall<br>Victory Hall is a four-story mixed occupancy consisting of existing dormitory and existing assembly use. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | N/A        | Finding 5<br>Unsealed or improperly sealed penetrations are present in the following locations.<br>- Fire pump room unsealed penetrations<br>- Custodial closet room 4116 unsealed penetrations<br>- Storage room 4152 unsealed penetrations<br>- Custodial closet room 44176 unsealed penetrations<br>- IT room 2114 unsealed penetrations<br>- IT room 2116 unsealed penetrations<br>- IT room 2152 unsealed penetrations<br>- IT room 2162 unsealed penetrations<br>- Storage room 3212 unsealed penetrations<br>- Laundry room 1116 unapproved yellow spray foam<br>- Housing security room off mechanical room 2280 unsealed penetrations<br>- Room 2250 unsealed penetrations<br>- Room 2248 unsealed penetrations<br>- Room 2212 unsealed penetrations<br>- Room 2210 unsealed penetrations<br>NFPA 1, Fire Code, Chapter 12.7.5.1 | UNT will seal penetrations.   | NA  | 5/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Victory Hall<br>Victory Hall is a four-story mixed occupancy consisting of existing dormitory and existing assembly use. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | N/A        | Finding 6<br>Covers are missing off electric door controller panels and splice boxes for the exhaust controls in mechanical room 2280. NFPA 1, Fire Code, Chapter 11.1.10   | UNT will replace covers.  | NA  | 2/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Victory Hall<br>Victory Hall is a four-story mixed occupancy consisting of existing dormitory and existing assembly use. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | N/A        | Finding 7<br>Housing security room located off mechanical room 2280 has a power strip plugged into a UPS. NFPA 1, Fire Code, Chapter 11.1.6.2   | UNT will develop a permanent solution.  | NA  | 5/1/2017                     | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Victory Hall<br>Victory Hall is a four-story mixed occupancy consisting of existing dormitory and existing assembly use. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | N/A        | Finding 8<br>In room 2250 an extension cord is used to power a UPS unit. NFPA 1, Fire Code, Chapter 11.1.7.6   | UNT will develop a permanent solution.  | NA  | 5/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Victory Hall<br>Victory Hall is a four-story mixed occupancy consisting of existing dormitory and existing assembly use. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | N/A        | Finding 9<br>The first floor elevator lobby fire doors lack vertical bottom rods and floor latching points or fire pins. (4 sets) NFPA 1, Fire Code, Chapter 12.4.1; and NFPA 80 Standard for Fire Doors and Other Opening Protectives, Chapter 4.6.3.1  | UNT will replace vertical bottom rods and add floor latching points.  | NA  | 3/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Victory Hall<br>Victory Hall is a four-story mixed occupancy consisting of existing dormitory and existing assembly use. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, fire pump and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | N/A        | Finding 10<br>Mechanical room 2280 has storage of materials not related to mechanical equipment operation. These items include but not limited to mop buckets, mops, paint, furniture, ceiling tiles. NFPA 1, Fire Code, Chapter 10.19.5.1   | UNT will remove those materials.  | NA  | 8/31/2017                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Honors Hall<br>Honors Hall is a five-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | N/A        | Finding 1<br>The penthouse attic area lacks sprinkler protection and is used for storage of combustible material. NFPA 1, Fire Code, Chapters 13.3.2.16.2 and 10.19.6  | UNT will remove combustible material.   | NA  | 8/31/2017                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Honors Hall<br>Honors Hall is a five-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system with smoke detection, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.  | N/A        | Finding 2<br>The emergency egress floor plans are missing or incorrect and need to be redone for all rooms. NFPA 1, Fire Code, Chapter 20.8.2.4.1  | UNT will review for accuracy and develop plans.<br>Work In Progress - Currently out for bidding process - TMA Project # 13639 | NA  | NA                           | Open                  |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Traditions Hall<br>Traditions Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss.        | N/A        | Finding 1<br>The third floor elevator lobby doors do not latch. NFPA 1, Fire Code, Chapter 12.4.6.9.1 and 12.4.6.9.2(8)  | UNT will adjust closure.  | NA  | 2/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Traditions Hall<br>Traditions Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss.        | N/A        | Finding 2<br>Unsealed or improperly sealed penetrations are present in the following locations.<br>- IT closet 324, 377 277,224, 124 4 inch conduits not sealed<br>- Room 373 ceiling penetrations<br>- Room H205 4 inch conduit not sealed<br>- Six electrical rooms throughout the building 3/4 inch conduit not sealed<br>NFPA 1, Fire Code, Chapter 12.7.5.1 | UNT will seal penetrations.   | NA  | 2/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Traditions Hall<br>Traditions Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss.        | N/A        | Finding 3<br>The emergency egress floor plans are missing or incorrect and need to be redone for all rooms. NFPA 1, Fire Code, Chapter 20.8.2.4.1  | UNT will review for accuracy and develop plans.<br>Work In Progress - Currently out for bidding process - TMA Project # 13639 | NA  | NA                           | Open                  |



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| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Traditions Hall<br>Traditions Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 4<br>The third floor stairwell 3.2 panic bar lacks a label indicating the bar is UL listed fire exit hardware.<br>NFPA 1, Fire Code, Chapter 14.5.3.4.2  | UNT will install fire rated device.            | NA  | 2/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Traditions Hall<br>Traditions Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 5<br>Stairwells are missing the stairwell identification signs in the following locations.<br>- Stairwell 2.5<br>- Center stairwell first floor<br>NFPA 1, Fire Code, Chapter 10.12.3.   | UNT will add signage.                          | NA  | 3/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Traditions Hall<br>Traditions Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 6<br>In room 149 a new drop ceiling has been installed. The sprinkler heads have not been relocated below the new ceiling.<br>NFPA 1, Fire Code, Chapter 4.5.8.1   | UNT will move sprinkler head into new ceiling. | NA  | 3/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Traditions Hall<br>Traditions Hall is a three-story existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 7<br>Elevator lobby fire doors are on electronic hold open devices and lack the required smoke detectors within five feet of the doors.<br>NFPA 1, Fire Code, Chapter 14.5.4.1(3)  | Completed. UNT installed smoke detectors.      | NA  | 12/23/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Santa Fe Hall<br>Santa Fe Hall is a three-story structure classified as existing apartment occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power.                               | N/A        | Finding 1<br>The three fire sprinkler risers are yellow tagged since December 2015. Tags state gauges, not replaced or 5 year calibration".<br>NFPA 1, Fire Code, Chapter 13.3.3.2   | Completed. UNT replaced gauges.                | NA  | 12/23/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Santa Fe Hall<br>Santa Fe Hall is a three-story structure classified as existing apartment occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power.                               | N/A        | Finding 2<br>Unsealed or improperly sealed penetrations are present in the following locations.<br>- Telephone room unsealed ceiling and floor penetrations<br>- Cable TV room unsealed ceiling and floor penetrations<br>- Room ST3H<br>- Corridor outside room 222<br>- Room A/C2A | UNT will seal penetrations.                    | NA  | 3/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Santa Fe Hall<br>Santa Fe Hall is a three-story structure classified as existing apartment occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power.                               | N/A        | Finding 3<br>Emergency lights failed to operate when tested in the following locations.<br>- Stairwell B third floor<br>- Corridor by room 203<br>NFPA 1, Fire Code, Chapter 4.5.8.1   | UNT will repair or replace emergency lights.   | NA  | 2/1/2017                     | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Santa Fe Hall<br><br>Santa Fe Hall is a three-story structure classified as existing apartment occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power.  | N/A        | Finding 4<br><br>Sprinkler heads are missing escutcheons in the following areas.<br>- Stairwell A third floor<br>- Room ST3H<br>NFPA 1, Fire Code, Chapter 4.5.8.1  | UNT will reinstall escutcheon.  | NA  | 3/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Santa Fe Hall<br><br>Santa Fe Hall is a three-story structure classified as existing apartment occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power.  | N/A        | Finding 5<br><br>Fire doors in stairwell B on the first floor lack a UL listed fire rating label or label from another recognized testing lab.<br>NFPA 1, Fire Code, Chapter 12.7.3.2.2   | Install fire rated hardware   | NA  | 5/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Santa Fe Hall<br><br>Santa Fe Hall is a three-story structure classified as existing apartment occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power.  | N/A        | Finding 6<br><br>Mechanical room and custodial closet are located off stairwell normally unoccupied spaces shall not enter into an exit enclosure. The mechanical room requires a one hour rated fire door separation from the exit enclosure<br>NFPA 1, Fire Code, Chapter 14.3.1. (9) (10) and 14.3.1.9 (C) | UNT will evaluate the best course of action for completion.   | NA  | 8/31/2017                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Santa Fe Hall<br><br>Santa Fe Hall is a three-story structure classified as existing apartment occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power.  | N/A        | Finding 7<br><br>Storage located by room 227 has a single cylinder dead bolt lock installed with the key side located inside the room and a thumb latch on the exterior side. Occupants can be locked inside the room.<br>NFPA 1, Fire Code, Chapters 4.4.3.1.2, 14.5.2.1 and 14.5.2.3                        | UNT will reverse door hardware.   | NA  | 2/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Santa Fe Hall<br><br>Santa Fe Hall is a three-story structure classified as existing apartment occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power.  | N/A        | Finding 8<br><br>The emergency egress floor plans are missing or incorrect and need to be redone for all rooms.<br>NFPA 1, Fire Code, Chapter 20.8.2.4.1  | UNT will review for accuracy and develop plans.<br><br>Work In Progress - Currently out for bidding process - TMA Project # 13639 | NA  | NA                           | Open                  |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Legends Hall<br><br>Legends Hall is a four-story structure classified as existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 1<br><br>The emergency egress floor plan diagram signs are missing or incorrect and need to be redone for all rooms.<br>NFPA 1, Fire Code, Chapter 20.8.2.4.1   | UNT will review for accuracy and develop plans.<br><br>Work In Progress - Currently out for bidding process - TMA Project # 13639 | NA  | NA                           | Open                  |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Legends Hall<br><br>Legends Hall is a four-story structure classified as existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 2<br><br>The sprinkler system hydraulic calculation place is missing from the riser.<br>NFPA 1, Fire Code, Chapter 13.3.3.2   | UNT will have hydraulic plates redone and installed.  | NA  | 3/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Legends Hall<br><br>Legends Hall is a four-story structure classified as existing dormitory occupancy. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 3<br><br>The penthouse area lacks sprinkler system coverage and is used for combustible storage.<br>NFPA 1, Fire Code, Chapters 13.3.2.16.2 and 10.19.5.1   | UNT will remove combustible storage.  | NA  | 8/31/2017                    | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | College Inn<br><br>The College Inn consists of four three-story buildings classified as a mixed occupancy of existing apartment buildings, existing dormitory, existing assembly and existing business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers. | N/A        | Finding 1<br><br>The South East side of the building exterior walkway has dead ends on the second and third floor in excess of the allowed 20 foot maximum allowed. (2014 Violation)<br>NFPA 1, Fire Code, Chapter 14.10.3.4; and NFPA 101, Life Safety Code, Chapters 31.2.5.1, 31.2.4.1, 7.5.3.3 and 7.5.1 | UNT will evaluate the best course of action for completion.<br><br>Work In Progress - Stairwells being designed | NA  | NA                           | Open                  |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | College Inn<br><br>The College Inn consists of four three-story buildings classified as a mixed occupancy of existing apartment buildings, existing dormitory, existing assembly and existing business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers. | N/A        | Finding 2<br><br>The mechanical chase areas have unsealed or improperly sealed penetrations.<br>(2014 Violation)<br>NFPA 1, Fire Code, Chapter 12.7.5.1  | UNT will seal penetrations.   | NA  | 8/31/2017                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | College Inn<br><br>The College Inn consists of four three-story buildings classified as a mixed occupancy of existing apartment buildings, existing dormitory, existing assembly and existing business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers. | N/A        | Finding 3<br><br>The emergency light failed to operate when tested in the Computing Center by main entrance.<br>NFPA 1, Fire Code, Chapter 4.5.8.1   | UNT will repair or replace emergency light.   | NA  | 2/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | College Inn<br><br>The College Inn consists of four three-story buildings classified as a mixed occupancy of existing apartment buildings, existing dormitory, existing assembly and existing business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers. | N/A        | Finding 4<br><br>The building lacks exterior emergency lighting for second floor egress.<br>NFPA 1, Fire Code, Chapter 14.13.1.1(1); and NFPA 101, Life Safety Code, Chapters 31.2.9 and 7.9   | UNT will add exterior lighting and exits signage.   | NA  | 8/31/2017                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | College Inn<br><br>The College Inn consists of four three-story buildings classified as a mixed occupancy of existing apartment buildings, existing dormitory, existing assembly and existing business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers. | N/A        | Finding 5<br><br>The fire alarm control panel is indicating troubles on the system. (Power supply)<br>NFPA 1, Fire Code, Chapter 4.5.8.1   | UNT will repair power supply.   | NA  | 2/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | College Inn<br><br>The College Inn consists of four three-story buildings classified as a mixed occupancy of existing apartment buildings, existing dormitory, existing assembly and existing business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers. | N/A        | Finding 6<br><br>The computing center east exit store front glass doors have curtains installed on the doors making the doors blend in with the store front windows that also have curtains installed.<br>NFPA 1, Fire Code, Chapter 14.4.2.1  | Completed. UNT removed curtains.  | NA  | 12/23/2016                   | Closed                |



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| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | College Inn<br><br>The College Inn consists of four three-story buildings classified as a mixed occupancy of existing apartment buildings, existing dormitory, existing assembly and existing business. Each dorm room and apartments have a door to the exterior. The upper floors have a concrete walkway that connects to a breezeway which provides egress from the units. Features of fire protection include a complete fire alarm system and portable extinguishers. | N/A        | Finding 7<br><br>Documentation was not available at the time of the inspection that the carpet installed on the walls in the computing center has been tested and approved for vertical wall application. Carpet installed on walls or ceilings shall meet class A requirements and in accordance with the requirements of NFPA 1 Fire Code. Manufactures documentation shall be supplied indicating the carpet has been tested in accordance with NFPA 1 approved testing methods and meets or exceeds the code standard.<br>NFPA 1, Fire Code, Chapter 12.5.5.1 | UNT will evaluate the best course of action for completion. | NA  | 8/31/2017                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | West Hall<br><br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and existing dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting units in the event of emergencies involving power loss.           | N/A        | Finding 1<br><br>Sprinkler protection is missing in the following locations.<br>- Kitchen walk in Cooler #2 no sprinkler protection<br>- Fire Pump room no sprinkler protection<br>- RESNET room second floor off mechanical room A/C3 no sprinkler protection<br>- Twelve mechanical rooms lack sprinkler protection under duct work that exceeds 4 feet wide<br>- First floor A/C 1A room incomplete sprinkler coverage<br>NFPA 1, Fire Code, Chapter 13.3.1.2  | UNT will add sprinkler protection.                          | NA  | 2/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | West Hall<br><br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and existing dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting units in the event of emergencies involving power loss.           | N/A        | Finding 2<br><br>The east, west, north and south stairwells on floors one through three have a chase in the stairwell with cover plates that lack the required 1 hour fire rating. (14 locations)<br>NFPA 1, Fire Code, Chapter 14.3.1(1)   | UNT will replace access panels w/ fire rated panels.        | NA  | 5/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | West Hall<br><br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and existing dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting units in the event of emergencies involving power loss.           | N/A        | Finding 3<br><br>The corridor smoke door by room 612 does not close properly.<br>NFPA 1, Fire Code, Chapter 4.5.8.1   | UNT will adjust closure.                                    | NA  | 2/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | West Hall<br><br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and existing dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting units in the event of emergencies involving power loss.           | N/A        | Finding 4<br><br>The stairwells have HVAC vents penetrating the exit enclosure. (18 locations)<br>NFPA 1, Fire Code, Chapter 14.3.1(10)   | Completed. UNT sealed vents.                                | NA  | 12/23/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | West Hall<br><br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and existing dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting units in the event of emergencies involving power loss.           | N/A        | Finding 5<br><br>The first floor east stairwell door has holes in the door from a previous hinge.<br>NFPA 1, Fire Code, Chapter 12.4.6.9.2(1) (d)   | UNT will seal holes in door or replace door.                | NA  | 2/1/2017                     | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | West Hall<br><br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and existing dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting units in the event of emergencies involving power loss. | N/A        | Finding 6<br><br>The emergency egress floor plans are missing or incorrect and need to be redone for all rooms..<br>NFPA 1, Fire Code, Chapter 20.8.2.4.1   | UNT will review for accuracy and develop plans.<br><br>Work In Progress - Currently out for bidding process - TMA Project # 13639 | NA  | NA                           | Open                  |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | West Hall<br><br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and existing dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting units in the event of emergencies involving power loss. | N/A        | Finding 7<br><br>Unable to verify that the building is supplied with the required emergency lighting.<br>NFPA 1, Fire Code, Chapter 14.13.1.1(1)  | UNT will verify that the building is supplied with emergency lighting.  | NA  | 2/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | West Hall<br><br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and existing dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting units in the event of emergencies involving power loss. | N/A        | Finding 8<br><br>In the kitchen walk in cooler number 1 spray foam is on the sprinkler head.<br>NFPA 1, Fire Code, Chapter 13.3.3.2   | UNT will replace sprinkler head fixture.  | NA  | 2/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | West Hall<br><br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and existing dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting units in the event of emergencies involving power loss. | N/A        | Finding 9<br><br>The kitchen commercial cooking appliances wet chemical suppression system has an enclosed appliance with a discharge nozzle located above it. The cooking appliances have been moved since the original installation and this nozzle no longer covers any open equipment. Upon discharge of the system this nozzle will spray wet chemical on the floor.<br>NFPA 1, Fire Code, Chapter 4.5.8.1 | UNT will evaluate the best course of action for completion.   | NA  | 8/31/2017                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | West Hall<br><br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and existing dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting units in the event of emergencies involving power loss. | N/A        | Finding 10<br><br>The cafeteria emergency exit door threshold is raised approximately four inches above the floor level creating a trip hazard to occupants exiting the building.<br>NFPA 1, Fire Code, Chapter 14.1; and NFPA 101 Life Safety Code, Chapter 7.2.1.3.4  | UNT will evaluate the best course of action for completion.   | NA  | NA                           | Open                  |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | West Hall<br><br>West Hall is a three-story structure classified as a mixed occupancy of existing assembly and existing dormitory occupancies. The building is separated into north and south wings. Features of fire protection include a complete fire alarm system, fire sprinkler system and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency lighting units in the event of emergencies involving power loss. | N/A        | Finding 11<br><br>The main mechanical room has an open electrical splice box.<br>NFPA 1, Fire Code, Chapter 11.1.10   | UNT will replace cover.   | NA  | 2/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | McConnell Hall<br><br>McConnell Hall is a three-story structure classified as a mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss.  | N/A        | Finding 1<br><br>Corridor smoke or fire doors in the following locations are held in the open position by electric hold open devices but lack the required smoke detectors located within five feet of the doors to activate door release in the event of a fire.<br>- Double smoke doors by SRID3<br>NFPA 1, Fire Code, Chapter 14.5.4.2(3)  | Completed. UNT added smoke detectors.   | NA  | 12/23/2016                   | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | McConnell Hall<br><br>McConnell Hall is a three-story structure classified as a mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 2<br><br>Unsealed or improperly sealed penetrations are present in the following locations.<br>- Room A/C 7 Unsealed and unapproved yellow spray foam used<br>- Room A/C 9 unapproved yellow spray foam used<br>- Room A/C 6 unapproved yellow spray foam used<br>- Room A/C 5 has an 18"x18" hole in wall covered with plywood and unapproved yellow spray foam used<br>NFPA 1, Fire Code, Chapter 12.7.5.1 | UNT will seal penetrations.   | NA  | 3/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | McConnell Hall<br><br>McConnell Hall is a three-story structure classified as a mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 3<br><br>Unable to verify building is equipped with the required emergency lighting.<br>NFPA 1, Fire Code, Chapter 14.13.1.1(1); and NFPA 101, Life Safety Code, Chapter 29.2.9.1  | Completed. UNT added sticker to fixture stating emergency light.  | NA  | 12/23/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | McConnell Hall<br><br>McConnell Hall is a three-story structure classified as a mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 4<br><br>The MAC room lacks emergency lighting.<br>Inspection Number RRO15029B<br>Revised 12/2014<br>Page 19 of 24<br>NFPA 1, Fire Code, Chapter 14.13.1.1(1); and NFPA 101, Life Safety Code, Chapter 29.2.9.1  | Completed. UNT added emergency lighting.  | NA  | 12/23/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | McConnell Hall<br><br>McConnell Hall is a three-story structure classified as a mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 5<br><br>The first floor corridor fire doors have an electronic locking device installed. Documentation was not available to indicate the device is UL listed for use on fire doors.<br>NFPA 1, Fire Code, Chapter 14.5.2.6(6)   | Completed. UNT added rating.  | NA  | 12/23/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | McConnell Hall<br><br>McConnell Hall is a three-story structure classified as a mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 6<br><br>The stage lighting wires have a section where the plug has been pulled away from the outer protective sheath exposing the wiring.<br>NFPA 1, Fire Code, Chapter 11.1.2  | UNT will replace wiring.  | NA  | 2/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | McConnell Hall<br><br>McConnell Hall is a three-story structure classified as a mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 7<br><br>The stand-pipe system lacks an annual inspection tag.<br>NFPA 1, Fire Code, Chapter 13.2.3.3  | UNT will inspect stand-pipe system.   | NA  | 3/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | McConnell Hall<br><br>McConnell Hall is a three-story structure classified as a mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 8<br><br>The emergency egress floor plan diagram signs are missing or incorrect and need to be redone for all rooms.<br>NFPA 1, Fire Code, Chapter 20.8.2.4.1  | UNT will review for accuracy and develop plans.<br><br>Work In Progress - Currently out for bidding process - TMA Project # 13639 | NA  | NA                           | Open                  |



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| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | McConnell Hall<br><br>McConnell Hall is a three-story structure classified as a mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss.                            | N/A        | Finding 9<br><br>Room A140A is being used as a wood shop. Saw dust was observed on work benches and the floor. This room is located directly off an assembly space and lacks the required two hour rated construction separation between industrial occupancy and assembly occupancy. Discontinue use of this room as a wood shop or other industrial type occupancy.<br>NFPA 1, Fire Code, Chapter 6.1.14.4.1  | AHJ will need to determine outcome.   | NA  | 2/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | McConnell Hall<br><br>McConnell Hall is a three-story structure classified as a mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss.                            | N/A        | Finding 10<br><br>In room AC6 permanent wiring has been abandoned in place, it is undetermined if the wiring is live or terminated.<br>NFPA 1, Fire Code, Chapter 11.1.4  | UNT will remove wiring.   | NA  | 2/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | McConnell Hall<br><br>McConnell Hall is a three-story structure classified as a mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss.                            | N/A        | Finding 11<br><br>In McConnell Café the designated exit is marked with signage that states "DO NOT GO THROUGH THIS DOOR".<br>NFPA 1, Fire Code, Chapter 4.5.8.1   | Signage to read "Emergency Access Only"   | NA  | 3/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | McConnell Hall<br><br>McConnell Hall is a three-story structure classified as a mixed occupancy consisting of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss.                            | N/A        | Finding 12<br><br>The emergency egress floor plans are missing or incorrect and need to be redone for all rooms.<br>NFPA 1, Fire Code, Chapter 20.8.2.4.1   | UNT will review for accuracy and develop plans.<br><br>Work In Progress - Currently out for bidding process - TMA Project # 13639   | NA  | NA                           | Open                  |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br><br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 1<br><br>The basement area located under the kitchen has only one means of egress and was formally considered a normally unoccupied space that was used for storage only. Two offices and a large dishwashing unit have been installed in the area. This changed the area use to a normally occupied area since employees now work in the space and a second approved means of egress is now required. (2013 violation)<br>NFPA 1, Fire Code, Chapter 14.9.1.1    | In progress, just received final proposal for kitchen basement egress from contractor and are in process of briefing statement and requesting PO.<br><br>WIP - Exit Being constructed | NA  | NA                           | Open                  |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br><br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 2<br><br>Corridor smoke or fire doors in the following locations are held in the open position by electric hold open devices but lack the required smoke detectors located within five feet of the doors to activate door release in the event of a fire.<br>- Corridor smoke door third floor by room A325<br>- Corridor smoke door by room C221<br>- Corridor fire door by room A201<br>- Corridor smoke door by room B205<br>- Corridor fire door by room B222 | Completed. Added smoke detectors.   | NA  | 12/23/2016                   | Closed                |

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| Internal / External | Reporting Agency            | Fiscal Year Report was Issued | Report Number | Audit Category                       | Report Name  | Component Institution | Key Observations  | Risk Level | Recommendation Details  | Management Response   | Individual Responsible for Implementation | Expected Implementation Date | Recommendation Status |
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| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br><br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 3<br><br>Fire door assemblies in the following areas lack UL listed fire rating labels or labels from another recognized testing lab.<br>- Fire door and frame fourth floor<br>- Fire door B wing west stairwell third floor<br>- Fire door second floor "B" wing<br>NFPA 1, Fire Code, Chapter 12.7.3.2.2 and 12.7.3.1   | UNT will rate doors.  | NA  | 8/31/2017                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br><br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 4<br><br>Sprinkler protection is missing in the following locations.<br>- Electrical room D458<br>- Electrical closet D wing<br>- Sherwood lounge storage closet<br>- Second floor IT closet<br>- Second floor electrical room by dumb waiter<br>- Second floor "B" wing IT room<br>- First floor electrical room A wing<br>- First floor "A" wing electrical room<br>- Second floor "A" wing IT room<br>- Basement music practice room enclosed cubes<br>NFPA 1, Fire Code, Chapter 13.3.1.2 | UNT will add sprinkler coverage.  | NA  | 3/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br><br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 5<br><br>Unsealed or improperly sealed penetrations are present in the following locations.<br>- Room D460 unsealed penetrations<br>- Custodial room across from room 2029 unsealed penetrations<br>- "D" wing electrical closet unsealed penetrations<br>- Storage room by room B310 unsealed penetrations<br>- Room 2073 unsealed and improperly sealed penetrations floor, ceiling and wall  | UNT will seal penetrations.   | NA  | 5/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br><br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 6<br><br>The emergency egress floor plans are missing or incorrect and need to be redone.<br>Inspection Number RRO15029B<br>Revised 12/2014<br>Page 22 of 24<br>NFPA 1, Fire Code, Chapter 20.8.2.4.1   | UNT will review for accuracy and develop plans.<br><br>Work In Progress - Currently out for bidding process - TMA Project # 13639 | NA  | NA                           | Open                  |

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| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 7<br>On "A" wing, the third floor corridor lacks an adequate number of emergency lighting units.<br>NFPA 1, Fire Code, Chapter 14.13.1.1; and NFPA 101, Life Safety Code, Chapters 29.2.9.1 and 7.9.2.1   | UNT will install additional emergency lighting.                      | NA  | 2/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 8<br>Fire and smoke doors in the following areas do not close properly.<br>- Corridor smoke door by room A325<br>- Fourth floor stairwell fire door "D" wing<br>- Corridor smoke door by room C301<br>- Near B222<br>- Near A201<br>- Near A121<br>NFPA 1, Fire Code, Chapter 12.9.4.1, 12.4.6.9.1 and                | UNT will adjust doors.   | NA  | 2/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 9<br>The fire alarm control panel is displaying system troubles.<br>NFPA 1, Fire Code, Chapter 4.5.8.1  | Completed. UNT cleared panel trouble codes.                          | NA  | 12/23/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 10<br>The kitchen UL 300 wet chemical fire suppression system for the Combi oven and grill is red tagged since December of 2015, the tag states "No electric shutdown".<br>NFPA 1, Fire Code, Chapter 50.4.6.1  | Shunt trip added. Contacting Fire Systems for red tag                | NA  | 2/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 11<br>The kitchen fryer unit is on wheels and lacks an approved method to determine the unit is in the proper design location.<br>NFPA 1, Fire Code, Chapter 50.6.1.2.3.1   | Seal Tech will add stops to designate position of equipment.         | NA  | 3/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 12<br>Cafeteria fire doors in the following locations are missing vertical bottom rods and floor latching points or fire pins.<br>- North east emergency exit<br>- South East Emergency exit<br>NFPA 1, Fire Code, Chapter 12.4.1; and NFPA 80 Standard for Fire Doors and Other Opening Protectives, Chapter 4.6.3.1 | UNT will install vertical bottom rods and add floor latching points. | NA  | 4/1/2017                     | Closed                |



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| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br><br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 13<br><br>The portable fire extinguisher located by the dishwasher in the basement has the pin pulled.<br>NFPA 1, Fire Code, Chapter 4.5.8.1  | Completed. UNT replaced pin.  | NA  | 12/23/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br><br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 14<br><br>The basement stairwell from the kitchen area lacks a rated enclosure. The stairs are open at the top and bottom. Currently this is the only means of egress from the basement area. (See FINDING 1)<br>NFPA 1, Fire Code, Chapter 14.6.1.1 and 14.3.1   | TMA 12954-music basement egress was part of this project-completed last year. Just received final proposal for Kitchen Basement Egress from contractor and are in process of briefing statement and requesting PO | NA  | 5/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br><br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 15<br><br>In the Jon Collins room there is a battery operated smoke alarm on the wall that failed to operate when tested.<br>NFPA 1, Fire Code, Chapter 4.5.8.1   | UNT will repair or replace smoke detector.  | NA  | 2/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br><br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 16<br><br>The Jon Collins room exterior double exit doors have the right side leaf locked with dead bolts and the right side door leaf only provides a 24 inch exit width. The minimum exit width for existing buildings shall not be less than 28 inches clear width.<br>NFPA 1, Fire Code, Chapter 14.8.3.4.1.2 | Completed.  | NA  | 12/23/2016                   | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br><br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 17<br><br>The Jon Collins room lacks an illuminated exit sign over the door leading to the egress corridor.<br>NFPA 1, Fire Code, Chapter 14.14.1.2.1   | UNT will install exit sign over door.   | NA  | 2/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Bruce Hall<br><br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 18<br><br>At stairwell 1.1 on the first floor of "A" wing, the double fire doors are missing the center mullion rendering the doors unable to latch.<br>NFPA 1, Fire Code, Chapter 12.4.6.9.1 and 12.4.6.9.2(4)   | Completed.  | NA  | 12/23/2016                   | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential                       | UNT                   | Bruce Hall<br><br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 19<br><br>An extension cord is used as a replacement for permanent wiring on the second floor in the "A" wing IT closet server rack.<br>NFPA 1, Fire Code, Chapter 11.1.7.6 | UNT will develop a permanent solution.                      | NA  | 3/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential                       | UNT                   | Bruce Hall<br><br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 20<br><br>Electrical splice box are missing covers in the following:<br>- B wing janitorial closet<br>- Storage closet near A211<br>NFPA 1, Fire Code, Chapter 11.1.10      | UNT will replace missing covers.                            | NA  | 2/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029B     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential                       | UNT                   | Bruce Hall<br><br>Bruce Hall is a four story structure classified as a mixed occupancy consisting of existing dormitory and existing assembly. Features of fire protection include a fire alarm system with smoke detection, fire sprinkler system, standpipe, and portable fire extinguishers. The building is equipped with illuminated exit signs, and a generator for back-up power in the event of emergencies involving power loss. | N/A        | Finding 21<br><br>A vent has been installed in the bottom of fire rated door of the laundry room.<br>NFPA 1, Fire Code, Chapter 12.4.6.9.1 and 12.4.6.9.2(10)                       | UNT will replace door.                                      | NA  | 5/1/2017                     | Closed                |
| External            | US Department of Justice    | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | National Institute of Justice (NIJ) Capacity Enhancement and Backlog Reduction Program Desk Review | UNTHSC                | None  | NA         | None  | NA  | NA  | NA                           | NA                    |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential                       | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.             | NA         | FINDING 10<br>Room 419A has a sprinkler head loaded with dust.<br>NFPA 1, Fire Code, Chapter 4.5.8.1  | Facilities will remove dust.                                | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential                       | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.             | NA         | FINDING 11<br>Stairwell B on the fourth floor is missing the stairwell identification sign.<br>NFPA 1, Fire Code, Chapter 10.12.3.1   | UNT will add the missing identification sign.               | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential                       | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power.             | NA         | FINDING 12<br>The fire alarm control panel indicates a trouble on the system. (Due to ongoing air handler unit replacement).<br>NFPA 1, Fire Code, Chapter 4.5.8.1                  | UNT will evaluate the best course of action for completion. | NA  | 8/1/2016                     | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 13<br>The corridor illuminated exit sign by room 360A is not operational.<br>NFPA 1, Fire Code, Chapter 4.5.8.1   | Facilities will repair exit sign.   | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 14<br>The corridor sprinkler head by room 236A is missing the escutcheon.<br>NFPA 1, Fire Code, Chapter 4.5.8.1   | UNT will replace escutcheon.  | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 15<br>The cafeteria has a posted occupant load of 203 people. The main entrance doors have keyed deadbolts with thumb latches. Doors serving occupant loads of 100 or more shall be supplied with panic hardware or fire exit hardware only.<br>NFPA 1, Fire Code, Chapter 14.5.3.4.2   | Facilities will remove deadbolts and add either panic hardware or fire exit hardware. | NA  | 12/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 16<br>The following rooms have multi outlet adapters installed.<br>☐ Room 225A<br>☐ Room 237A<br>NFPA 1, Fire Code, Chapter 11.1.5.2  | Completed.  | NA  | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 17<br>Room 401A has a ceiling fan missing the cover plate exposing electrical wiring.<br>NFPA 1, Fire Code, Chapter 11.1.10   | Facilities will replace the cover plate.  | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 18<br>Documentation was not available at the time of the inspection that the carpet installed on the walls in room 362A has been tested and approved for vertical wall application. Carpet installed on walls or ceilings shall meet class A requirements and in accordance with the requirements of NFPA 1 Fire Code. Manufactures documentation shall be supplied indicating the carpet has been tested in accordance with NFPA 1 approved testing methods and meets or exceeds the code standard.<br>NFPA 1, Fire Code, Chapter 12.5.5.1 | UNT will evaluate the best course of action for completion.                           | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 19<br>The portable fire extinguisher at the first floor front desk lacks a current inspection tag. The last inspection is dated April 2014. Additionally the extinguisher is sitting on the back countertop and requires a mounting location.<br>NFPA 1, Fire Code, Chapter 4.5.8.1   | Extinguisher was inspected and tag was added.   | NA  | NA                           | Closed                |



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| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 2<br>All portable fire extinguishers in the building have inspection tags that are not punched for month and year. (18 fire extinguishers)<br>NFPA 1, Fire Code, Chapter 13.6.9.3.3; and Texas Administrative Code 28 Chapter 34.520© | All extinguishers have been inspected and tagged.                 | NA  | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 20<br>The kitchen flame broiled grill is on wheels and lacks an approved method to insure the appliance is in the approved design location.<br>NFPA 1, Fire Code, Chapter 50.6.1.2.3.1  | UNT will install wheel locating device.                           | NA  | 12/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 21<br>Pizza conveyer type oven is open and produces grease laden vapors and is not protected by the UL-300 Wet chemical system.<br>NFPA 1, Fire Code, Chapter 50.4.3.2  | UNT will evaluate the best course of action for completion.       | NA  | 8/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 22<br>The pizza conveyer oven is not located under the vent a hood as required.<br>NFPA 1, Fire Code, Chapter 50.2.1.1  | UNT will evaluate the best course of action for completion.       | NA  | 8/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 23<br>The Combi smoker unit has a flexible extension cord wired to power the unit.<br>NFPA 1, Fire Code, Chapter 11.1.2   | Facilities will replace extension cord with a permanent solution. | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 24<br>The portable fire extinguisher located in the kitchen grill area lacks a current inspection tag.<br>The last inspection was conducted in April 2014.<br>NFPA 1, Fire Code, Chapter 4.5.8.1                                      | Facilities inspected fire extinguisher and added tag.             | NA  | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 25<br>Access to the electrical panels in the dry storage room is blocked by boxes.<br>NFPA 1, Fire Code, Chapter 11.1.2   | UNT will remove boxes.  | NA  | 8/1/2016                     | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 26<br>The following locations have a hasp and pad lock installed on the exterior side of the doors.<br>☒ Walk in cooler #1 (protein cooler) in the kitchen area.<br>☒ Outside entrance to the boiler room by loading dock<br>NFPA 1, Fire Code, Chapter 14.5.2.1 and 14.5.2.3   | UNT will remove locks from exterior.    | NA  | 10/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 27<br>The storage room located next to the boiler room off the loading is not protected by the building fire sprinkler system.<br>NFPA 1, Fire Code, Chapter 13.3.1.2 and 13.3.2.26.2   | Facilities will install sprinkler head. | NA  | 12/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 28<br>The FDC for the standpipe system is blocked by carts.<br>NFPA 1, Fire Code, Chapter 13.1.4  | UNT will remove carts.                  | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 29<br>The sprinkler system hydraulic calculation plate is unreadable.<br>NFPA 1, Fire Code, Chapter 13.3.3.2  | Facilities will create a new plate.     | NA  | 12/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 3<br>Laundry room 665A has a sprinkler head loaded with dust and lint.<br>NFPA 1, Fire Code, Chapter 4.5.8.1  | Facilities will remove dust and lint.   | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 30<br>Documentation was not available at the time of the inspection that the egg crate style foam installed on three walls in room 762A meet class C flame spread and smoke development requirements, is tested for vertical installation and is in accordance with the testing requirements of NFPA 1 Fire Code. Manufactures documentation shall be supplied indicating the foam has been tested in accordance with NFPA 1 approved testing methods and meets or exceeds the code standard.<br>NFPA 1, Fire Code 12.5.5.3 | Facilities will provide documentation.  | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 4<br>Room 663A has an electrical splice box missing a cover.<br>NFPA 1, Fire Code, Chapter 11.1.10  | UNT will replace cover.                 | NA  | 8/1/2016                     | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 5<br>Laundry room 661A has spring hinges that do not close the door.<br>NFPA 1, Fire Code, Chapter 4.5.8.1  | Facilities will adjust doors.  | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 6<br>Stairwell C fire door on the sixth floor has a door sweep installed that is keeping the door from closing.<br>NFPA 1, Fire Code, Chapter 12.4.6.9.2 (6)  | Facilities will repair door sweep.                                   | NA  | 8/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 7<br>Egress corridors on floors two, three, four, five, six and seven have multiple small holes in the ceiling due to the removal of IT wireless points.<br>NFPA 1, Fire Code, Chapter 12.7.5.1   | Facilities will properly fill holes.                                 | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 8<br>Room 621A has an extension cord used as a replacement for permanent wiring. Additionally the cord is run under a rug.<br>NFPA 1, Fire Code, Chapters 11.1.7.6 and 11.1.7.5   | UNT removed extension cord.  | NA  | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 9<br>The emergency egress floor plans are missing from the back of the room doors in the following locations.<br>☒ Room 437A<br>☒ Room 431A<br>NFPA 1, Fire Code, Chapter 20.8.2.4.1  | Floor plans will be created and added to the back of the room doors. | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-A<br><br>Kerr Hall-Building-A seven-story high-rise, classified as a mixed occupancy of existing dormitory and existing assembly. Features of fire protection include a fire alarm system, sprinkler system fire pump, standpipe, fixed suppression for commercial cooking appliances and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 1<br><br>Unsealed or improperly sealed penetrations are present in the following locations.<br>- Room A743 Several unsealed penetrations<br>- Room A763A Several unsealed penetrations<br>- Mechanical room 643A Several unsealed penetrations<br>- Mechanical room 641A Unsealed sprinkler pipe and<br>- Electrical room next to 641A floor conduit sealed with non-fire rated yellow spray foam used<br>- Room 631A Floor penetrations<br>- Mechanical room 563A non-fire rated yellow spray foam used<br>- Mechanical room 543A non-fire rated yellow spray foam used<br>- Room 541A non-fire rated yellow spray foam used<br>- Room 531A Several unsealed penetrations<br>- Mechanical room 505A non-fire rated yellow spray foam used<br>- Room 507A Floor conduit unsealed<br>- Room 463A non-fire rated yellow spray foam used<br>- Mechanical room 443A non-fire rated yellow spray foam used<br>- Electrical room next to 441A non-fire rated yellow spray foam used<br>- Room 405A non-fire rated yellow spray foam used<br>- Room 363A non-fire rated yellow spray foam used and | UNT will seal penetrations.  | NA  | 5/1/2017                     | Closed                |



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| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-B<br><br>Kerr Hall-Building-B is an eight-story high-rise, classified as a mixed occupancy of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | Finding 1<br><br>Sprinkler heads are missing the escutcheons in the following locations.<br>- Room 801B<br>- Laundry room 719B two heads<br>NFPA 1, Fire Code, Chapter 4.5.8.1   | Facilities will replace missing escutcheons.                | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-B<br><br>Kerr Hall-Building-B is an eight-story high-rise, classified as a mixed occupancy of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 10<br><br>Both stairwells discharge into the building interior on the first floor. Not less than fifty percent of the exits shall discharge directly to the exterior of the building.<br>NFPA 1, Fire Code, Chapter 14.11.2(1)   | UNT will evaluate the best course of action for completion. | NA  | 8/1/2017                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-B<br><br>Kerr Hall-Building-B is an eight-story high-rise, classified as a mixed occupancy of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 2<br><br>The sprinkler heads in the following locations are loaded with lint.<br>☒ Laundry room 519B<br>☒ Laundry room 619B<br>NFPA 1, Fire Code, Chapter 4.5.8.1  | Facilities will remove the lint.                            | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-B<br><br>Kerr Hall-Building-B is an eight-story high-rise, classified as a mixed occupancy of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 3<br><br>Unsealed or improperly sealed penetrations are present in the following locations.<br>☒ Mechanical room 522B non fire rated yellow spray foam used<br>☒ Mechanical room 402B non fire rated yellow spray foam used<br>☒ Storage room 301B hole in ceiling<br>NFPA 1, Fire Code, Chapter 12.7.5.1  | Facilities will properly seal all penetrations.             | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-B<br><br>Kerr Hall-Building-B is an eight-story high-rise, classified as a mixed occupancy of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 4<br><br>The eighth floor corridor by stairwell E has a painted sprinkler head.<br>NFPA 1, Fire Code, Chapter 13.3.3.5.1.8   | UNT will remove paint from the sprinkler head.              | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-B<br><br>Kerr Hall-Building-B is an eight-story high-rise, classified as a mixed occupancy of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 5<br><br>The following locations have holes in the fire doors or are missing parts.<br>☒ Stairwell D seventh floor holes in door<br>☒ Stairwell D sixth floor holes in door<br>☒ Stairwell E fifth floor hole in door<br>☒ Stairwell E third floor latch plate missing<br>☒ Stairwell D third floor hole in door and latch plate missing<br>☒ Stairwell D first floor latch plate missing<br>NFPA 1, Fire Code, Chapters 12.4.6.9.1 and 12.4.6.9.2(1), (4) | Facilities will repair doors and replace parts.             | NA  | 10/1/2016                    | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-B<br><br>Kerr Hall-Building-B is an eight-story high-rise, classified as a mixed occupancy of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 6<br><br>Stairwell E on the fourth floor is missing the stairwell identification sign.<br>NFPA 1, Fire Code, Chapter 10.12.3.1   | Facilities will replace sign.                               | NA  | 9/1/2016                     | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential | UNT                   | Kerr Hall Building-B<br><br>Kerr Hall-Building-B is an eight-story high-rise, classified as a mixed occupancy of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 7<br><br>The glass double doors on the first floor separating the residential corridor from the main lobby area lack a 90 minute fire rating. Provide documentation that these doors are not installed in a two hour rated fire wall.<br>NFPA 1, Fire Code, Chapters 12.7.4.1 and 12.7.4.2   | UNT will provide documentation.                             | NA  | 12/1/2016                    | Closed                |

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| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential                                  | UNT                   | Kerr Hall Building-B<br><br>Kerr Hall-Building-B is an eight-story high-rise, classified as a mixed occupancy of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 8<br>Room 213B has a power strip plugged into a multi outlet adapter.<br>NFPA 1, Fire Code, Chapter 11.1.6.2   | Power strip was removed from the multi outlet adapter.  | NA   | NA                           | Closed                |
| External            | State Fire Marshal's Office | Fiscal Year 2017              | RRO15029A     | Governance and Regulatory Compliance | Fire Safety Inspection Report - University of North Texas Denton Residential                                  | UNT                   | Kerr Hall Building-B<br><br>Kerr Hall-Building-B is an eight-story high-rise, classified as a mixed occupancy of existing dormitory and existing business. Features of fire protection include a complete fire alarm system, fire sprinkler system, standpipe and portable fire extinguishers. The building is equipped with illuminated exit signs and emergency generator power. | NA         | FINDING 9<br>The Tower B elevator machinery room fire extinguisher lacks a current inspection tag. The tamper seal is dated 2014.<br>NFPA 1, Fire Code, Chapter 4.5.8.1      | Fire Extinguisher was inspected and tag was added.  | NA   | NA                           | Closed                |
| External            | State Auditor's Office      | Fiscal Year 2017              | 17-314        | Governance and Regulatory Compliance | State of Texas Federal Portion of the Statewide Single Audit Report For the Fiscal Year Ended August 31, 2016 | UNT                   | For 4 (7 percent) of 61 students tested, the University of North Texas (University) did not accurately verify certain required items on the students' FAFSAs, and it did not always update its records and request updated ISIRs as required.  | NA         | Accurately and adequately verify all required FAFSA information for students selected for verification and request updated ISIRs when required.                              | Management acknowledges and agrees with the findings and recommendations. Through analysis of the exceptions identified in the audit, the University will work to develop and implement the corrective action plan.<br><br>Management reviewed manual errors with the employees and made changes to improve its verification entry, review, and monitoring process of completed verifications.  | Dena Guzman-Torres and Lacey Thompson          | 6/1/2016                     | Closed                |
| External            | State Auditor's Office      | Fiscal Year 2017              | 17-314        | Governance and Regulatory Compliance | State of Texas Federal Portion of the Statewide Single Audit Report For the Fiscal Year Ended August 31, 2016 | UNT                   | For 4 (7 percent) of 61 students tested, the University of North Texas (University) did not accurately verify certain required items on the students' FAFSAs, and it did not always update its records and request updated ISIRs as required.  | NA         | Improve its process for monitoring completed verifications to ensure that it identifies and corrects errors.   | Management acknowledges and agrees with the findings and recommendations. Through analysis of the exceptions identified in the audit, the University will work to develop and implement the corrective action plan.<br><br>Management reviewed manual errors with the employees and made changes to improve its verification entry, review, and monitoring process of completed verifications.  | Dena Guzman-Torres and Lacey Thompson          | 6/1/2016                     | Closed                |
| External            | State Auditor's Office      | Fiscal Year 2017              | 17-314        | Governance and Regulatory Compliance | State of Texas Federal Portion of the Statewide Single Audit Report For the Fiscal Year Ended August 31, 2016 | UNT                   | The University of North Texas (University) did not correctly determine the 60 percent completion point for the Spring 2016 term.   | NA         | Accurately determine the number of days in scheduled breaks, and calculate returns of Title IV funds correctly based on the period of enrollment excluding scheduled breaks. | Management acknowledges and agrees with the findings and recommendations. Through analysis of the exceptions identified in the audit, the University will work to develop and implement the corrective action to further improve the processes.<br><br>The Office of the Registrar and the Office of Financial Aid updated its procedures to verify the accuracy of the number of days in scheduled breaks to ensure calculations for the Return of Title IV funds are correct based on the period of enrollment excluding scheduled breaks, and Title IV funds are returned within the required time frames. | Bryan Heard, Melissa Boyer, and Lacey Thompson | 7/1/2016                     | Closed                |

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|---------------------|--|-------------------------------|---------------|--------------------------------------|--|-----------------------|--|------------|--|---|--|------------------------------|-----------------------|
| External            | State Auditor's Office                       | Fiscal Year 2017              | 17-314        | Governance and Regulatory Compliance | State of Texas Federal Portion of the Statewide Single Audit Report For the Fiscal Year Ended August 31, 2016            | UNT                   | The University of North Texas (University) did not correctly determine the 60 percent completion point for the Spring 2016 term.   | NA         | Return Title IV funds within required time frames.   | Management acknowledges and agrees with the findings and recommendations. Through analysis of the exceptions identified in the audit, the University will work to develop and implement the corrective action to further improve the processes.<br><br>The Office of the Registrar and the Office of Financial Aid updated its procedures to verify the accuracy of the number of days in scheduled breaks to ensure calculations for the Return of Title IV funds are correct based on the period of enrollment excluding scheduled breaks, and Title IV funds are returned within the required time frames. | Bryan Heard, Melissa Boyer, and Lacey Thompson | 7/1/2016                     | Closed                |
| External            | State Auditor's Office                       | Fiscal Year 2017              | 17-314        | Governance and Regulatory Compliance | State of Texas Federal Portion of the Statewide Single Audit Report For the Fiscal Year Ended August 31, 2016            | UNT                   | For 2 (3 percent) of 61 students tested who had a status change, the University did not report the status change to NSLDS in a timely manner.  | NA         | The University should report accurate status changes and effective dates to NSLDS in a timely manner.  | Management is attentive to the U.S. Department of Education requirements associated with Student Status Changes. Management has updated and implemented business controls to ensure accurate and timely reporting to the National Student Clearinghouse and the National Student Loan Data System for all students who have status changes.<br><br>The Office of the Registrar has implemented the following to ensure the timely and accurate reporting of enrollment:<br>-New business procedures addressing the reporting of deceased  | Bryan Heard                                    | 12/1/2016                    | Closed                |
| External            | Texas Commission on Environmental Quality    | Fiscal Year 2017              | 1383302       | Governance and Regulatory Compliance | Notice of Violation  | UNT                   | Failure to prevent the unauthorized release of laboratory wastewater under the Science Research Building.  | NA         | The facility is required to determine the full extent of contamination and complete remedial actions, pursuant to Title 30 Texas Administrative Code Chapter 350. The facility is also requested to submit documentation that these actions have been completed, for review and approval, to the TCEQ DFW Region Office. | On July 19, 2016, the facility submitted adequate analytical results for the Synthetic Precipitation Leaching Procedure (SPLP) analysis that determined the chemicals of concern's (arsenic, cadmium, lead, silver) leachability for the affected soils. As the levels are below the PCLs for all constituents of concern, the release is not subject to TRRP; and in concurrence with the TCEQ Remediation Division, no additional remedial activities are required. Therefore, the alleged violation is resolved.   | NA   | NA                           | Closed                |
| External            | Texas Department of State Health Services    | Fiscal Year 2017              | 2016005729    | Governance and Regulatory Compliance | Incident Inspection  | UNT                   | This notice is to acknowledge that the Texas Department of State Health Services (DSHS) conducted an inspection of or visited your business on the date listed above. The information that has been gathered is subject to further department review, and you may receive additional correspondence as a result. | NA         | No recommendations/issues.   | No recommendations/issues.  | NA   | NA                           | NA                    |
| External            | CPRIT  | Fiscal Year 2017              | NA            | Research                             | Cancer Prevention and Research Institute of Texas Program (CPRIT) - Specific Audit Report for year ended August 31, 2016 | UNT HSC               | In our opinion, the University of North Texas System complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its CPRIT program for the year ended August 31, 2016.<br><br>This audit was outsourced to BKD, LLP.         | NA         | None   | NA  | NA   | NA                           | NA                    |
| External            | Accreditation Council for Pharmacy Education | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Review for Pharmacy Education Accreditation  | UNTHSC                | Accreditation Council for Pharmacy Education   | NA         | None   | NA  | NA   | NA                           | NA                    |
| External            | Texas Department of Licensing                | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Boiler Inspections   | UNTHSC                | Boiler Inspections   | NA         | NA   | NA  | NA   | NA                           | NA                    |
| External            | Communication Concepts                       | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Fire Alarm and Emergency Communication System Inspection   | UNTHSC                | Fire Alarm and Emergency Communication System Inspection   | NA         | NA   | NA  | NA   | NA                           | NA                    |



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| Internal / External | Reporting Agency                     | Fiscal Year Report was Issued | Report Number | Audit Category                       | Report Name                   | Component Institution | Key Observations  | Risk Level | Recommendation Details   | Management Response   | Individual Responsible for Implementation | Expected Implementation Date | Recommendation Status |
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| External            | State Office of Risk Management; AIG | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Property All Risk Survey      | UNT                   | 16-11-01 Electrical Preventative Maintenance - Conduct the following tests on liquid filled transformers according to NFPA 70:<br>1. Annual oil gas analysis<br>2. Insulation resistance every 3 to 5 years<br>3. Insulation power factor every 3 to 5 years<br>4. Turns ratio test every 3 to 5 years  | NA         | Thorough testing can detect deteriorating conditions before a failure occurs, allowing for corrective action to be taken to ensure the transformer functions properly.   | Will consider options.  | NA  | NA                           | Closed                |
| External            | State Office of Risk Management; AIG | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Property All Risk Survey      | UNT                   | 16-11-02 Roof Inspections - Develop an in-house roof inspection program. The inspection should check the general condition of the roof coverings, perimeter flashings, gutters, drains, ventilators and other roof-mounted equipment. Any foreign items such as bolts, tools, trash, etc. should be removed from the roofs. The inspections should initially focus on identifying water ponding and cleaning drains.  | NA         | The inspections should initially focus on identifying water ponding and cleaning drains as needed. During the survey several ponding areas were observed at the Performing Arts Center. It was noticed that the reason for the ponding was due to blocked drains from lack of cleaning. The inspection program should extend to all roofs on the campus, focusing on the ones with blocked drain issues. | Will consider.  | NA  | NA                           | Closed                |
| External            | State Office of Risk Management; AIG | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Property All Risk Survey      | UNT                   | 16-11-03 Flammable Liquids Cabinet (Radio TV Film and Performing Arts) - Store the flammable/combustibles liquids (paints, primers, etc.) located in the stage work shop of the Radio, TV, Film, and Performing Arts building in flammable/combustible liquids storage cabinets meeting the requirements of NFPA 30.  | NA         | Flammable and combustible liquids present a significant fire hazard should they ignite. An unconfined spill fire can spread over large areas overtaxing sprinkler systems and resulting in significant property damage and interruption to business operations. Locating the liquids in a storage cabinet lessens the likelihood they will ignite and provides a form of                                 | Will complete.  | NA  | NA                           | Closed                |
| External            | State Office of Risk Management; AIG | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Property All Risk Survey      | UNT                   | 16-11-04 Clean Agent Extinguishers (Radio TV Film and Performing Arts) - Provide clean agent type extinguishers inside the control rooms and the server rooms of the TV and Film areas according to NFPA 10 - Standard for Portable Fire Extinguishers.   | NA         | High valued electronic equipment is located in this area. In case of fire in the equipment, the agent inside the ABC extinguisher will immediately damage all of the equipment.  | Will consider.  | NA  | NA                           | Closed                |
| External            | Ramboll Environ US Corp.             | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Ventilation System Assessment | UNT                   | Print Annex - The Print Annex serves as the printmaking workshop. Printmaking types include printing presses, relief printing, intaglio, monoprinting, and lithography. In each of these activities, solvents containing volatile organic compounds (VOCs) are used to clean equipment after use. Some acids are also used in lithography to etch the printing plates. The professor in the Print Annex reported that several activities, such as spray painting and roller washing, are performed outside or next to the open doors outside to minimize contamination of indoor air.<br><br>The industrial ventilation system in the Print Annex was apparently intended to serve as a local exhaust ventilation, but actually serves as dilution ventilation. Dilution ventilation is not the preferred method of controlling airborne vapors, as airflow volumes are high as are the costs of providing conditioned outside air volumes sufficient for dilution ventilation.<br><br>The industrial ventilation system is ducted to above work stations approximately 10-12 feet above the floor. Make-up air for the industrial ventilation system is provided by a vent that opens to the outdoors when the switch for the ventilation system is turned to the "on" position. The industrial ventilation system provides approximately 396 cubic feet per minute (CFM) of airflow out of the building. The pressure of the room was measured to be neutral to the outside.<br><br>Cooling and heating are provided to the space by two direct | NA         | Provide pre-treated make-up supply and ventilation air through either modifications to the air conditioning system or installation of a dedicated outdoor air system, such as a Munters silica gel dehumidification system. The recommended method is the Munters silica gel dehumidification system due to it's decoupling from the air condition system and independent humidity control.              | Risk Management is working with Facilities to determine a plan of action. | NA  | NA                           | Open                  |

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| External            | Ramboll Environ US Corp. | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Ventilation System Assessment | UNT                   | <p>Print Annex - The Print Annex serves as the printmaking workshop. Printmaking types include printing presses, relief printing, intaglio, monoprinting, and lithography. In each of these activities, solvents containing volatile organic compounds (VOCs) are used to clean equipment after use. Some acids are also used in lithography to etch the printing plates. The professor in the Print Annex reported that several activities, such as spray painting and roller washing, are performed outside or next to the open doors outside to minimize contamination of indoor air.</p> <p>The industrial ventilation system in the Print Annex was apparently intended to serve as a local exhaust ventilation, but actually serves as dilution ventilation. Dilution ventilation is not the preferred method of controlling airborne vapors, as airflow volumes are high as are the costs of providing conditioned outside air volumes sufficient for dilution ventilation.</p> <p>The industrial ventilation system is ducted to above work stations approximately 10-12 feet above the floor. Make-up air for the industrial ventilation system is provided by a vent that opens to the outdoors when the switch for the ventilation system is turned to the "on" position. The industrial ventilation system provides approximately 396 cubic feet per minute (CFM) of airflow out of the building. The pressure of the room was measured to be neutral to the outside.</p> <p>Cooling and heating are provided to the space by two direct</p> | NA         | Install elephant trunk local exhaust ventilation at workstations with capture velocities no less than 100 fpm and duct transport velocities no less than 1,000 fpm. | Risk Management is working with Facilities to determine a plan of action. | NA  | NA                           | Open                  |
| External            | Ramboll Environ US Corp. | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Ventilation System Assessment | UNT                   | <p>Print Annex - The Print Annex serves as the printmaking workshop. Printmaking types include printing presses, relief printing, intaglio, monoprinting, and lithography. In each of these activities, solvents containing volatile organic compounds (VOCs) are used to clean equipment after use. Some acids are also used in lithography to etch the printing plates. The professor in the Print Annex reported that several activities, such as spray painting and roller washing, are performed outside or next to the open doors outside to minimize contamination of indoor air.</p> <p>The industrial ventilation system in the Print Annex was apparently intended to serve as a local exhaust ventilation, but actually serves as dilution ventilation. Dilution ventilation is not the preferred method of controlling airborne vapors, as airflow volumes are high as are the costs of providing conditioned outside air volumes sufficient for dilution ventilation.</p> <p>The industrial ventilation system is ducted to above work stations approximately 10-12 feet above the floor. Make-up air for the industrial ventilation system is provided by a vent that opens to the outdoors when the switch for the ventilation system is turned to the "on" position. The industrial ventilation system provides approximately 396 cubic feet per minute (CFM) of airflow out of the building. The pressure of the room was measured to be neutral to the outside.</p> <p>Cooling and heating are provided to the space by two direct</p> | NA         | Install a ventilated paint spray booth designed for spray painting activities of the following size: 6 ft. (width) by 4 ft. (depth).                                | Risk Management is working with Facilities to determine a plan of action. | NA  | NA                           | Open                  |

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| External            | Ramboll Environ US Corp. | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Ventilation System Assessment | UNT                   | <p>Print Annex - The Print Annex serves as the printmaking workshop. Printmaking types include printing presses, relief printing, intaglio, monoprinting, and lithography. In each of these activities, solvents containing volatile organic compounds (VOCs) are used to clean equipment after use. Some acids are also used in lithography to etch the printing plates. The professor in the Print Annex reported that several activities, such as spray painting and roller washing, are performed outside or next to the open doors outside to minimize contamination of indoor air.</p> <p>The industrial ventilation system in the Print Annex was apparently intended to serve as a local exhaust ventilation, but actually serves as dilution ventilation. Dilution ventilation is not the preferred method of controlling airborne vapors, as airflow volumes are high as are the costs of providing conditioned outside air volumes sufficient for dilution ventilation.</p> <p>The industrial ventilation system is ducted to above work stations approximately 10-12 feet above the floor. Make-up air for the industrial ventilation system is provided by a vent that opens to the outdoors when the switch for the ventilation system is turned to the "on" position. The industrial ventilation system provides approximately 396 cubic feet per minute (CFM) of airflow out of the building. The pressure of the room was measured to be neutral to the outside.</p> <p>Cooling and heating are provided to the space by two direct</p>   | NA         | Install a ventilated chemical fume hood for roller washing of the following size: 6 ft. (width) by 4 ft. (depth).  | Risk Management is working with Facilities to determine a plan of action. | NA  | NA                           | Open                  |
| External            | Ramboll Environ US Corp. | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Ventilation System Assessment | UNT                   | <p>Clay Mixing Room - The clay mixing room contains three large mixers for batch mixing of clays. Clay powder and water are poured into the mixer to create clay of the correct consistency. During the pouring and mixing processes, particulates are released. Particulates should be captured at the source to prevent dust from entering the user's respiratory system.</p> <p>Currently, each mixer is serviced by a local exhaust vent located along the wall next to the mixer. The local exhaust vents are all ducted to a single outlet and exhaust fan on the roof. The vents are filtered using a consumer-type HVAC filter. Air is supplied to the room through two supply vents located in the wall above the mixers. A pass-through vent is located along the wall with the adjacent plaster room to allow air to flow between the rooms for return to the HVAC system. Total flow in the Clay Mixing Room was measured at 299 CFM (negative) when the vents are operational. As shown in Table 1, the room is under negative pressure, indicating that the room does not have sufficient supply air and that the industrial ventilation system is starved for air.</p> <p>In addition to the lack of supply air, the local exhaust vents do not provide sufficient capture velocity at the source (Table 2) to capture the particulates. A capture velocity of 500 fpm at the face of the hood and within one duct diameter of the source of dust emissions is required to effectively capture these types of fine dusts. In addition, a transport velocity through the ductwork of 4,000 fpm is required for clay powders and for powders containing</p> | NA         | Install an elephant trunk ventilation system at each workstation where dust is emitted and maintain a capture velocity of 500 fpm at the face of the hood and within one duct diameter of the source and a transport velocity through the ductwork of 4,000 fpm. | Risk Management is working with Facilities to determine a plan of action. | NA  | NA                           | Open                  |



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| External            | Ramboll Environ US Corp. | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Ventilation System Assessment | UNT                   | <p>Clay Mixing Room - The clay mixing room contains three large mixers for batch mixing of clays. Clay powder and water are poured into the mixer to create clay of the correct consistency. During the pouring and mixing processes, particulates are released. Particulates should be captured at the source to prevent dust from entering the user's respiratory system.</p> <p>Currently, each mixer is serviced by a local exhaust vent located along the wall next to the mixer. The local exhaust vents are all ducted to a single outlet and exhaust fan on the roof. The vents are filtered using a consumer-type HVAC filter. Air is supplied to the room through two supply vents located in the wall above the mixers. A pass-through vent is located along the wall with the adjacent plaster room to allow air to flow between the rooms for return to the HVAC system. Total flow in the Clay Mixing Room was measured at 299 CFM (negative) when the vents are operational. As shown in Table 1, the room is under negative pressure, indicating that the room does not have sufficient supply air and that the industrial ventilation system is starved for air.</p> <p>In addition to the lack of supply air, the local exhaust vents do not provide sufficient capture velocity at the source (Table 2) to capture the particulates. A capture velocity of 500 fpm at the face of the hood and within one duct diameter of the source of dust emissions is required to effectively capture these types of fine dusts. In addition, a transport velocity through the ductwork of 4,000 fpm is required for clay powders and for powders containing</p> | NA         | Provide treated make-up supply air sufficient to balance the industrial ventilation system as described above.. | Risk Management is working with Facilities to determine a plan of action. | NA  | NA                           | Open                  |
| External            | Ramboll Environ US Corp. | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Ventilation System Assessment | UNT                   | <p>Clay Mixing Room - The clay mixing room contains three large mixers for batch mixing of clays. Clay powder and water are poured into the mixer to create clay of the correct consistency. During the pouring and mixing processes, particulates are released. Particulates should be captured at the source to prevent dust from entering the user's respiratory system.</p> <p>Currently, each mixer is serviced by a local exhaust vent located along the wall next to the mixer. The local exhaust vents are all ducted to a single outlet and exhaust fan on the roof. The vents are filtered using a consumer-type HVAC filter. Air is supplied to the room through two supply vents located in the wall above the mixers. A pass-through vent is located along the wall with the adjacent plaster room to allow air to flow between the rooms for return to the HVAC system. Total flow in the Clay Mixing Room was measured at 299 CFM (negative) when the vents are operational. As shown in Table 1, the room is under negative pressure, indicating that the room does not have sufficient supply air and that the industrial ventilation system is starved for air.</p> <p>In addition to the lack of supply air, the local exhaust vents do not provide sufficient capture velocity at the source (Table 2) to capture the particulates. A capture velocity of 500 fpm at the face of the hood and within one duct diameter of the source of dust emissions is required to effectively capture these types of fine dusts. In addition, a transport velocity through the ductwork of 4,000 fpm is required for clay powders and for powders containing</p> | NA         | Capture particulates in an industrial-type dust filter prior to being vented outside.                           | Risk Management is working with Facilities to determine a plan of action. | NA  | NA                           | Open                  |

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| External            | Ramboll Environ US Corp. | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Ventilation System Assessment | UNT                   | <p>Glaze Room - The Glaze Room is used to mix pigments for glazing and coloring of the clay products. The pigments are made of fine powder which may also contain toxic air contaminants, including silica and various metal powders. The powder from the pigments should be captured to prevent student and staff exposure to the dusts and to minimize contamination in the room.</p> <p>Currently, the Glaze Room is serviced by three local exhaust vents and a fume hood ducted to a single exhaust system. The room also contains an air supply and return vent. During the assessment, air was found to be flowing into the room through the return instead of out of the room towards the HVAC unit, as it should have been. Total flow in the Glaze Room was measured at 464 CFM (negative). The room is under 5 to 5.5 Pa negative pressure in comparison to outside, confirming that the room does not have sufficient treated supply air.</p> <p>The current spray booth in the closet is operating as intended and is suitable for spraying glazes. Spraying glazes should only be conducted with the closet door open.</p> <p>In addition to the lack of supply air, the local exhaust vents do not provide sufficient capture velocity at the source to capture the particulates. The capture velocity of the existing exhaust ventilation system is approximately 65-70 fpm. A capture velocity of 500 fpm at the face of the hood face and within one duct diameter of the emission source and a transport velocity through the ductwork of</p> | NA         | Install an elephant trunk ventilation system at each workstation where dust is emitted and maintain a capture velocity of 500 fpm at the face of the hood and within one duct diameter of the source and a transport velocity through the ductwork of 4,000 fpm. | Risk Management is working with Facilities to determine a plan of action. | NA  | NA                           | Open                  |
| External            | Ramboll Environ US Corp. | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Ventilation System Assessment | UNT                   | <p>Glaze Room - The Glaze Room is used to mix pigments for glazing and coloring of the clay products. The pigments are made of fine powder which may also contain toxic air contaminants, including silica and various metal powders. The powder from the pigments should be captured to prevent student and staff exposure to the dusts and to minimize contamination in the room.</p> <p>Currently, the Glaze Room is serviced by three local exhaust vents and a fume hood ducted to a single exhaust system. The room also contains an air supply and return vent. During the assessment, air was found to be flowing into the room through the return instead of out of the room towards the HVAC unit, as it should have been. Total flow in the Glaze Room was measured at 464 CFM (negative). The room is under 5 to 5.5 Pa negative pressure in comparison to outside, confirming that the room does not have sufficient treated supply air.</p> <p>The current spray booth in the closet is operating as intended and is suitable for spraying glazes. Spraying glazes should only be conducted with the closet door open.</p> <p>In addition to the lack of supply air, the local exhaust vents do not provide sufficient capture velocity at the source to capture the particulates. The capture velocity of the existing exhaust ventilation system is approximately 65-70 fpm. A capture velocity of 500 fpm at the face of the hood face and within one duct diameter of the emission source and a transport velocity through the ductwork of</p> | NA         | Provide treated make-up supply air sufficient to balance the industrial ventilation system as described above.   | Risk Management is working with Facilities to determine a plan of action. | NA  | NA                           | Open                  |

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| External            | Ramboll Environ US Corp.                  | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Ventilation System Assessment     | UNT                   | <p>Glaze Room - The Glaze Room is used to mix pigments for glazing and coloring of the clay products. The pigments are made of fine powder which may also contain toxic air contaminants, including silica and various metal powders. The powder from the pigments should be captured to prevent student and staff exposure to the dusts and to minimize contamination in the room.</p> <p>Currently, the Glaze Room is serviced by three local exhaust vents and a fume hood ducted to a single exhaust system. The room also contains an air supply and return vent. During the assessment, air was found to be flowing into the room through the return instead of out of the room towards the HVAC unit, as it should have been. Total flow in the Glaze Room was measured at 464 CFM (negative). The room is under 5 to 5.5 Pa negative pressure in comparison to outside, confirming that the room does not have sufficient treated supply air.</p> <p>The current spray booth in the closet is operating as intended and is suitable for spraying glazes. Spraying glazes should only be conducted with the closet door open.</p> <p>In addition to the lack of supply air, the local exhaust vents do not provide sufficient capture velocity at the source to capture the particulates. The capture velocity of the existing exhaust ventilation system is approximately 65-70 fpm. A capture velocity of 500 fpm at the face of the hood face and within one duct diameter of the emission source and a transport velocity through the ductwork of</p> | NA         | Capture particulates in an industrial-type dust filter prior to being vented outside.   | Risk Management is working with Facilities to determine a plan of action. | NA  | NA                           | Open                  |
| External            | Ramboll Environ US Corp.                  | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Ventilation System Assessment     | UNT                   | <p>Kiln Room - The Kiln Room contains six electric kilns used for baking clay products. Temperatures of the kilns can reach over 1,000°F. Each kiln has an individual vent for circulating air through the kiln. When the clay is baked, organic matter in the clay is oxidized which can release carbon monoxide and other combustion gases. In addition, toxic materials in the glazes can vaporize or release toxic gases.1</p> <p>Currently, the Kiln Room is serviced by a single supply vent and several return openings. The returns are not ducted, and there is an air supply duct located immediately above the kiln room on the roof. Total flow in the Kiln Room was measured at 574 CFM (negative flow), indicating that air was flowing into the room.</p>   | NA         | Modify the current HVAC ventilation to prevent untreated outdoor air from entering the space.   | Risk Management is working with Facilities to determine a plan of action. | NA  | NA                           | Open                  |
| External            | Ramboll Environ US Corp.                  | Fiscal Year 2017              | NA            | Governance and Regulatory Compliance | Ventilation System Assessment     | UNT                   | <p>Kiln Room - The Kiln Room contains six electric kilns used for baking clay products. Temperatures of the kilns can reach over 1,000°F. Each kiln has an individual vent for circulating air through the kiln. When the clay is baked, organic matter in the clay is oxidized which can release carbon monoxide and other combustion gases. In addition, toxic materials in the glazes can vaporize or release toxic gases.1</p> <p>Currently, the Kiln Room is serviced by a single supply vent and several return openings. The returns are not ducted, and there is an air supply duct located immediately above the kiln room on the roof. Total flow in the Kiln Room was measured at 574 CFM (negative flow), indicating that air was flowing into the room.</p>   | NA         | Provide treated make-up supply air sufficient to balance the exhaust system(s).   | Risk Management is working with Facilities to determine a plan of action. | NA  | NA                           | Open                  |
| External            | Texas Higher Education Coordinating Board | Fiscal Year 2017              | NA            | Research                             | Teacher Quality Award Desk Review | UNT                   | <p>1. CFDA #84.367, Award #12912/14289, Teacher Quality, Category 2: Participant Costs: Supporting Documentation</p> <p>In accordance with OMB Circular A-21 Appendix A€, "The accounting practices of individual colleges and universities must support the accumulation of costs as required by the principles, and must provide for adequate documentation to support costs charged to sponsored agreements." The questioned cost is the \$0.81 overage for a CAST reimbursement. Reimbursement request was submitted for a total of \$98.54 however, \$99.35 was reimbursed.</p>   | NA         | It is recommended that the University of the North Texas reimburse the THECB \$0.81 and tighten controls to ensure adequate documentation with future allowable Teacher Quality Grant expenses. | NA  | NA  | NA                           | Closed                |



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|---------------------|--|-------------------------------|---------------|----------------|--|-----------------------|--|------------|--|---|---|------------------------------|-----------------------|
| External            | Texas Higher Education Coordinating Board          | Fiscal Year 2017              | NA            | Research       | Teacher Quality Award Desk Review  | UNT                   | <p>2. CFDA #84.367, Award #12912/14289, Teacher Quality, Category 3: Non Participant Meeting and Travel Costs: Meals Incurred During Travel</p> <p>In accordance with 3 CFR 200.474(a), "Travel costs are the expenses for transportation, lodging, subsistence, and related items incurred by employees who are in travel status on official business of the non-Federal entity. Such costs may be charged on an actual costs basis, on a per diem or mileage basis in lieu of actual costs incurred, or on a combination of the two, provided the method is applied to an entire trip and to selected days of the trip, and results in charges consistent with those normally allowed in like circumstances in the non-Federal entity's non-federally funded activities and in accordance with the non-Federal entity's written travel reimbursement policies." According to the GSA Website, the allowable FY 2015 rate for Lost Dimes, TX, was \$46 per day with the</p> | NA         | It is recommended that the University of North Texas a) reimburse the THECB \$6.00, b) tighten controls to ensure compliance with future Teacher Quality grant travel, and c) review other meal expenses incurred during travel reimbursed by Teacher Quality to verify that there are no additional overcharges.  | NA  | NA  | NA                           | Closed                |
| External            | Texas Higher Education Coordinating Board          | Fiscal Year 2017              | NA            | Research       | Teacher Quality Award Desk Review  | UNT                   | <p>3. CFDA #84.367, Award #12912/14289, Teacher Quality, Category 3: Non Participant Meeting and Travel Costs: Unallowable Expenses</p> <p>In accordance with 2 CFR 200.403(a), "Costs must meet the following general criteria in order to be allowable under Federal awards: be necessary and reasonable for the performance of the Federal award and be allocable thereto under these principles." The questioned cost is the \$75 fee incurred for employee CR's flight change.</p>  | NA         | It is recommended that the University of North Texas reimburse the THECB \$75 and tighten controls to ensure compliance with factors affecting allowability of costs.  | NA  | NA  | NA                           | Closed                |
| External            | Texas Department of Family and Protective Services | Fiscal Year 2017              | NA            | Research       | Fiscal Year 2017 Final Monitoring Report HIPPIY contract, #530-17-0016-00001 | UNT                   | <p>Programmatic Finding P01: Inconsistent and unclear program model guidance</p> <p>Situation: UNT has provided inconsistent and/or unclear guidance regarding the HIPPIY program model components and implementation processes. Example include:</p> <ul style="list-style-type: none"> <li>-Inconsistent information around caseload sizes for home visitors provided to DFPS-PEI and PEI-funded HIPPIY sites;</li> <li>-Inconsistent guidance around year-round recruitment requirements, expectations, and processes;</li> <li>-Inconsistent information across UNT staff members in terms of assessment tools to be utilized, resulting in a late changes in a time-sensitive, funding-critical benchmark roll-out;</li> <li>-Unclear messaging around program goals and research-based outcomes for the model; and,</li> <li>-Unclear communication around enrolling practice children as</li> </ul>   | NA         | Recommendation: UNT should submit a plan that outlines how it will ensure that clear, consistent guidance will occur between UNT, DFPS PEI and all PEI-funded HIPPIY Contractors. The plan should include how UNT will provide program-related information and updates to DFPS PEI and PEI-funded HIPPIY sites in a timely manner, ensuring that all parties have the same information at all times. | Contractor's Response: "We respectfully dispute this finding."<br>PEI's Reply: DFPS PEI notes that UNT HIPPIY disputes this Programmatic Finding. After careful review and consideration, DFPS PEI has made the determination to uphold the finding. DFPS PEI's experience is that the overall model guidance should be more clear and consistent. This should include detailed written documentation of specific changes or variances granted, as well as proactive communication and training to DFPS PEI and sites. Please note, DFPS PEI does not consider uploading information to the Backoffice as notification, and requests proactive communication notifying sites and DFPS PEI in advance of new resources, guidance, and/or changes to policies or procedures. DFPS PEI is particularly concerned about the inconsistent guidance around data collection, benchmark measurement and program outcomes and is requesting that UNT designate a data point of contact who is particularly knowledgeable | NA  | NA                           | Closed                |

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| Internal / External | Reporting Agency                                   | Fiscal Year Report was Issued | Report Number | Audit Category                       | Report Name   | Component Institution | Key Observations  | Risk Level | Recommendation Details   | Management Response   | Individual Responsible for Implementation  | Expected Implementation Date           | Recommendation Status |
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| External            | Texas Department of Family and Protective Services | Fiscal Year 2017              | NA            | Research                             | Fiscal Year 2017 Final Monitoring Report HIPPY contract, #530-17-0016-00001 | UNT                   | <p>Programmatic Finding P02 (now an observation): Lack of responsiveness and detailed information Situation: On multiple instances, UNT has not responded to emails from DFPS PEI. For example, the Early Childhood Lead sent multiple emails requesting a list of upcoming site visits. UNT responded after multiple requests, but by that point, most of the site visits had already occurred. Of the last two site visits on the list, one was canceled and one was still pending. The Early Childhood Lead was unable to accompany UNT on a site visit because of this issue. Additionally, on 3/21/17, DFPS PEI set up a critical data conference call with the evidence-based models. Carla Mowell stated she would not be able to attend, but that Keshia Bruno would attend in her place. Unfortunately, neither individual was present on the call nor did they inform DFPS PEI ahead of time that they would not be able to attend.</p> <p>Lastly, UNT has submitted multiple monthly reports with very few details or information as required, making it difficult for DFPS PEI to assess the quality of technical assistance provided to HIPPY sites.</p> <p>Criteria: Section IV.A. of contract #530-17-0016-00001 states (in part): Tile Comractor will participate in regular conference calls and meetings as agreed upon by tile Comractor and DFPS.</p> | NA         | <p>Recommendation: UNT should submit a plan to address the concerns around responsiveness and lack of detailed information. This plan should propose specific protocols for response times, which will be negotiated with DFPS PEI. The plan should also specify the staff positions that will participate in a monthly check-in call with DFPS PEI. Finally, the plan shall include a commitment to providing more detailed reporting on site-specific TA that includes content provided, specific strategies or support provided and strengths and challenges identified at the site level.</p> <p>PEI's Reply: The additional Technical Assistance reports (dating back to January) that were submitted in August have been reviewed. Based on those revised reports, DFPS PEI has downgraded this finding to an observation and will closely monitor UNT throughout FY 18 to ensure that all systemic issues have been resolved.</p> | <p>Contractor's Response: "Texas HIPPY staff will respond to emails and phone calls within 5 working days;" "Institute a weekly webinar HIPPY site coordinators to provide opportunities to ask questions and hear responses from staff and each other;" "Texas HIPPY will submit an annual Site Visit Schedule and notify PEI/THV of any changes to the schedule."</p>   | Carla Mowell, Director Texas HIPPY, and Keshia Bruno, Assistant Director TX HIPPY. | May 1, 2017 through October 1, 2017    | NA                    |
| External            | Texas Department of Family and Protective Services | Fiscal Year 2017              | NA            | Research                             | Fiscal Year 2017 Final Monitoring Report HIPPY contract, #530-17-0016-00001 | UNT                   | <p>Programmatic Finding P03 (now an observation): Quality of Technical Assistance</p> <p>Situation: In the Spring of 2017, DFPS PEI sought feedback from PEI-funded HIPPY sites regarding the quality of technical assistance from evidence-based model state offices. Of the nine (9) sites implementing the HIPPY model, three sites (33%) indicated that there was much room for improvement on the quality of the technical assistance from UNT. Feedback reported by these sites included the following:</p>   | NA         | <p>Recommendation: UNT should submit a plan that details how sites will be trained in a timely manner in all areas necessary for program implementation. The plan should include the appropriate UNT-HIPPY point of contact for training and ongoing TA needs for each DFPS PEI funded-site. The plan should also include specific protocols for response times, which will be negotiated with DFPS PEI. The plan should reference how any training/technical assistance that cannot occur will be communicated to both DFPS PEI and with HIPPY sites. Finally, the plan should include how UNT will communicate to sites a training/site visit schedule for all</p>   | <p>Contractor's Response: "Over the summer, collaborate with HIPPY USA to revise and clarify the training and support requirements in the accreditation documents, and development of informational materials/training to ensure that sites understand the revised requirements;" "Texas HIPPY staff will utilize "out of the office" notices on email when staff is out of the office as well, and this will include notification as to when they can expect a response to the email;" "Texas HIPPY will provide sites with a 'contact list' describing which staff member to contact with particular issues."</p> | Carla Mowell, Director Texas HIPPY, and Keshia Bruno, Assistant Director TXHIPPY.  | May 31, 2017 through September 1, 2017 | NA                    |
| External            | Texas Commission of Law Enforcement                | Fiscal Year 2017              | 7103          | Governance and Regulatory Compliance | Texas Commission on Law Enforcement - Racial Profiling Report               | UNT Dallas            | Racial Profiling Report. No findings.   | NA         | None.  | NA  | NA   | NA                                     | NA                    |
| External            | Myers & Stauffer, LLC                              | Fiscal Year 2017              | N/A           | Governance and Regulatory Compliance | 1115 Waiver - Telemonitoring Project Demonstration Year 4                   | UNTHSC                | No findings/deficiencies.   | N/A        | N/A  | N/A   | N/A  | N/A                                    | N/A                   |
| External            | Myers & Stauffer, LLC                              | Fiscal Year 2017              | N/A           | Governance and Regulatory Compliance | 1115 Waiver - Telemonitoring Project Demonstration Year 5                   | UNTHSC                | No findings/deficiencies.   | N/A        | N/A  | N/A   | N/A  | N/A                                    | N/A                   |

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| External            | Communication Concepts    | Fiscal Year 2017              | N/A           | Governance and Regulatory Compliance | Fire Alarm and Emergency Communication System Inspection | UNTHSC                | UNTHSC Child Development Center, batteries on field device section of this report are very old and need to be replaced.  | N/A        | Battery Replacement                    | Battery condition was changed at time of test by Terry Rogers                    | Terry Rogers Building Manager             | 6/29/2017                    | Closed                |
| External            | Communication Concepts    | Fiscal Year 2017              | N/A           | Governance and Regulatory Compliance | Fire Alarm and Emergency Communication System Inspection | UNTHSC                | <p>UNT PCC strobes on fifth floor do not work. Also, some of the strobes on the first floor do not work.</p> <p>Batteries that need to be replaced are:<br/>                     -Parking garage next to panel 4ea.<br/>                     -Sixth floor both sets 4ea.</p> <p>Fire Alarm representative needs to troubleshoot the system in the evening after service hours.</p> | N/A        | Complete testing on all alarm signals. | Testing Complete by UNT PD and Terry Rogers Building Manager 2/18/17 at 3:30 PM. | Terry Rogers Building Manager             | 2/28/2017                    | Closed                |
| External            | Communication Concepts    | Fiscal Year 2017              | N/A           | Governance and Regulatory Compliance | Fire Alarm and Emergency Communication System Inspection | UNTHSC                | No findings/deficiencies on UNT May Street & Center for Sleep Medicine buildings.  | N/A        | N/A                                    | N/A  | N/A                                       | N/A                          | N/A                   |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-007 UNT    | Governance and Regulatory Compliance | Joint Admission Medical Program Audit                    | UNT                   | None   | NA         | NA                                     | NA   | NA  | NA                           | NA                    |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-001 SYS    | Governance and Regulatory Compliance | Chancellor's Expenditure Review                          | UNT System            | None   | NA         | NA                                     | NA   | NA  | NA                           | NA                    |



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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-003 HSC    | Governance and Regulatory Compliance | President's Expenditure Review | UNTHSC                | <p>1. Personally Identifiable Information - During our review of travel, business and entertainment reimbursement support documentation in Enterprise Information System and/or ImageNow, we noted Personally Identifiable Information was not redacted prior to upload in the system. In detail the following was noted:</p> <ul style="list-style-type: none"> <li>• 15 out of 30 (50%) invoices reviewed had personal checks with checking account numbers not redacted.</li> <li>• 3 out of 30 (10%) invoices reviewed had credit card statements with credit card numbers not redacted.</li> </ul> | Moderate   | <p>1. Recommendations for the University:</p> <p>a. Mask credit card and bank account information that is uploaded and retained in Enterprise Information System and/or ImageNow, to help ensure sensitive information is not compromised.</p>  | <p>1a and 1b - Implement a "Business Expense Reimbursement Checklist" to help reinforce important steps in processing, including masking bank account and credit card information. The checklist will be used by all President Office staff members responsible for preparing reimbursement requests for the president's business expenses and travel expenditures.</p>   | Susan Ross, Executive Director, Office of the President                            | 10/27/2016                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-003 HSC    | Governance and Regulatory Compliance | President's Expenditure Review | UNTHSC                | <p>1. Personally Identifiable Information - During our review of travel, business and entertainment reimbursement support documentation in Enterprise Information System and/or ImageNow, we noted Personally Identifiable Information was not redacted prior to upload in the system. In detail the following was noted:</p> <ul style="list-style-type: none"> <li>• 15 out of 30 (50%) invoices reviewed had personal checks with checking account numbers not redacted.</li> <li>• 3 out of 30 (10%) invoices reviewed had credit card statements with credit card numbers not redacted.</li> </ul> | Moderate   | <p>1. Recommendations for the University:</p> <p>b. Develop a travel/entertainment support checklist to minimize any oversight during preparation of documentation support to enhance completeness and accuracy.</p>  | <p>1a and 1b - Implement a "Business Expense Reimbursement Checklist" to help reinforce important steps in processing, including masking bank account and credit card information. The checklist will be used by all President Office staff members responsible for preparing reimbursement requests for the president's business expenses and travel expenditures.</p>   | Susan Ross, Executive Director, Office of the President                            | 10/27/2016                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-003 HSC    | Governance and Regulatory Compliance | President's Expenditure Review | UNT System            | <p>1. Personally Identifiable Information - During our review of travel, business and entertainment reimbursement support documentation in Enterprise Information System and/or ImageNow, we noted Personally Identifiable Information was not redacted prior to upload in the system. In detail the following was noted:</p> <ul style="list-style-type: none"> <li>• 15 out of 30 (50%) invoices reviewed had personal checks with checking account numbers not redacted.</li> <li>• 3 out of 30 (10%) invoices reviewed had credit card statements with credit card numbers not redacted.</li> </ul> | Moderate   | <p>2. Recommendation for the UNT System:</p> <p>a. Provide training to individuals processing reimbursement to ensure all support documentation reviewed/processed does not contain personally identifiable information (PII). Additionally, when support documentation containing PII is received, we recommend returning the documentation back to the submitter with explanation for the PII to be redacted.</p> | <p>2a - Accounts Payable, UNTS Controller operations will take the following actions:</p> <p>Communicate to all employees and strongly emphasize in Travel process training provided across each component institution, the importance of protecting and redacting personal credit card and bank information on supporting documents submitted through the system. Training will also be provided to Accounts Payable staff to identify any Personally identifiable information (PII) on supporting documents submitted and if any PII is received without redaction, documents will be returned back to the submitter with explanation requiring required PII redaction prior to final processing.</p> | Abdul N Mohammad, Sr. Director of Operations, UNT System, Office of the Controller | 4/30/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-002 UNT    | Governance and Regulatory Compliance | President's Expenditure Review | UNT                   | None  | NA         | NA  | NA  | NA   | NA                           | NA                    |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-004 DAL    | Governance and Regulatory Compliance | President's Expenditure Review | UNT Dallas            | <p>1. Personally Identifiable Information - During our review of travel, business and entertainment reimbursement support documentation in Enterprise Information System and/or ImageNow, we noted Personally Identifiable Information was not redacted prior to upload in the system. Specifically, the bank account number on two personal checks was not redacted.</p>   | Moderate   | <p>1. Recommendations for the University:</p> <p>a. Mask credit card and bank account information that is uploaded and retained in Enterprise Information System and/or ImageNow, to help ensure sensitive information is not compromised.</p>  | <p>1a and b -Effective October 27, 2016, the Office of the President staff will mask all credit card and bank account information to help ensure sensitive information is not compromised. The Office of the President staff will also attend "process reimbursement" training (when available) to ensure we are following the recommended guidelines appropriately.</p>  | The Office of the President  | 10/27/2016                   | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-004 DAL    | Governance and Regulatory Compliance | President's Expenditure Review    | UNT Dallas            | 1. Personally Identifiable Information - During our review of travel, business and entertainment reimbursement support documentation in Enterprise Information System and/or ImageNow, we noted Personally Identifiable Information was not redacted prior to upload in the system. Specifically, the bank account number on two personal checks was not redacted. | Moderate   | 1. Recommendations for the University:<br><br>b. Develop a travel/entertainment support checklist to minimize any oversight during preparation of documentation support to enhance completeness and accuracy.  | 1a and b –Effective October 27, 2016, the Office of the President staff will mask all credit card and bank account information to help ensure sensitive information is not compromised. The Office of the President staff will also attend “process reimbursement” training (when available) to ensure we are following the recommended guidelines appropriately.  | The Office of the President  | 10/27/2016                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-004 DAL    | Governance and Regulatory Compliance | President's Expenditure Review    | UNT System            | 1. Personally Identifiable Information - During our review of travel, business and entertainment reimbursement support documentation in Enterprise Information System and/or ImageNow, we noted Personally Identifiable Information was not redacted prior to upload in the system. Specifically, the bank account number on two personal checks was not redacted. | Moderate   | 2. Recommendation for the UNT System:<br><br>a. Provide training to individuals processing reimbursement to ensure all support documentation reviewed/processed does not contain personally identifiable information (PII). Additionally, when support documentation containing PII is received, we recommend returning the documentation back to the submitter with explanation for the PII to be redacted. | 2a - Accounts Payable, UNTS Controller operations will take the following actions:<br><br>Communicate to all employees and strongly emphasize in Travel process training provided across each component institution, the importance of protecting and redacting personal credit card and bank information on supporting documents submitted through the system. Training will also be provided to Accounts Payable staff to identify any Personally identifiable information (PII) on supporting documents submitted and if any PII is received without redaction, documents will be returned back to the submitter with explanation requiring required PII redaction prior to final processing. | Abdul N Mohammad, Sr. Director of Operations, UNT System, Office of the Controller | 4/30/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-008 HSC    | Governance and Regulatory Compliance | Family Medicine Residency Program | UNTHSC                | No findings/deficiencies.  | NA         | None   | NA   | NA   | NA                           | NA                    |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-408 UNT    | Governance and Regulatory Compliance | College of Visual Arts and Design Transitional Audit | UNT                   | <p>1. Cash Handling: UNT cash handling policies were not consistently followed in the College of Visual Arts and Design.</p> <p>Written cash handling procedures in the College of Visual Arts and Design were either nonexistent or incomplete and did not comply with UNT cash handling policies. Additionally, individuals who receive cash in the College of Visual Arts and Design either do not consistently record cash receipts in a log or do not maintain a cash receipts log at all.</p> | Moderate   | 1. 1a. Develop written cash handling procedures as required by UNT Policy 10.006.                      | 1a. Mary Braden (Budget Officer) will develop a draft procedure document for the College to be approved by the College Executive Committee, based on the UNT cash handling policy. We will explore the use of a cash handling template that is available for use. Once approved each individual who handles cash will be expected to adhere to these procedures. | Mary Braden, Administrative Coordinator IV; Peter Hyland, Director of the Onstead Institute for Education; Susan Sanders, CVAD Development Director | 3/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-408 UNT    | Governance and Regulatory Compliance | College of Visual Arts and Design Transitional Audit | UNT                   | <p>1. Cash Handling: UNT cash handling policies were not consistently followed in the College of Visual Arts and Design.</p> <p>Written cash handling procedures in the College of Visual Arts and Design were either nonexistent or incomplete and did not comply with UNT cash handling policies. Additionally, individuals who receive cash in the College of Visual Arts and Design either do not consistently record cash receipts in a log or do not maintain a cash receipts log at all.</p> | Moderate   | 1. 1b. Ensure that those individuals who receive cash and checks record the receipt of funds in a log. | 1b. The three individuals named will maintain either paper or electronic logs to record their cash handling.   | Mary Braden, Administrative Coordinator IV; Peter Hyland, Director of the Onstead Institute for Education; Susan Sanders, CVAD Development Director | 3/1/2017                     | Closed                |



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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-408 UNT    | Governance and Regulatory Compliance | College of Visual Arts and Design Transitional Audit | UNT                   | <p>2. Personally Identifiable Information: Credit card information was not redacted prior to upload in ImageNow.</p> <p>During our review of travel reimbursement support documentation in ImageNow (Perceptive Content), we noted 3 of 21 travel vouchers (14.3%) where credit card numbers were not redacted prior to upload in the system. Two unredacted account numbers were for corporate credit cards. The other unredacted account number was for a personal credit card.</p> | Moderate   | 2. 1a. Mask credit card and bank account information to help ensure sensitive information is not compromised.  | 1a. We will immediately begin masking all credit card and bank information. We will send a reminder to all appropriate staff about the recent e-mail that outlined this policy.   | Jerry Aul, Administrative Coordinator I                   | 4/30/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-408 UNT    | Governance and Regulatory Compliance | College of Visual Arts and Design Transitional Audit | UNT                   | <p>2. Personally Identifiable Information: Credit card information was not redacted prior to upload in ImageNow.</p> <p>During our review of travel reimbursement support documentation in ImageNow (Perceptive Content), we noted 3 of 21 travel vouchers (14.3%) where credit card numbers were not redacted prior to upload in the system. Two unredacted account numbers were for corporate credit cards. The other unredacted account number was for a personal credit card.</p> | Moderate   | 2. 1b. Develop a travel support checklist to minimize any oversight during preparation of documentation support to enhance completeness and accuracy.  | 1b. We will ensure a checklist is created and implemented.  | Jerry Aul, Administrative Coordinator I                   | 4/30/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-408 UNT    | Governance and Regulatory Compliance | College of Visual Arts and Design Transitional Audit | UNT                   | <p>3. Budget Tracking: Personnel in the College of Visual Arts and Design (CVAD) indicated during interviews that they were experiencing difficulties with budget tracking, using PeopleSoft 9.2, and the new chart of accounts.</p> <p>It was mentioned that the PeopleSoft 9.2 upgrade and implementation of the new chart of accounts has added complexity to the budget tracking process. Personnel stated during interviews</p>  | Moderate   | <p>Recommendation for Dean:</p> <p>3. 1a. Ensure individuals with budget tracking responsibilities have received training related to PeopleSoft 9.2 and the new chart of accounts. Continue to work with the UNT Budget Office to improve and resolve challenges CVAD is experiencing.</p> | 1a. We will check to ensure that staff have indeed participated and if not we will make sure that they seek and participate in appropriate training. As notification of trainings are issued, we will continue to encourage staff to take advantage of these opportunities. | Greg Watts, Dean of the College of Visual Arts and Design | 3/31/2017                    | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-408 UNT    | Governance and Regulatory Compliance | College of Visual Arts and Design Transitional Audit | UNT                   | <p>3. Budget Tracking: Personnel in the College of Visual Arts and Design (CVAD) indicated during interviews that they were experiencing difficulties with budget tracking, using PeopleSoft 9.2, and the new chart of accounts.</p> <p>It was mentioned that the PeopleSoft 9.2 upgrade and implementation of the new chart of accounts has added complexity to the budget tracking process. Personnel stated during interviews that additional resources and guidance on common challenges and issues would be useful. Moreover, CVAD personnel noted difficulty in obtaining clear, sufficient, and timely assistance from the UNT Budget Office.</p> | Moderate   | <p>Recommendation for UNT Budget Office:</p> <p>3. 2a. Develop a task force or user groups as a mechanism to improve transparency and communication with the campus. This will assist the Budget Office in understanding the challenges the campus is experiencing, improving training materials, and developing support handouts (e.g. FAQ sheets or brochures).</p> | <p>2a. Since the audit field work was completed for the CVAD transitional Audit, many additional reporting and training resources have been developed and implemented by the UNT Budget office for the UNT campus. Reporting and training requires coordinated efforts between many functional offices, including the UNT System areas of ITSS, Budget, and Financial Reporting and also for UNT's areas of Office of Data Analytics &amp; Institutional Research and Grants Accounting, all of which are needed for correct information for budget to actual financial data. The front line support of Budget Office Analysts positions are fully staffed since November. The four Analysts are continuously learning as the daily application of the implementation is occurring and new business processes are developed and trained in the department by the UNT Budget Director and the two Budget Financial Analysts.</p> <p>Highlights of implemented new and enhanced resources include:</p> <p>☐ Training: Two new training courses provided by the budget office added with a subject matter expert from the reporting area in the training also: <u>Open Lab with the Budget office provided monthly – an</u></p> | Beverly Cotton, Associate Vice President for Budget and Analytics | 4/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-408 UNT    | Governance and Regulatory Compliance | College of Visual Arts and Design Transitional Audit | UNT                   | <p>4. Scholarships: Student Financial Aid and Scholarships' Best Practices for Scholarships and Awards are not consistently followed within the College of Visual Arts and Design.</p> <p>Internal Audit noted the following in CVAD:</p> <ul style="list-style-type: none"> <li>- There are no working departmental scholarship polices;</li> <li>- Scholarship Committee minutes are not maintained; and</li> <li>- Scholarship criteria listed in the CVAD scholarship database did not match all the criteria in the corresponding donor agreements and other support documentation.</li> </ul>  | Moderate   | 4. 1a. Create a departmental policy for awarding scholarships.  | 1a. Seek guidance from the Scholarship Office on what is an acceptable documentation of a departmental scholarship process.  | Jerry Aul, Administrative Coordinator I                           | 4/30/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-408 UNT    | Governance and Regulatory Compliance | College of Visual Arts and Design Transitional Audit | UNT                   | <p>4. Scholarships: Student Financial Aid and Scholarships' Best Practices for Scholarships and Awards are not consistently followed within the College of Visual Arts and Design.</p> <p>Internal Audit noted the following in CVAD:</p> <ul style="list-style-type: none"> <li>- There are no working departmental scholarship polices;</li> <li>- Scholarship Committee minutes are not maintained; and</li> <li>- Scholarship criteria listed in the CVAD scholarship database did not match all the criteria in the corresponding donor agreements and other support documentation.</li> </ul>  | Moderate   | 4. 1b. Document Scholarship Committee meeting minutes.  | 1b. Maintain scholarship minutes.  | Jerry Aul, Administrative Coordinator I                           | 4/30/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-408 UNT    | Governance and Regulatory Compliance | College of Visual Arts and Design Transitional Audit | UNT                   | <p>4. Scholarships: Student Financial Aid and Scholarships' Best Practices for Scholarships and Awards are not consistently followed within the College of Visual Arts and Design.</p> <p>Internal Audit noted the following in CVAD:</p> <ul style="list-style-type: none"> <li>- There are no working departmental scholarship polices;</li> <li>- Scholarship Committee minutes are not maintained; and</li> <li>- Scholarship criteria listed in the CVAD scholarship database did not match all the criteria in the corresponding donor agreements and other support documentation.</li> </ul>  | Moderate   | 4. 1c. Ensure that criteria in the CVAD scholarship database correspond with donor agreements and other support documentation.  | 1c. Review scholarship database to ensure criteria correspond with donor agreements and other support documentation.   | Jerry Aul, Administrative Coordinator I                           | 4/30/2017                    | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-109 HSC                | Governance and Regulatory Compliance | UNTHSC IT Change Management | UNTHSC                | <p>1. Segregation of Duties: Segregation of duties did not exist between the development of new code to bringing the code into the production environment.</p> <p>No evidence was produced to show that segregation of duties existed during change management between the development and production environment.</p>  | High       | <p>Recommendations for Chief Information Officer, ITS:</p> <p>1. 1a. Strengthen controls around moving code changes into production by:</p> <ul style="list-style-type: none"> <li>Acquiring and implementing a configuration management system, or if that is not feasible;</li> <li>Designating more resources for development changes over critical applications.</li> </ul>  | We are adding resources/reassigning duties to expand the development pipeline to include Quality Assurance (QA). QA will review code before it is moved into Staging and Production. The addition of QA into the production pipeline for segregation of duties will occur in the second quarter of 2017.   | Anthony Tissera, Director of Product Development and Engineering, Information Technology Services               | 6/30/2017<br>Rev. 08/31/2018 | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-109 HSC                | Governance and Regulatory Compliance | UNTHSC IT Change Management | UNTHSC                | <p>2. Inconsistent Process and Documentation: The change management process and documentation requirements were not being followed.</p> <p>ITS used a combination of software to communicate internally and manage their projects. Documentation for recent changes that were identified as formal could not be produced to prove that the business impact was considered, a back-out plan existed, segregation of duties was maintained, or peer review was conducted.</p> <p>HIM and ITS implement changes to the NextGen application. When a high impact change requires the approval of the NextGen Task Force Committee. Representatives from each clinic attend, and a vote is taken on whether or not to implement the proposed change. However, the result of the vote is not documented.</p> | Moderate   | <p>Recommendations for Chief Information Officer, ITS:</p> <p>2. 1a. Establish a consistent practice that specifically addresses the following:</p> <ul style="list-style-type: none"> <li>Classification process to determine the level of risk and impact of the change;</li> <li>Requirement for all changes to be documented and kept in one central location;</li> <li>Document the justification for the change and the impact to business, including the information security impact of the change;</li> <li>Require formal approval of all high risk or high impact changes and retain evidence of approvals;</li> <li>Document who will be responsible for creating, testing, and implementing the change;</li> <li>Document fallback procedures for aborting and recovering</li> </ul> | We will transition change management approval and documentation to a centralized location (probably Jira) and educate ITS staff on entering and documenting changes.   | Nathan Ribelin, Director, Helpdesk and Client Services, Information Technology Services                         | 3/31/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-109 HSC                | Governance and Regulatory Compliance | UNTHSC IT Change Management | UNTHSC                | <p>2. Inconsistent Process and Documentation: The change management process and documentation requirements were not being followed.</p> <p>ITS used a combination of software to communicate internally and manage their projects. Documentation for recent changes that were identified as formal could not be produced to prove that the business impact was considered, a back-out plan existed, segregation of duties was maintained, or peer review was conducted.</p> <p>HIM and ITS implement changes to the NextGen application. When a high impact change requires the approval of the NextGen Task Force Committee. Representatives from each clinic attend, and a</p>  | Moderate   | <p>Recommendations for Chief Operations Officer, UNT Health:</p> <p>2. 2a. Follow UNTHSC Policy 14.650 UNT Health IT Change Management Policy, specifically:</p> <ul style="list-style-type: none"> <li>Document all changes in one central location regardless of classification;</li> <li>Create a back-out plan as required for changes classified as major;</li> <li>Document who will be responsible for creating, testing, and implementing the change as part of the Implementation Plan on major changes;</li> <li>Require a test plan for standard and major changes; and</li> <li>Retain evidence of approvals.</li> </ul>   | I agree with the all recommendations listed and expect to have the following items implemented by March 31, 2017: <ul style="list-style-type: none"> <li>Create a back-out plan as required for changes classified as major;</li> <li>Document who will be responsible for creating, testing, and implementing the change as part of the Implementation Plan on major changes;</li> <li>Require a test plan for standard and major changes; and</li> <li>Retain evidence of approvals.</li> </ul> <p>In collaboration with the IT department I expect to have the following item implemented by September 1, 2017.</p> <ul style="list-style-type: none"> <li>Document all changes in one central location regardless of classification</li> </ul> | Cynthia Loza, HIM Template Editor, Central Business Services  | 9/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-109 HSC                | Governance and Regulatory Compliance | UNTHSC IT Change Management | UNTHSC                | <p>3. Administrative Input on Risk Assessment: The assessment of mission critical applications and services has not been reviewed by UNTHSC Administration in over a year.</p> <p>After meeting with the Chief Information Officer, it was noted that ITS has not had the opportunity to discuss which applications and services are most critical with administrators of UNTHSC. The Chief Information Officer formulated a risk assessment of UNTHSC applications and services based on her expertise, however it would be beneficial to have an assessment with senior leadership. According to the CIO, input was given by the Business Continuity Lead over a year ago, but that role no longer exists.</p>  | Moderate   | <p>Recommendations for Chief Information Officer, ITS:</p> <p>3. 1a. Perform a risk assessment with UNTHSC Administration to risk-rank applications and services and formally identify those critical to the Institution.</p>  | The Information Security and Privacy Committee will be assessing and assigning risk for applications and services beginning in the first quarter of 2017.  | Information Security and Privacy Committee (Co-Chairs: Chief Compliance Officer and Chief Information Officer). | 3/31/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-005 SYS, UNT, HSC, DAL | Governance and Regulatory Compliance | Investments Audit           | UNT System            | <p>1. Conflict of Interest- SYS/UNT/DAL/HSC: Testing identified that all of System Investment Advisory Committee members and component Investment Officers did not complete Conflict of Interest disclosure forms for FY 2016 indicating any personal business relations with a business organization offering to engage in an investment transaction with UNT System, UNT, UNT Dallas and UNTHSC.</p> <p>This finding was also identified on last year's Internal Audit Report 16-004 UNT System, UNT, UNT Dallas and 16-000 UNTHSC FY 2015</p>  | High       | <p>Recommendations for the Associate Vice Chancellor for Treasury:</p> <p>Ensure the following recommendations made in Internal Audit Report #16-004 UNT System, UNT, UNT Dallas are implemented:</p> <p>1. 1a. Management to work with Office of General Counsel and Human Resources to establish a mechanism, which includes a conflict of interest disclosure form, through which</p>   | Currently, we have the approved form for investment officers to sign certifying that there are no COI's, which will be sent out to each investment officer by the end of January 2017.   | James Mauldin, Associate Vice Chancellor for Treasury and Gary Finney, Director of Human Resources              | 6/1/2017                     | Closed                |



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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-005 SYS, UNT, HSC, DAL | Governance and Regulatory Compliance | Investments Audit | UNT System            | 1. Conflict of Interest- SYS/UNT/DAL/HSC: Testing identified that all of System Investment Advisory Committee members and component Investment Officers did not complete Conflict of Interest disclosure forms for FY 2016 indicating any personal business relations with a business organization offering to engage in an investment transaction with UNT System, UNT, UNT Dallas  | High       | Recommendations for the Associate Vice Chancellor for Treasury:<br><br>Ensure the following recommendations made in Internal Audit Report #16-004 UNT System, UNT, UNT Dallas are implemented:   | We are developing slide(s) for Human Resources to incorporate into their orientation training, which should be completed and approved by Friday, January 27, 2017 at the latest. Human Resources will then incorporate this aspect into their "compliance day" training.  | James Mauldin, Associate Vice Chancellor for Treasury and Gary Finney, Director of Human Resources | 6/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-005 SYS, UNT, HSC, DAL | Governance and Regulatory Compliance | Investments Audit | UNTHSC                | 1. Conflict of Interest- SYS/UNT/DAL/HSC: Testing identified that all of System Investment Advisory Committee members and component Investment Officers did not complete Conflict of Interest disclosure forms for FY 2016 indicating any personal business relations with a business organization offering to engage in an investment transaction with UNT System, UNT, UNT Dallas and UNTHSC.<br><br>This finding was also identified on last year's Internal Audit Report 16-004 UNT System, UNT, UNT Dallas and 16-009 UNTHSC FY 2015 Investment Compliance Audit in two separate observations.<br><br>UNT System Management concurred with Internal Audit's recommendations, but in order to establish a more comprehensive solution with the Office of General Counsel (OGC) and UNT System Human Resources, they were not able to fully implement a Conflict of Interest Disclosure process by the initial implementation date of August 31, 2016.<br><br>Furthermore, UNTHSC Management concurred with Internal Audit's recommendations and implemented a process, however due to employee turnover, the implemented monitoring process was not sustained. | High       | Recommendation for the UNTHSC Chief Financial Officer:<br><br>1. 2a. Work with the UNTHSC Institutional & Clinical Compliance Office to implement a monitoring process to ensure applicable staff complete an annual conflict of interest disclosure form.                 | The Compliance office will ensure 100% of the forms are completed and returned for FY2017 and future years. Any forms not returned by the due date (January 31st for FY 2017) will be followed up by the Compliance office shortly after January 31st with prompt escalation to supervisors and senior management, if needed. Any person not completing the form after follow-up by Compliance department will be subject to disciplinary action up to and including termination. | Elaine Anderson, Interim Chief Compliance and Enterprise Risk Officer                              | 3/31/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-005 SYS, UNT, HSC, DAL | Governance and Regulatory Compliance | Investments Audit | UNT System            | 1. Conflict of Interest- SYS/UNT/DAL/HSC: Testing identified that all of System Investment Advisory Committee members and component Investment Officers did not complete Conflict of Interest disclosure forms for FY 2016 indicating any personal business relations with a business organization offering to engage in an investment transaction with UNT System, UNT, UNT Dallas and UNTHSC.<br><br>This finding was also identified on last year's Internal Audit Report 16-004 UNT System, UNT, UNT Dallas and 16-009 UNTHSC FY 2015 Investment Compliance Audit in two separate observations.<br><br>UNT System Management concurred with Internal Audit's recommendations, but in order to establish a more comprehensive solution with the Office of General Counsel (OGC) and UNT System Human Resources, they were not able to fully implement a Conflict of Interest Disclosure process by the initial implementation date of August 31, 2016.<br><br>Furthermore, UNTHSC Management concurred with Internal Audit's recommendations and implemented a process, however due to employee turnover, the implemented monitoring process was not sustained. | High       | Recommendation for the Associate Vice Chancellor for Treasury:<br><br>1. 3a. Implement a monitoring process to request confirmation from all institutions to ensure annual conflict of interest disclosure forms were completed by all investments officers and designees. | Going forward, annually a process will be in place to request confirmation from all institutions that annual conflict of interest disclosure forms were completed by all investments officers and designees.  | James Mauldin, Associate Vice Chancellor for Treasury  | 3/31/2017                    | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-005 SYS, UNT, HSC, DAL | Governance and Regulatory Compliance | Investments Audit    | UNT System            | 2. Board of Regents Public Funds Investment Act Training: Public Funds Investment Act (PFIA) testing identified two of the newly appointed Regents did not have PFIA training completed within six months after taking office or assuming duties. Based on our detail testing, trainings were completed by the Board of Regent members eight and ten months after taking office.   | Moderate   | Recommendation to the Secretary to the UNTS Board of Regents:<br><br>2. 1a. Develop follow-up procedures to help ensure that Board of Regents complete PFIA required training session within six months after taking office of assuming duties in accordance with the statute.                | The Office of the Board Secretary will create a tracking system that will be used to monitor the completion of the variety of required trainings for new Regents. The tracking system will include the training required, required completion date, when reminder emails are sent, and when training was completed. | Dr. Rosemary Haggett, Secretary to the UNTS Board of Regents | 6/30/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-005 SYS, UNT, HSC, DAL | Governance and Regulatory Compliance | Investments Audit    | UNT System            | 3. Annual Review and Adoption of Financial Institutions and Broker/Dealers: The Board of Regents has not reviewed and adopted a list of financial institutions and broker/dealers qualified and authorized to engage in investment transactions with and for the System.<br><br>This finding was also identified on last year's Internal Audit Report 16-004 UNT System, UNT, UNT Dallas and 16-009 UNTHSC FY 2015 Investment Compliance Audit.<br><br>UNT System Management concurred with Internal Audit's recommendations, but they were unable to implement the corrective actions by the initial implementation date of November 30, 2016 because a consulting firm was obtained to review treasury operations. Additionally, management communicated they will be implementing recommendations provided by the consulting firm and Internal Audit. | Moderate   | Recommendation for the Associate Vice Chancellor for Treasury:<br><br>3. 1a. Establish procedures to ensure compliance with System Regulation 08.2000, Section 2005, paragraph 10 and review the System Regulation to see if requirement is applicable as is and make revisions as necessary. | The investment policy will be revised to reflect that only the list of broker/dealers requires Board of Regents approval. This revision and the list of broker/dealers will be provided to the Board of Regents for review and approval at the May 2017 Board of Regents meeting.                                   | James Mauldin, Associate Vice Chancellor for Treasury        | 6/30/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-103 SYS                | Governance and Regulatory Compliance | IT Change Management | UNT System            | 1. Lack of Permanent Standards: Standard being used for ServiceNow changes not detailed, current or approved.<br><br>CM processes used by Image Now, Office 365, and Blackboard Learn are called "Provisional CM Process" and the "CM Standard Operating Procedures". They were put in place over 3 years ago and are not updated, current or approved.  | Moderate   | Recommendation for IT Shared Services:<br><br>1. 1a. Update and finalize a detailed policy and associated standards for use during changes to vendor supplied applications, as recorded in ServiceNow.  | ITSS will update and finalize a policy and associated standards for use during changes to vendor supplied applications, as recorded in ServiceNow.  | Charlotte Russell, Chief Information Security Officer        | 7/31/2017                    | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-103 SYS    | Governance and Regulatory Compliance | IT Change Management | UNT System            | 2. Lack of Script Standards: There are no standards for Script type changes in Phire.<br><br>EA Development Standards do not indicate or specify requirements for the Script CR type.   | Moderate   | Recommendation for IT Shared Services:<br><br>2. 1a. Add requirements to the EA Development Standards specifying controls required during changes to the CR Script type.   | The script workflow within PHIRE provides Separation of Duties (SoD), and an audit trail for monitoring these types of changes. ITSS will review and update the standards document to include documentation necessary to specify additional controls required during changes to the CR Script type.  | Dorothy Flores, Executive Director of Enterprise Applications | 7/31/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-103 SYS    | Governance and Regulatory Compliance | IT Change Management | UNT System            | 3. Lack of Segregation Duties: The same person assigned to and completing the change in the development environment moved it to the production environment.<br><br>The ServiceNow tool does not actually move changes from one environment to another, including into production. Per the change record, the same person assigned to and performing the change also moved that change into production, resulting in a lack of Segregation of Duties (SOD).  | Moderate   | Recommendation for IT Shared Services:<br><br>3. 1a. Strengthen controls around moving code changes into production for applications using ServiceNow by designating more resources over critical applications or cross-training existing resources. | ITSS will revise standards to comply with Separation of Duties based on Texas Administrative Code Chapter 202.76 "Security Controls Standards Catalog", Section AC-5 Separation of Duties and ISO 27002, section 6.1.2.<br><br>ITSS IT Service Management will follow the ITILv3 framework for change management and identify all aspects of the service design and service transition requirements prior to planning the 'go-live' into a production environment. There are changes to the environments that our outside project work and reside in operational work, these changes will also follow the ITILv3 change management framework.  | Kendra Ketchum, Chief Technology Officer                      | 7/31/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-103 SYS    | Governance and Regulatory Compliance | IT Change Management | UNT System            | 4. Backout plans and post implementation review not required or recorded: Backout Plans and Post-Implementation reviews are not required for changes made in Phire, and no records tested contained these items. In ServiceNow, three of seven (43%) changes tested did not indicate a Post-Implementation Review was conducted, as required by ITIL.<br><br>In Phire, Backout Plans and Post-Implementation reviews are not required, and none of the records tested contained these items. Post Implementation reviews are indicated in ServiceNow by a task called "Post Implementation Testing". During testing, this was considered a Yes if the State indicated "Closed Complete". Three of seven (43%) changes tested did not contain this indication. | Moderate   | Recommendation for IT Shared Services:<br><br>4a. Include requirements for backout plans and post-implementation reviews for changes recorded in Phire in the CM standards.  | ITSS will revise standards to include backout plans and post-implementation reviews for changes recorded in Phire in the CM standards, and will include post implementation reviews that are conducted during Change Management meetings are documented in ServiceNow. To clarify, ITILv3 has Continuous Improvement as the last development cycle and we will use that to identify our post-implementation reviews as part of the Service Lifecycle, as many of the services are already in production. ISO 27002, Section 12.1.2 Change Management, Texas Administrative Code Chapter 202.76 "Security Controls Standards Catalog", Section CM-Configuration Management, and ITIL v3 Framework will be utilized to address this observation. | Charlotte Russell, Chief Information Security Officer         | 7/31/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-103 SYS    | Governance and Regulatory Compliance | IT Change Management | UNT System            | 4. Backout plans and post implementation review not required or recorded: Backout Plans and Post-Implementation reviews are not required for changes made in Phire, and no records tested contained these items. In ServiceNow, three of seven (43%) changes tested did not indicate a Post-Implementation Review was conducted, as required by ITIL.<br><br>In Phire, Backout Plans and Post-Implementation reviews are not required, and none of the records tested contained these items. Post Implementation reviews are indicated in ServiceNow by a task called "Post Implementation Testing". During testing, this was considered a Yes if the State indicated "Closed Complete". Three of seven (43%) changes tested did not contain this indication. | Moderate   | Recommendation for IT Shared Services:<br><br>4b. Ensure post implementation reviews conducted during weekly Change Management meetings are documented in ServiceNow.  | ITSS will revise standards to include backout plans and post-implementation reviews for changes recorded in Phire in the CM standards, and will include post implementation reviews that are conducted during Change Management meetings are documented in ServiceNow. To clarify, ITILv3 has Continuous Improvement as the last development cycle and we will use that to identify our post-implementation reviews as part of the Service Lifecycle, as many of the services are already in production. ISO 27002, Section 12.1.2 Change Management, Texas Administrative Code Chapter 202.76 "Security Controls Standards Catalog", Section CM-Configuration Management, and ITIL v3 Framework will be utilized to address this observation. | Charlotte Russell, Chief Information Security Officer         | 7/31/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-103 SYS    | Governance and Regulatory Compliance | IT Change Management | UNT System            | 5. Stakeholders and Communication Plan not included in change requests: Stakeholders and Communication Plan not included in change requests as required by standards.<br><br>The ServiceNow records tested did not have a field or indicate in the record who were the Stakeholders of the change. Two of six (33%) changes tested did not contain a Communication plan. ITSS provided external communication of changes which occurred as part of the change process. While the ServiceNow record may serve as a communication of the change taking place, there was not a specific plan indicated.  | Moderate   | Recommendation for Chief Technology Officer:<br><br>5a. Identify a location in the ServiceNow change request to identify stakeholders of the change.   | ITSS will use the ITILv3 framework to identify all necessary requirements in the service design process, this includes developing a communication plan. We will ensure that the stakeholders are identified and included in that communication plan and we will attach the plan to the ServiceNow ticket for the change.   | Kendra Ketchum, Chief Technology Officer                      | 7/31/2017                    | Closed                |



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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-103 SYS    | Governance and Regulatory Compliance | IT Change Management   | UNT System            | <p>5. Stakeholders and Communication Plan not included in change requests: Stakeholders and Communication Plan not included in change requests as required by standards.</p> <p>The ServiceNow records tested did not have a field or indicate in the record who were the Stakeholders of the change. Two of six (33%) changes tested did not contain a Communication plan. ITSS provided external communication of changes which occurred as part of the change process. While the ServiceNow record may serve as a communication of the change taking place, there was not a specific plan indicated.</p> | Moderate   | <p>Recommendation for Chief Technology Officer:</p> <p>5b. Include a Communication Plan and communication of the change to interested parties in the ServiceNow change request.</p>                      | ITSS will use the ITILv3 framework to identify all necessary requirements in the service design process, this includes developing a communication plan. We will ensure that the stakeholders are identified and included in that communication plan and we will attach the plan to the ServiceNow ticket for the change.   | Kendra Ketchum, Chief Technology Officer                       | 7/31/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-103 SYS    | Governance and Regulatory Compliance | IT Change Management   | UNT System            | <p>6. Specifications and Notes not included in change requests.: Specifications and Notes were not included in change requests as required by standards.</p> <p>The EA Development Standards require Specifications and Notes to be included in all Change Requests. 48 of 50 (98%) of records did not include Specifications 45 of 50 (90%) of records did not include Notes</p>   | Moderate   | <p>Recommendation for IT Shared Services:</p> <p>6a. Either enforce the standard requiring specifications and notes in a change request, or eliminate this requirement from the standards.</p>           | ITSS will review and update the standards document as needed to indicate the purpose of specifications and notes within PHIRE CR's. The Software Development Lifecycle (SDLC) process currently utilized for coding changes captures requirements and other specifications that document the change.   | Dorothy Flores, Executive Director of Enterprise Applications  | 7/31/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-411 UNT    | Governance and Regulatory Compliance | Behavioral Analysis PhD Program Funding Review, Management Advisory Service Report | UNT                   | This was a management advisory service.   | NA         | NA   | NA   | NA   | NA                           | NA                    |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-409 UNT    | Governance and Regulatory Compliance | International Sponsored Students Process Review                                    | UNT                   | <p>1. Personally Identifiable Information</p> <p>Internal Audit noted personally identifiable information (PII) (i.e. passports, social security numbers, bank account numbers) on UNT International (UNT-I) support documentation was being transmitted insecurely via email.</p> <p>Additionally, copies of checks containing PII were located in the UNT-I Main Office and not properly secured.</p>   | High       | <p>Recommendations for Interim Vice Provost for International Affairs:</p> <p>1.1.a Develop procedures to help ensure that all personally identifiable information (PII) is appropriately protected.</p> | <p>1a. Management agrees and took the following actions in November, 2016. UNT-I staff who oversee data management met with representatives from AITS, ITSS and Internal Audit on 11/18/16, to review UNT-I's handling of sensitive data. In follow up to this meeting, AITS changed settings on all UNT-I printers so that scanned documents are received using "#secure" channels. The VP sent a message to all UNT-I staff on 11/22/16, communicating expectations regarding the handling of sensitive data based on process changes that were recommended by AITS for immediate implementation. All UNT-I staff were advised to utilize "#secure" when emailing PII; the email included a link to a video resource on secure messaging.</p> <p>UNT-I completed a Sensitive/Confidential Information assessment of all units as requested and submitted it to UNT System Internal Audit on 12/15/2016.</p> <p>UNT-I has not received further guidance from AITS regarding secure shared drive storage of PII.</p> | Amy Shenberger, Interim Vice Provost for International Affairs | 11/22/2016                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-409 UNT    | Governance and Regulatory Compliance | International Sponsored Students Process Review                                    | UNT                   | <p>1. Personally Identifiable Information</p> <p>Internal Audit noted personally identifiable information (PII) (i.e. passports, social security numbers, bank account numbers) on UNT International (UNT-I) support documentation was being transmitted insecurely via email.</p> <p>Additionally, copies of checks containing PII were located in the UNT-I Main Office and not properly secured.</p>   | High       | <p>Recommendations for Interim Vice Provost for International Affairs:</p> <p>1.1.b. Ensure all employees receive training related to the protection of PII.</p>   | <p>1b. Management agrees. UNT-I has complied fully with ongoing training requirements from AITS including the annual Security Awareness Training. The VP expects further guidance in this area as part of standard security training for all UNT faculty and staff who handle sensitive/confidential information.</p> <p>Expected Implementation Date: 11/22/16 (email on procedural changes); ongoing compliance with training requirements per guidance from AITS/ITSS. Fully implemented.</p>   | Amy Shenberger, Interim Vice Provost for International Affairs | 11/22/2016                   | Closed                |

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| Internal / External | Reporting Agency          | Fiscal Year Report was Issued | Report Number | Audit Category                       | Report Name                                     | Component Institution | Key Observations   | Risk Level | Recommendation Details  | Management Response   | Individual Responsible for Implementation   | Expected Implementation Date | Recommendation Status |
|---------------------|---------------------------|-------------------------------|---------------|--------------------------------------|---|-----------------------|--|------------|---|---|---|------------------------------|-----------------------|
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-409 UNT    | Governance and Regulatory Compliance | International Sponsored Students Process Review | UNT                   | <p>2. Inconsistently Working Past Due Amounts</p> <p>UNT International (UNT-I) Sponsored Students and Special Programs Center was not consistently reviewing past due tuition and fee charges owed by sponsors and was not placing the charges back on the students' accounts. As of the spring 2017 semester, approximately \$234,000 of past due tuition and fee charges had not yet been placed back on the students' accounts to obtain payment.</p> <p>Additionally, Internal Audit noted UNT-I Sponsored Students and Special Program Center employees were not using a system-generated accounts receivable report to follow-up on past due tuition and fee charges.</p>  | High       | <p>Recommendations for Director of Sponsored Student Programs and Director of Financial Services, Student Finance:</p> <p>2.1.a Review past due tuition and fee charges and coordinate with the Office of General Counsel to determine whether it is allowable to place the charges back on the students' accounts.</p> | 1a. Management agrees with the recommendations and are taking the following actions. SSPO and Student Finance will review past due tuition and fee charges and consult with the Office of General Counsel to determine if placing charges back on students' accounts is in compliance with current University and State policies. | Aleka Myre, Director of Sponsored Student Programs (SSPO), and Jeane Olson, Director of Financial Services, Student Finance | 6/30/2018                    | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-409 UNT    | Governance and Regulatory Compliance | International Sponsored Students Process Review | UNT                   | <p>2. Inconsistently Working Past Due Amounts</p> <p>UNT International (UNT-I) Sponsored Students and Special Programs Center was not consistently reviewing past due tuition and fee charges owed by sponsors and was not placing the charges back on the students' accounts. As of the spring 2017 semester, approximately \$234,000 of past due tuition and fee charges had not yet been placed back on the students' accounts to obtain payment.</p> <p>Additionally, Internal Audit noted UNT-I Sponsored Students and Special Program Center employees were not using a system-generated accounts receivable report to follow-up on past due tuition and fee charges.</p>  | High       | <p>Recommendations for Director of Sponsored Student Programs and Director of Financial Services, Student Finance:</p> <p>2.1.b. Coordinate to obtain an accounts receivable query for use in UNT International.</p>  | 1b. SSPO will share current manually maintained report with Student Finance for evaluation. They will work together to determine how develop a system-generated accounts receivable query that provides the required information within the limitations of current technology.  | Aleka Myre, Director of Sponsored Student Programs (SSPO), and Jeane Olson, Director of Financial Services, Student Finance | 6/30/2018                    | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-409 UNT    | Governance and Regulatory Compliance | International Sponsored Students Process Review | UNT                   | <p>3. Checks Not Deposited Timely</p> <p>UNT International (UNT-I) Main Office that received payments from sponsors had failed to deposit over 300 checks received from sponsors within the required timeframe. Internal Audit was unable to identify when the checks were received because a cash receipt log was not being used in the department. Internal Audit was told the checks were received in November 2016 and were not deposited until January and February 2017.</p> <p>As checks were deposited, credit amounts were created due to the athletic fee adjustment. The credit amounts on the sponsored students accounts were manually applied to past due debt on other sponsored student accounts. The employee was advised to contact the sponsors for guidance on what to do with unapplied credit amounts and to not apply the credit to past due student balances; however, Internal Audit found there was no evidence the employee reached out to the sponsors.</p> <p>Additionally, 28 checks totaling \$75,400, and corrected invoices were sent back to the sponsor to request new payment due to the checks expiring after a 90-day void date. The sponsor has provided updated payment to the University.</p> | High       | <p>Recommendation for Interim Vice Provost for International Affairs and UNT Controller:</p> <p>3.1.a. Coordinate to correct the refund amounts incorrectly applied to sponsored student's past due amounts.</p>  | 1a. Management agrees will take the following action. UNT-I will work with the UNT Controller's Office to develop a process for determining how to correct the refund amounts applied to sponsored students' past due amounts.  | Amy Shenberger, Interim Vice Provost for International Affairs and Jennifer Stevenson, UNT Controller                       | 6/30/2018                    | Open                  |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-409 UNT    | Governance and Regulatory Compliance | International Sponsored Students Process Review | UNT                   | <p>4. PeopleSoft Enterprise Information System Access</p> <p>During the course of this review, Internal Audit noted that multiple employees in different departments throughout UNT International (UNT-I) were using a generic, shared PeopleSoft Enterprise Information System (EIS) login.</p> <p>Additionally, Internal Audit noted the department thought the access was exclusively read-only; however, based on further review it appeared to be more than read-only.</p>  | High       | <p>Recommendations for Interim Vice Provost for International Affairs:</p> <p>4.1.a. Discontinue the use of the generic, shared login for PeopleSoft Enterprise Information System (EIS).</p>                              | <p>1a. Management agrees that the generic EIS log-in inappropriately gave staff access to modify student information. UNT-I addressed the concern that the generic log in to EIS was unintentionally assigned broader access than needed to complete tasks and took the following action. UNT-I Database/EIS Manager Tam Vo requested that ITSS remove any ability to modify information assigned to the generic, shared login for PeopleSoft Enterprise Information System (EIS) and requested that it be restricted to batch processing as was originally intended. As of 12/16/2016, it was confirmed that permissions assigned to this log-in no longer included the ability to modify any student records or information and that the access was read-only.</p> | Amy Shenberger, Interim Vice Provost for International Affairs   | 12/16/2016                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-409 UNT    | Governance and Regulatory Compliance | International Sponsored Students Process Review | UNT                   | <p>4. PeopleSoft Enterprise Information System Access</p> <p>During the course of this review, Internal Audit noted that multiple employees in different departments throughout UNT International (UNT-I) were using a generic, shared PeopleSoft Enterprise Information System (EIS) login.</p> <p>Additionally, Internal Audit noted the department thought the access was exclusively read-only; however, based on further review it appeared to be more than read-only.</p>  | High       | <p>Recommendations for Interim Vice Provost for International Affairs:</p> <p>4.1.b. Evaluate job duties and grant PeopleSoft EIS access for employees as appropriate to align with job duties.</p>                        | <p>1b. Management agrees. UNT-I has directed staff and supervisors to evaluate and request individual PeopleSoft EIS access as needed for employees to complete their job duties with a goal of eliminating the need for any generic access.</p>   | Amy Shenberger, Interim Vice Provost for International Affairs   | 12/1/2017                    | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-409 UNT    | Governance and Regulatory Compliance | International Sponsored Students Process Review | UNT                   | <p>5. Segregation of Duties</p> <p>Internal Audit noted an inappropriate segregation of duties within the UNT International (UNT-I) Sponsored Students and Special Programs Center. Specifically, one employee had access to perform the following:</p> <ul style="list-style-type: none"> <li>• Put students on sponsorships (Third Party Contracts);</li> <li>• Terminate sponsorships;</li> <li>• Generate, prepare, and send invoices to sponsors;</li> <li>• Work the accounts receivable report to obtain past due tuition and fee charges; and</li> <li>• Place past due tuition and fee charges back on students' accounts.</li> </ul> <p>Additionally, during the course of this review, it was noted an employee in the UNT-I Sponsored Students and Special Programs Center office placed their spouse on a sponsorship totaling \$5,644.82 to avoid paying 10 percent of their tuition and fees until their UNT Faculty/Staff Scholarship posted to their account. Once the scholarship posted, the employee terminated the sponsorship and the account balance was paid. This employee has been terminated from the University.</p> | High       | <p>Recommendation for Director of Sponsored Student Programs and Director of Financial Services, Student Finance:</p> <p>5.1.a. Coordinate to ensure appropriate segregation of duties within the sponsorship process.</p> | <p>1a. Management agrees with the recommendation. Sponsored Student Programs and Student Finance will investigate how to mitigate the risks and determine the best possible solution within the constraints of limited staffing.</p>   | Aleka Myre, Director of Sponsored Student Programs, and Jeane Olson, Director of Financial Services, Student Finance | 6/30/2018                    | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-409 UNT    | Governance and Regulatory Compliance | International Sponsored Students Process Review | UNT                   | <p>6. UNT-I Sponsored Students Procedure Manual</p> <p>UNT International (UNT-I) Sponsored Students and Special Programs Center procedure manual was outdated and did not reflect actual processes, including guidelines for inputting financial guarantee information, preparing and sending invoices, and required payment terms for sponsors and students.</p>  | Moderate   | <p>Recommendations for Director of Sponsored Student Programs:</p> <p>6.1.a. Update procedure manual to reflect current program processes.</p>   | <p>1a. Management agrees with the recommendation and will complete the following action. The Sponsored Students procedure manual will be updated to reflect actual processes by July 30, 2017</p>  | Aleka Myre, Director of Sponsored Students   | 7/30/2017                    | Closed                |



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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-409 UNT    | Governance and Regulatory Compliance | International Sponsored Students Process Review | UNT                   | <p>6. UNT-I Sponsored Students Procedure Manual</p> <p>UNT International (UNT-I) Sponsored Students and Special Programs Center procedure manual was outdated and did not reflect actual processes, including guidelines for inputting financial guarantee information, preparing and sending invoices, and required payment terms for sponsors and students.</p> | Moderate   | <p>Recommendations for Director of Sponsored Student Programs:</p> <p>6.1.b. Establish a specific periodic review process to ensure that the Sponsored Student and Special Programs Center procedure manual is up-to-date and adequately addresses relevant issues. The procedures should indicate the last time it was reviewed.</p> | <p>1b. Management agrees with the recommendation. The director will establish two dates per academic year to review the procedure manual to ensure that it is updated, accurate, and aligns with university procedures. Each version of the manual will reference the last time it was reviewed and record the date of any revisions. Review dates will occur during the second weeks of November and April of each year.</p> | Aleka Myre, Director of Sponsored Students | 7/30/2017                    | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-409 UNT    | Governance and Regulatory Compliance | International Sponsored Students Process Review | UNT                   | <p>7. Cash Handling</p> <p>UNT cash handling policy 10.006 Cash Handling Controls and best practices were not consistently followed in the UNT International (UNT-I) Main Office. Specifically, the following were noted:</p> <ul style="list-style-type: none"> <li>• Student workers were handling cash without receiving appropriate training and without necessary documentation completed;</li> <li>• UNT-I's Main Office Cash Handling Procedure Manual was not up-to-date with current University policies;</li> <li>• Cash was not being logged upon receipt; and</li> <li>• Deposits taken to Student Accounting and University Cashiering Services (SAUCS) by employees were not concealed in transit.</li> </ul> | Moderate   | <p>Recommendation for Interim Vice Provost for International Affairs and Director of Financial Services, Student Finance:</p> <p>7.1.a. Coordinate to ensure all UNT International cash handling functions are transferred to Student Accounting and University Cashiering Services.</p>       | <p>1a. Management agrees. Following notification, UNT-I addressed cash handling training and documentation issues and updated the Main Office Cash Handling Procedure Manual to reflect current university policy. UNT-I implemented a check log (initial check logged on 1/3/2017) and began concealing the locked bank bag inside a generic bag when transporting deposits to SAUCS.</p> <p>UNT-I will coordinate with the Director of Financial Services, Student Finance, to explore the feasibility of transferring cash handling functions to Student Accounting and University Cashiering Services. In order to transfer this function, it will be necessary to address the ability of Sponsored Students to see complete and accurate accounts receivable reports per Observation 2.</p> <p>If this function can be transferred, the Sponsored Students will immediately instruct all new sponsors to direct deposits to Student Accounting and University Cashiering Services. They will work with existing sponsors to follow the same procedure with the expectation that there may be some delay in effectively communicating this. If check payment are still directed to UNT-I, staff will follow university policy on cash handling.</p> | Amy Shenberger, Interim Vice Provost for International Affairs, and Jeane Olson, Director of Financial Services, Student Finance. | 6/30/2018                    | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-409 UNT    | Governance and Regulatory Compliance | International Sponsored Students Process Review | UNT                   | <p>8. Communication with Students</p> <p>There is no process in place to formally communicate to students that payment has not been received from a sponsor and charges will be placed on the student's account. The students only receive notice when charges are placed onto their account with no advance notice.</p> <p>Additionally, during interviews it was noted a staff member was using a personal cell phone to contact students concerning their accounts.</p>  | Moderate   | <p>Recommendation for Director of Sponsored Student Programs and Director of Financial Services, Student Finance:</p> <p>8.1.a. Coordinate to establish sponsor payment deadlines.</p>   | <p>1a. Management agrees with the recommendation. The Director of Financial Services and the Director of Sponsored Student Programs will meet with Larry Worthy, Special Assistant to the CFO, to establish appropriate sponsor payment deadlines.</p> <p>Upon receiving guidance from Larry Worthy outstanding sponsor invoices will be updated to reflect the established due date for payment.</p>   | Aleka Myre, Director of Sponsored Student Programs and Jeane Olson, Director of Financial Services, Student Finance.              | 6/30/2018                    | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-409 UNT    | Governance and Regulatory Compliance | International Sponsored Students Process Review | UNT                   | <p>8. Communication with Students</p> <p>There is no process in place to formally communicate to students that payment has not been received from a sponsor and charges will be placed on the student's account. The students only receive notice when charges are placed onto their account with no advance notice.</p> <p>Additionally, during interviews it was noted a staff member was using a personal cell phone to contact students concerning their accounts.</p>  | Moderate   | <p>Recommendations for Director of Sponsored Student Programs:</p> <p>8.2.a. Establish deadline to provide advance notification to students when payment has not been received from their sponsor and charges will be placed onto their account. Document in procedure manual.</p>             | <p>2a. Management agrees with the recommendation. The Director of Sponsored Students has established a deadline/procedure for providing advance notice to students when payment has not been received from their sponsor and that charges will be placed on the student's account. Notifications will be issued 15 business days before balances are reflected on the student accounts. In addition, they will determine guidelines for exceptions based on extenuating circumstances in the student's home country impacting a sponsor's ability to reasonably meet the payment deadline. Procedure will be updated in the manual by July 30, 2017</p>   | Aleka Myre, Director of Sponsored Student Programs  | 7/30/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-409 UNT    | Governance and Regulatory Compliance | International Sponsored Students Process Review | UNT                   | <p>8. Communication with Students</p> <p>There is no process in place to formally communicate to students that payment has not been received from a sponsor and charges will be placed on the student's account. The students only receive notice when charges are placed onto their account with no advance notice.</p> <p>Additionally, during interviews it was noted a staff member was using a personal cell phone to contact students concerning their accounts.</p>  | Moderate   | <p>Recommendations for Director of Sponsored Student Programs:</p> <p>8.2.b. Develop and utilize a template to provide advance notification to students when payment has not been received from their sponsor and charges will be placed onto their account. Document in procedure manual.</p> | <p>2b. Management agrees with the recommendation. The Director of Sponsored Students has developed a template, currently in use, to notify students about non-payment of tuition by their sponsor, allotting them 15 business days to correspond with their sponsor and correct the situation. The template will be added to the financials procedures manual by July 30, 2017</p>  | Aleka Myre, Director of Sponsored Student Programs  | 7/30/2017                    | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-409 UNT    | Governance and Regulatory Compliance | International Sponsored Students Process Review | UNT                   | <p>8. Communication with Students</p> <p>There is no process in place to formally communicate to students that payment has not been received from a sponsor and charges will be placed on the student's account. The students only receive notice when charges are placed onto their account with no advance notice.</p> <p>Additionally, during interviews it was noted a staff member was using a personal cell phone to contact students concerning their accounts.</p>  | Moderate   | <p>Recommendations for Director of Sponsored Student Programs:</p> <p>8.2.c. Ensure employees are aware it is not appropriate to use personal cell phones to communicate with students concerning their accounts.</p>  | <p>2c. Management agrees with the recommendation. Following indicial meeting with Internal Audit concerning this issue, all employees were notified during a recurring staff meeting on approximately December 13, 2017, that it is not appropriate to use personal cell phones to communicate with students concerning their account. This was documented on the General Office Procedures manual.</p> | Aleka Myre, Director of Sponsored Student Programs | 7/30/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-409 UNT    | Governance and Regulatory Compliance | International Sponsored Students Process Review | UNT                   | <p>9. Student Acknowledgement of Charges</p> <p>All students, including sponsored students, are required to sign the UNT Financial Obligation Agreement form each semester prior to registering for courses. This form does not specify acknowledgement of student responsibility for charges incurred on their behalf for which third party payments are not received (i.e. when a sponsor fails to provide payment for the sponsored student's charges, the charges are placed on the student's account).</p> <p>Additionally, Internal Audit noted Intensive English Language Institute (IELI) students are being manually registered by IELI staff and blocks on their account are overridden. Based on discussions with IELI staff, students must be manually registered because the PeopleSoft Enterprise Information System (EIS) IELI module does not perform all necessary functions to maintain current processes. IELI students also need to have the UNT Financial Obligation Agreement form translated in order to understand what they are signing.</p> | Moderate   | <p>Recommendations for UNT System Controller:</p> <p>9.1.a. Review the current document and determine if it is descriptive, specific, and addresses concerns to ensure all students acknowledge awareness that financial obligations are their responsibility if a third party fails to pay.</p> | <p>1a. Management agrees with the recommendation and will work with IELI, Student Finance, and OGC to review the current document and determine where improvements are needed and then implement those improvements.</p>  | Aaron LeMay, UNT System Controller                 | 6/30/2018                    | Open                  |



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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-409 UNT    | Governance and Regulatory Compliance | International Sponsored Students Process Review | UNT                   | <p>9. Student Acknowledgement of Charges</p> <p>All students, including sponsored students, are required to sign the UNT Financial Obligation Agreement form each semester prior to registering for courses. This form does not specify acknowledgement of student responsibility for charges incurred on their behalf for which third party payments are not received (i.e. when a sponsor fails to provide payment for the sponsored student's charges, the charges are placed on the student's account).</p> <p>Additionally, Internal Audit noted Intensive English Language Institute (IELI) students are being manually registered by IELI staff and blocks on their account are overridden. Based on discussions with IELI staff, students must be manually registered because the PeopleSoft Enterprise Information System (EIS) IELI module does not perform all necessary functions to maintain current processes. IELI students also need to have the UNT Financial Obligation Agreement form translated in order to understand what they are signing.</p> | Moderate   | <p>Recommendations for UNT System Controller:</p> <p>9.1.b. Ensure IELI students are registering using PeopleSoft Enterprise Information System.</p>   | 1b. Management agrees with the recommendation and will work with IELI, Student Finance, Registrar, and other offices as needed to ensure students are registering appropriately.  | Aaron LeMay, UNT System Controller   | 6/30/2018                    | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-409 UNT    | Governance and Regulatory Compliance | International Sponsored Students Process Review | UNT                   | <p>10. Query Reliability</p> <p>UNT International (UNT-I) Sponsored Students and Special Programs Center employees were using a query to pull sponsored students class schedules and generate invoices. Based on discussions with UNT-I Sponsored Students and Special Programs Center employees, this query failed to pull students' classes and charges for waitlisted, online courses that the student was enrolled in. This query had not been updated since inception. UNT-I Sponsored Students and Special Programs Center employees were having to manually review student schedules to verify if all courses and charges were accurately reflected on the invoice.</p>  | Moderate   | <p>Recommendation for Director of Sponsored Student Programs and Director of Financial Services, Student Finance:</p> <p>10.1.a. Coordinate to determine what information needs to be included in the query used to invoice sponsors and develop an updated, accurate query.</p> | 1a. Management agrees with the recommendation. The Director of Sponsored Students and Student Finance will work with the Registrar to correct current queries being used for invoicing. Management will review all reports, identifying the appropriate personnel to validate the data.   | Aleka Myre, Director of Sponsored Student Programs, and Jeane Olson, Director of Financial Services, Student Finance | 6/30/2018                    | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-409 UNT    | Governance and Regulatory Compliance | International Sponsored Students Process Review | UNT                   | <p>11. Sponsor Forms</p> <p>UNT International (UNT-I) Sponsored Students and Special Programs Center Office of General Counsel (OGC) approved forms were not applied consistently to all sponsors. The forms were only being incorporated with new sponsors.</p> <p>Additionally, the UNT-I Sponsored Students and Special Programs Center has recently added a Parent's Program; however, the form for the Parent's Program has been reviewed by OGC but has not received official OGC approval.</p>   | Moderate   | <p>Recommendations for Director of Sponsored Student Programs:</p> <p>11.1.a. Ensure all sponsors sign the Office of General Counsel (OGC) approved Sponsor Agreement forms.</p>   | 1a. Management agrees with the recommendation. The Director of Sponsored students will send the agreement out to all sponsors in an attempt to get them signed by the appropriate personnel. If agreements are not signed, SSP will meet with Larry Worthy, Special Assistant to the CFO, to determine if the current process of collecting a financial guarantee from the sponsor for each student is permissible. | Aleka Myre, Director of Sponsored Student Programs   | 6/30/2018                    | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-409 UNT    | Governance and Regulatory Compliance | International Sponsored Students Process Review | UNT                   | <p>11. Sponsor Forms</p> <p>UNT International (UNT-I) Sponsored Students and Special Programs Center Office of General Counsel (OGC) approved forms were not applied consistently to all sponsors. The forms were only being incorporated with new sponsors.</p> <p>Additionally, the UNT-I Sponsored Students and Special Programs Center has recently added a Parent's Program; however, the form for the Parent's Program has been reviewed by OGC but has not received official OGC approval.</p>   | Moderate   | <p>Recommendations for Director of Sponsored Student Programs:</p> <p>11.1.b. Ensure the Parent's Program for Sponsored Students form obtains OGC approval for multiple uses.</p>  | 1b. Management agrees with the recommendation. The Director of Sponsored Students and the UNT-I Director of Global Partnerships and Research Engagement will consult with OGC to ensure that all documents used are approved for multiple uses.   | Aleka Myre, Director of Sponsored Student Programs   | 6/30/2018                    | Open                  |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-407 SYS    | Governance and Regulatory Compliance | Retirement Contributions | UNT System            | <p>1. Logical Access and Change Controls</p> <p>Inappropriate logical user access to benefit plan tables exists and a contribution rate change review process is not in place.</p> <p>During our review of user logical access and change controls as they relate to retirement contributions tables and payroll adjustments within Enterprise Information System (EIS) PeopleSoft, we noted the following:</p> <ul style="list-style-type: none"> <li>• Access rights to certain users who were part of the beta testing</li> </ul> | High       | <p>Recommendations for the Assistant Vice Chancellor of Total Rewards:</p> <p>1.1.a. Remove access rights from users which are not commensurate with their job function.</p>  | 1a. The Total Rewards HRIS team removed write access from users not in a bona-fide Super User position.  | Christopher DeClerk, Assistant Vice Chancellor of Total Rewards  | 2/28/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-407 SYS    | Governance and Regulatory Compliance | Retirement Contributions | UNT System            | <p>1. Logical Access and Change Controls</p> <p>Inappropriate logical user access to benefit plan tables exists and a contribution rate change review process is not in place.</p> <p>During our review of user logical access and change controls as they relate to retirement contributions tables and payroll adjustments within Enterprise Information System (EIS) PeopleSoft, we noted the following:</p> <ul style="list-style-type: none"> <li>• Access rights to certain users who were part of the beta testing</li> </ul> | High       | <p>Recommendations for the Assistant Vice Chancellor of Total Rewards:</p> <p>1.1.b. Develop and implement a review and approval process when updates are made to the ORP contribution percentage table.</p>  | 1b. In the future, table entries required by legal limits will be entered by a Senior Benefits Consultant and verified by the Benefits Manager. The Benefits Manager will retain a signed screen shot verifying this step occurred.  | Christopher DeClerk, Assistant Vice Chancellor of Total Rewards  | 2/28/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-407 SYS    | Governance and Regulatory Compliance | Retirement Contributions | UNT System            | <p>1. Logical Access and Change Controls</p> <p>Inappropriate logical user access to benefit plan tables exists and a contribution rate change review process is not in place.</p> <p>During our review of user logical access and change controls as they relate to retirement contributions tables and payroll adjustments within Enterprise Information System (EIS) PeopleSoft, we noted the following:</p> <ul style="list-style-type: none"> <li>• Access rights to certain users who were part of the beta testing</li> </ul> | High       | <p>Recommendations for the Assistant Vice Chancellor of Total Rewards:</p> <p>1.1.c. On an annual basis, perform a review of user access rights based on job functions.</p>   | 1c. The HRIS team has added annual access review to the operating calendar.  | Christopher DeClerk, Assistant Vice Chancellor of Total Rewards  | 2/28/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-407 SYS    | Governance and Regulatory Compliance | Retirement Contributions | UNT System            | <p>1. Logical Access and Change Controls</p> <p>Inappropriate logical user access to benefit plan tables exists and a contribution rate change review process is not in place.</p> <p>During our review of user logical access and change controls as they relate to retirement contributions tables and payroll adjustments within Enterprise Information System (EIS) PeopleSoft, we noted the following:</p> <ul style="list-style-type: none"> <li>• Access rights to certain users who were part of the beta testing</li> </ul> | High       | <p>Recommendations for the Assistant Vice Chancellor of Total Rewards and Senior Director of Controller Operations:</p> <p>1.2.a. Evaluate and remove any super user's access to this functionality when it is not essential to their job function.</p> | 2a. We evaluated and due to the system limitations, found we cannot remove super users' access to update retirement tables as indicated in the audit report. In our EIS configuration, super users such as the Benefits Manager and Associate Director of Controller Operations (Payroll) must have access to make changes for their respective areas and specific access cannot be carved-out. Thus they must have access to all of these tables. | Abdul Mohammad, Sr. Director of Operations and Christopher DeClerk, Assistant Vice Chancellor of Total Rewards | 8/31/2017                    | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-407 SYS    | Governance and Regulatory Compliance | Retirement Contributions | UNT System            | <p>1. Logical Access and Change Controls</p> <p>Inappropriate logical user access to benefit plan tables exists and a contribution rate change review process is not in place.</p> <p>During our review of user logical access and change controls as they relate to retirement contributions tables and payroll adjustments within Enterprise Information System (EIS) PeopleSoft, we noted the following:</p> <ul style="list-style-type: none"> <li>• Access rights to certain users who were part of the beta testing team for the PeopleSoft Human Capital Management (HCM) module upgrade to version 8.9 were not removed. Specifically, <ul style="list-style-type: none"> <li>&gt; 2 out of a total population of 17 (12%) users tested have edit rights to the Retirement Plan Tables. This user access allows individuals to alter the ORP contribution rates which affect ORP payroll deductions.</li> <li>&gt; 5 out of a total population of 94 (5%) users tested have edit rights to update the participant's benefits eligibility on the Personal Data Jr. tab. This user access allows individuals to override</li> </ul> </li> </ul>  | High       | <p>Recommendations for the Assistant Vice Chancellor of Total Rewards and Senior Director of Controller Operations:</p> <p>1.2.b. Develop a tool to monitor the activities of super users on a monthly basis.</p>  | <p>2b. Because technology does not allow to remove super users' access as indicated above in point 2a payroll is working with ITSS to develop a report for HRIS to monitor the activities of the super users who have access to Retirement Tables.</p> | Abdul Mohammad, Sr. Director of Operations and Christopher DeClerk, Assistant Vice Chancellor of Total Rewards | 8/31/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-407 SYS    | Governance and Regulatory Compliance | Retirement Contributions | UNT System            | <p>2. Contribution Percentages for ORP Medium</p> <p>Forty-five employees did not receive the correct employer contribution amounts due to an incorrect contribution rate set in EIS. The contribution rate for the ORP Medium classification was set at 6.58% and should have been 6.6%. ORP employees are classified in three groups in EIS:</p> <ul style="list-style-type: none"> <li>•ORP High - Employees who participated in the ORP retirement system prior to September 1, 1995 and are not subject to the IRS maximum salary amount. The employer contribution rate for this group is 8.5% as of FY1980.</li> <li>•ORP Medium - Employees who participated in the ORP retirement system between September 1, 1995 and August 31, 1996 and are not subject to the IRS maximum salary amount. The employer contribution rate for this group is 6.6% as of FY2014.</li> <li>•ORP Low - Employees who participated in the ORP retirement system after September 1, 1996 and are subject to the IRS maximum salary amount. The employer contribution rate for this group is 6.6% as of FY2014.</li> </ul> <p>The employer ORP contribution rates as set in the General Appropriations Act were:</p> <ul style="list-style-type: none"> <li>•6.58% for FY2008/2009;</li> </ul> | High       | <p>Recommendations for the Assistant Vice Chancellor of Total Rewards:</p> <p>2.1.a. Work with the Controller Operations team to review and determine if the ORP contribution rate for the ORP Medium classification employee group in FY2010 through FY2013 was accurate in accordance to the Texas Administrative Code and the General Appropriations Act.</p> | <p>1a. Manually audited the table history and paycheck-level data within PeopleSoft EIS to identify years with errors in the ORP Medium rate from 2003 through 2017 resulting in these findings:</p> <p>See chart in final report.</p>                 | N/A  | 8/31/2017                    | Closed                |



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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-407 SYS    | Governance and Regulatory Compliance | Retirement Contributions | UNT System            | <p>2. Contribution Percentages for ORP Medium</p> <p>Forty-five employees did not receive the correct employer contribution amounts due to an incorrect contribution rate set in EIS. The contribution rate for the ORP Medium classification was set at 6.58% and should have been 6.6%.<br/>                     ORP employees are classified in three groups in EIS:</p> <ul style="list-style-type: none"> <li>•ORP High - Employees who participated in the ORP retirement system prior to September 1, 1995 and are not subject to the IRS maximum salary amount. The employer contribution rate for this group is 8.5% as of FY1980.</li> <li>•ORP Medium - Employees who participated in the ORP retirement system between September 1, 1995 and August 31, 1996 and are not subject to the IRS maximum salary amount. The employer contribution rate for this group is 6.6% as of FY2014.</li> <li>•ORP Low - Employees who participated in the ORP retirement system after September 1, 1996 and are subject to the IRS maximum salary amount. The employer contribution rate for this group is 6.6% as of FY2014.</li> </ul> <p>The employer ORP contribution rates as set in the General Appropriations Act were:</p> <ul style="list-style-type: none"> <li>•6.58% for FY2008/2009;</li> </ul> | High       | <p>Recommendations for the Assistant Vice Chancellor of Total Rewards:</p> <p>2.1.b. For FY2010 through FY2015, adjust the contribution amounts to reflect the proper rate for each fiscal year. This may be an additional contribution to the employee if the rate is higher than 6.58% or require a refund by the employee if the rate is lower than 6.58%.</p> | <p>1b. Manually audited individual employee contributions during erroneous contribution years and determined the following. Determining best approach to paying underpayments and reconciling overpayments.</p> <p>See chart in final report.</p> | N/A  | 8/31/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-407 SYS    | Governance and Regulatory Compliance | Retirement Contributions | UNT System            | <p>2. Contribution Percentages for ORP Medium</p> <p>Forty-five employees did not receive the correct employer contribution amounts due to an incorrect contribution rate set in EIS. The contribution rate for the ORP Medium classification was set at 6.58% and should have been 6.6%.<br/>                     ORP employees are classified in three groups in EIS:</p> <ul style="list-style-type: none"> <li>•ORP High - Employees who participated in the ORP retirement system prior to September 1, 1995 and are not subject to the IRS maximum salary amount. The employer contribution rate for this group is 8.5% as of FY1980.</li> <li>•ORP Medium - Employees who participated in the ORP retirement system between September 1, 1995 and August 31, 1996 and are not subject to the IRS maximum salary amount. The employer contribution rate for this group is 6.6% as of FY2014.</li> <li>•ORP Low - Employees who participated in the ORP retirement system after September 1, 1996 and are subject to the IRS maximum salary amount. The employer contribution rate for this group is 6.6% as of FY2014.</li> </ul> <p>The employer ORP contribution rates as set in the General Appropriations Act were:</p> <ul style="list-style-type: none"> <li>•6.58% for FY2008/2009;</li> </ul> | High       | <p>Recommendations for the Vice Chancellor for Finance:</p> <p>2.2.a. Determine if any adjustments should be reported to the IRS.</p>   | <p>2a. Payroll will work with Office of General Counsel and HR Benefits to determine if any adjustments should be reported to the IRS.</p>  | Janet Waldron, Vice Chancellor for Finance | 9/30/2017                    | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-407 SYS    | Governance and Regulatory Compliance | Retirement Contributions | UNT System            | <p>2. Contribution Percentages for ORP Medium</p> <p>Forty-five employees did not receive the correct employer contribution amounts due to an incorrect contribution rate set in EIS. The contribution rate for the ORP Medium classification was set at 6.58% and should have been 6.6%.<br/>ORP employees are classified in three groups in EIS:</p> <ul style="list-style-type: none"> <li>•ORP High - Employees who participated in the ORP retirement system prior to September 1, 1995 and are not subject to the IRS maximum salary amount. The employer contribution rate for this group is 8.5% as of FY1980.</li> <li>•ORP Medium - Employees who participated in the ORP retirement system between September 1, 1995 and August 31, 1996 and are not subject to the IRS maximum salary amount. The employer contribution rate for this group is 6.6% as of FY2014.</li> <li>•ORP Low - Employees who participated in the ORP retirement system after September 1, 1996 and are subject to the IRS maximum salary amount. The employer contribution rate for this group is 6.6% as of FY2014.</li> </ul> <p>The employer ORP contribution rates as set in the General Appropriations Act were:</p> <ul style="list-style-type: none"> <li>•6.58% for FY2008/2009;</li> </ul>   | High       | <p>Recommendations for the Vice Chancellor for Finance:</p> <p>2.2.b. Ensure internal payroll records are corrected.</p>   | 2b. Payroll will make necessary corrections to the employee payroll records if 2a results in processing adjustment amount to the employee.  | Janet Waldron, Vice Chancellor for Finance | 9/30/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-407 SYS    | Governance and Regulatory Compliance | Retirement Contributions | UNT System            | <p>3. UNT System Issues</p> <p>There is a systemic process breakdown regarding ORP contributions for 100% of all 21 pay periods tested from January 2015 – September 2016 among issues 3 through 5.</p> <p>Under the Texas Government Code and the Texas Administrative Code, an ORP employer has 3 business days to deposit ORP contributions into an employee's account. Under UNT System's Retirement Manager Agreement with its third party administrator (lead recordkeeper), VRSCO, UNT System must submit ORP contributions and data by 10:00 am to ensure the contributions and data are forwarded to the ORP financial companies the same business day. The Texas Government Code and Texas Administrative Code require an ORP financial company, that receives contributions and good data before the close of business, deposit the contributions the same business day.</p> <p>ORP contributions are deposited into the ORP participants' accounts after a collaborative effort between the UNT System HR - Total Rewards (Benefits), Controller Operations (Payroll), Treasury and Controller for UNTHSC.</p> <p>ORP contributions are a percentage of the employee's monthly salary. Salaries are driven by the timely submission of time and Electronic Payroll Action Requests (ePar) submitted at the departmental level. Additionally, the Benefits department updates</p> | High       | <p>Recommendations for the Vice Chancellor of Finance:</p> <p>3.1.a. Create a task force with representatives from UNT System Human Resources, UNT System Controller Operations, UNT System Treasury and UNTHSC Controller for the following:</p> <ul style="list-style-type: none"> <li>➤ Discuss the current Retirement Manager Agreement requirements and state regulations and determine the appropriate cut off time for when common remittance file and electronic fund transfer will be submitted to the third party administrator. This cut off time should be consistent across all Institutions.</li> <li>➤ Determine a more efficient and effective process to solve the delays that were caused because the payroll process did not provide complete data resulting in errors by the ORP financial companies. For example, send a separate paycheck run for corrections only.</li> <li>➤ Task force should meet at a minimum, on a quarterly basis, to determine if processes across all departments are effective and money is deposited in the participant's accounts within 3 business</li> </ul> | <p>1a. Work has already begun to improve internal processes to deliver faster turnaround on internal processes. While this already mitigates risk of late processing, the automated solution will be part of the Retirement Update Project.</p> <p>Getting to a fully automated solution requires updates to our contracts, with the help of OGC, and clarification of timeliness with all four recordkeepers and especially our lead recordkeeper, which has responsibility to act as intermediary for files and funds to transmit to the four recordkeepers. When a new lead recordkeeper is selected, file feeds and processes will need to be updated. This will necessitate significant troubleshooting, solution determinations, and internal and external (vendor) programming. Due to the complexity, this project is anticipated to conclude during the next fiscal year.</p> <p>Simultaneously to the lead recordkeeper and recordkeeper work, the Benefits, Payroll, HRIS, and ITSS teams have already been finding methods of process automation and will continue to work together in a task-force model. As possible, solutions will continue to be developed and implemented incrementally during the project.</p> | Janet Waldron, Vice Chancellor of Finance  | 8/31/2018                    | Open                  |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-407 SYS    | Governance and Regulatory Compliance | Retirement Contributions | UNT System            | <p>3. UNT System Issues</p> <p>There is a systemic process breakdown regarding ORP contributions for 100% of all 21 pay periods tested from January 2015 – September 2016 among issues 3 through 5.</p> <p>Under the Texas Government Code and the Texas Administrative Code, an ORP employer has 3 business days to deposit ORP contributions into an employee's account. Under UNT System's Retirement Manager Agreement with its third party administrator (lead recordkeeper), VRSCO, UNT System must submit ORP contributions and data by 10:00 am to ensure the contributions and data are forwarded to the ORP financial companies the same business day. The Texas Government Code and Texas Administrative Code require an ORP financial company, that receives contributions and good data before the close of business, deposit the contributions the same business day.</p> <p>ORP contributions are deposited into the ORP participants' accounts after a collaborative effort between the UNT System HR - Total Rewards (Benefits), Controller Operations (Payroll), Treasury and Controller for UNTHSC.</p> <p>ORP contributions are a percentage of the employee's monthly salary. Salaries are driven by the timely submission of time and Electronic Payroll Action Requests (ePar) submitted at the departmental level. Additionally, the Benefits department updates</p> | High       | <p>Recommendations for the Vice Chancellor of Finance:</p> <p>3.1.b. Conduct process re-engineering by the UNT System Business QualityInitiatives team to help ensure that ORP contributions are performed efficiently and effectively between the Benefits/Human Resources Department, Controller Operations team and Treasury Department.</p> <p>➤Develop PeopleSoft reports to enable the departments across the Institutions to verify accuracy of employee count and employee pay which will promote timely submission of ePar.</p> | 1b. Business Process Improvement (BPI) will map the current state of the process to determine opportunities for improvement and potentially identify root causes for discrepancies. BPI is currently working on a separate, and related project regarding ORP. This project could lead to remediating findings in this report.                       | Janet Waldron, Vice Chancellor of Finance | 8/31/2018                    | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-407 SYS    | Governance and Regulatory Compliance | Retirement Contributions | UNT System            | <p>4. Third Party Administrator Issues</p> <p>The validation process to reconcile data and funds received is not consistent between VRSCO (lead recordkeeper) and the ORP financial service companies. This creates unnecessary delays in the depositing of ORP contributions to the participants' accounts and non-compliance with the 3 business day rule required by the Texas Government Code and Texas Administrative Code as referenced in issue in number 3.</p> <p>The third party administrator, VRSCO, is the University's intermediary party and in charge of the distribution of funds to the four financial service companies. The University is responsible for the timely supply of all required data and funds to VRSCO as stipulated by the contract. VRSCO is responsible for ensuring that ORP contributions are in good order to be forwarded to the financial service companies. VRSCO reconciles the data uploaded to the electronic fund transfer. After VRSCO determines that contributions are in good order, they release data and funds to the financial service companies.</p> <p>VRSCO deemed data and funds to be in good order; however, the financial service companies identified errors. Refer to Flowchart 2 for graphic demonstration, this continues from Flowchart 1:</p> <p>See flow chart 2.</p>   | High       | <p>Recommendations for the Vice Chancellor of Finance in consultation with the Office of General Counsel:</p> <p>4.1.a. Work with the third party ORP administrator and the financial service companies to identify all required information and/or documentationneeded by both parties to consider the ORP contributions in goodorder for depositing.</p>   | 1a. In partnership with our Retirement Consultant, cross-campus and cross-functional Retirement Committee, and internal departments, we will update contracts, processes, file feeds, and documentation. Due to the complexity of making vendor, process, and programming changes, anticipated full implementation is within the coming fiscal year. | Janet Waldron, Vice Chancellor of Finance | 8/31/2018                    | Open                  |



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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-407 SYS    | Governance and Regulatory Compliance | Retirement Contributions | UNT System            | <p>4. Third Party Administrator Issues</p> <p>The validation process to reconcile data and funds received is not consistent between VRSCO (lead recordkeeper) and the ORP financial service companies. This creates unnecessary delays in the depositing of ORP contributions to the participants' accounts and non-compliance with the 3 business day rule required by the Texas Government Code and Texas Administrative Code as referenced in issue in number 3.</p> <p>The third party administrator, VRSCO, is the University's intermediary party and in charge of the distribution of funds to the four financial service companies. The University is responsible for the timely supply of all required data and funds to VRSCO as stipulated by the contract. VRSCO is responsible for ensuring that ORP contributions are in good order to be forwarded to the financial service companies. VRSCO reconciles the data uploaded to the electronic fund transfer. After VRSCO determines that contributions are in good order, they release data and funds to the financial service companies.</p> <p>VRSCO deemed data and funds to be in good order; however, the financial service companies identified errors. Refer to Flowchart 2 for graphic demonstration, this continues from Flowchart 1:</p> <p>See final report for flow chart 2.</p>  | High       | <p>Recommendations for the Vice Chancellor of Finance in consultation with the Office of General Counsel:</p> <p>4.1.b. Request the validation processing requirements followed by the third party administrator is consistent with the financial service companies.</p>  | 1b. Financial service companies' performance will be addressed through the project.   | Janet Waldron, Vice Chancellor of Finance   | 8/31/2018                    | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-407 SYS    | Governance and Regulatory Compliance | Retirement Contributions | UNT System            | <p>5. ORP Financial Companies Issues</p> <p>ORP contributions were not always deposited within the 3 business day requirement described in issue number 3 by certain financial service companies for 21 pay periods reviewed from January 2015 - September 2016.</p> <p>The Institution currently has 1,408 ORP participants out of which 739 (53%) elected Fidelity, 468 (33%) elected TIAA-CREF, 71 (5%) elected VALIC and 130 (9%) elected VOYA. The financial companies receive contribution data and funds through VRSCO. The financial service companies validates the information provided and notifies either VRSCO, Benefits and/or Payroll of any errors identified. After errors are addressed by Benefits and Payroll, the financial service companies deposit contributions to the participant's account by batch processing. Refer to Flowchart 3 for graphic demonstration:</p> <p>See final report for flow chart 3.</p> <p>In detail the following were noted:</p> <ul style="list-style-type: none"> <li>Financial service companies are required to deposit contributions in the participant's account within the same business day if received from VRSCO by close of business or the next business day. The Texas Government Code and Texas Administrative Code contemplate that financial service companies will deposit or credit ORP contributions to each participant's account the same business day the contributions are received so long as the funds are received</li> </ul> | High       | <p>Recommendations for the Assistant Vice Chancellor of Total Rewards in consultation with the Office of General Counsel and the Sr. Director of Controller Operations:</p> <p>5.1.a. Work with the third party ORP administrator and the financial service companies to ensure contribution amounts are credited to the participant's account within 3 days of legal availability and monitor until no deposit delays are noted.</p> | <p>1a. An evaluation of the process is underway to determine potential quick fixes for immediate implementation while longer term corrections are being addressed.</p> <p>As a stage of the Retirement Update Project, we will be asking our existing vendors to submit proposals to select a lead recordkeeper among them with services to address compliance shortfalls and user experience improvements compared to the current program. The lead recordkeeper selection and contracting are likely to be completed by February 2018, so we can partner with the lead recordkeeper to complete the programming process, and any required plan design changes. Incremental improvement will be implemented along the way, and due to the complex and coordinated effort necessary, full automation is estimated to complete by the end of fiscal year 2018.</p> | Christopher DeClerk, Assistant Vice Chancellor of Total Rewards and the Sr. Director of Controller Operations in collaboration with the Office of General Counsel | 8/31/2018                    | Open                  |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-407 SYS    | Governance and Regulatory Compliance | Retirement Contributions | UNT System            | <p>5. ORP Financial Companies Issues</p> <p>ORP contributions were not always deposited within the 3 business day requirement described in issue number 3 by certain financial service companies for 21 pay periods reviewed from January 2015 - September 2016.</p> <p>The Institution currently has 1,408 ORP participants out of which 739 (53%) elected Fidelity, 468 (33%) elected TIAA-CREF, 71 (5%) elected VALIC and 130 (9%) elected VOYA. The financial companies receive contribution data and funds through VRSCO. The financial service companies validates the information provided and notifies either VRSCO, Benefits and/or Payroll of any errors identified. After errors are addressed by Benefits and Payroll, the financial service companies deposit contributions to the participant's account by batch processing. Refer to Flowchart 3 for graphic demonstration:</p> <p style="text-align: center;">See flow chart 3.</p> <p>In detail the following were noted:</p> <ul style="list-style-type: none"> <li>Financial service companies are required to deposit contributions in the participant's account within the same business day if received from VRSCO by close of business or the next business day. The Texas Government Code and Texas Administrative Code contemplate that financial service companies will deposit or credit ORP contributions to each participant's account the same business day the contributions are received so long as the funds are received</li> </ul> | High       | <p>Recommendations for the Assistant Vice Chancellor of Total Rewards in consultation with the Office of General Counsel and the Sr. Director of Controller Operations:</p> <p>5.1.b. Work with the Office of General Counsel to update the current agreement(s) to include but not be limited to the following:</p> <ul style="list-style-type: none"> <li>Timeliness of notification of discrepancies from the ORP financial service data companies to UNT System Controller Operations and Human Resources departments.</li> <li>Post all ORP participant contributions in good order in accordance with state regulation. Only withhold contributions for each individual ORP participant for whom contributions submitted were not in good order until resolved.</li> </ul> | 1b. Contract and service level agreements will be addressed in item 1a in coordination with the Office of General Counsel.  | Christopher DeClerk, Assistant Vice Chancellor of Total Rewards and the Sr. Director of Controller Operations in collaboration with the Office of General Counsel | 8/31/2018                    | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-407 SYS    | Governance and Regulatory Compliance | Retirement Contributions | UNT System            | <p>6. IRS Dollar Limitations Based on 403(b) Contributions</p> <p>A manual process breakdown in updating the year-to-date contribution amount in PeopleSoft caused two employee's ORP accounts to be over contributed by both the Institution and employee. This occurred when employee benefit changes were not entered into PeopleSoft, since the process is manual rather than a system configuration which automatically calculates contribution amounts.</p> <p>In detail, testing identified 2 out of 64 employees (3%) exceeded the annual IRS dollar compensation limitations based on 403(b) Contributions for Calendar Year 2015. These two employees elected a different financial service company in October 2015; however, notification was not provided to the Controller Operations team in order to manually update the year-to-date contribution amount in PeopleSoft. Therefore, PeopleSoft calculated their maximum contribution inaccurately.</p>   | High       | <p>Recommendations for the Assistant Vice Chancellor of Total Rewards:</p> <p>6.1.a. For the two employees, estimate the total amount of excess contributions for all calendar years, based on annual compensation limitation set by the IRS, starting from the employees' hire dates.</p>   | 1a. Performed a manual audit of these two individuals' retirement accounts to determine the following. Employees should have only been able to contribute a portion of the first \$265,000 earnings in 2015. As a result of transferring vendors, and exceeding contribution limits, EIS did not stop employee or employer contributions when these two employees exceeded \$265,000 in earnings. As a result, the first employee over contributed \$2,326.13 and the employer overpaid \$2,298.71. The second employee over contributed \$1,064.27 and the employer overpaid \$1,056.26. | Christopher DeClerk, Assistant Vice Chancellor of Total Rewards   | 8/31/2018                    | Open                  |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-407 SYS    | Governance and Regulatory Compliance | Retirement Contributions | UNT System            | <p>6. IRS Dollar Limitations Based on 403(b) Contributions</p> <p>A manual process breakdown in updating the year-to-date contribution amount in PeopleSoft caused two employee's ORP accounts to be over contributed by both the Institution and employee. This occurred when employee benefit changes were not entered into PeopleSoft, since the process is manual rather than a system configuration which automatically calculates contribution amounts.</p> <p>In detail, testing identified 2 out of 64 employees (3%) exceeded the annual IRS dollar compensation limitations based on 403(b) Contributions for Calendar Year 2015. These two employees elected a different financial service company in October 2015; however, notification was not provided to the Controller Operations team in order to manually update the year-to-date contribution amount in PeopleSoft. Therefore, PeopleSoft calculated their maximum contribution inaccurately.</p> | High       | <p>Recommendations for the Assistant Vice Chancellor of Total Rewards:</p> <p>6.1.b. Develop a report of all employees who changed financial service companies during the year that may have exceeded the IRS contribution limit.</p>  | <p>1b. In 2016 a report was developed and a manual process was created to account for this situation. Benefits reviewed periods prior to that manual process and determined these were the only two instances over limits. For this error to occur, one would need to be compensated over IRS contribution limits and change record keepers mid-year. Only a small number of, if any, individuals could be in this situation in any given calendar year.</p> | Christopher DeClerk, Assistant Vice Chancellor of Total Rewards | 8/31/2018                    | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-407 SYS    | Governance and Regulatory Compliance | Retirement Contributions | UNT System            | <p>6. IRS Dollar Limitations Based on 403(b) Contributions</p> <p>A manual process breakdown in updating the year-to-date contribution amount in PeopleSoft caused two employee's ORP accounts to be over contributed by both the Institution and employee. This occurred when employee benefit changes were not entered into PeopleSoft, since the process is manual rather than a system configuration which automatically calculates contribution amounts.</p> <p>In detail, testing identified 2 out of 64 employees (3%) exceeded the annual IRS dollar compensation limitations based on 403(b) Contributions for Calendar Year 2015. These two employees elected a different financial service company in October 2015; however, notification was not provided to the Controller Operations team in order to manually update the year-to-date contribution amount in PeopleSoft. Therefore, PeopleSoft calculated their maximum contribution inaccurately.</p> | High       | <p>Recommendations for the Assistant Vice Chancellor of Total Rewards:</p> <p>6.1.c. For those employees identified with exceeding the IRS contribution limit, work with the Office of General Counsel and Finance to determine the appropriate action regarding the excess contributions.</p> | <p>1c. Partner with OGC to take appropriate action for any excess contributions.</p>   | Christopher DeClerk, Assistant Vice Chancellor of Total Rewards | 8/31/2018                    | Open                  |



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|---------------------|---------------------------|-------------------------------|---------------|--------------------------------------|--------------------------|-----------------------|---|------------|--|--|---|------------------------------|-----------------------|
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-407 SYS    | Governance and Regulatory Compliance | Retirement Contributions | UNT System            | <p>6. IRS Dollar Limitations Based on 403(b) Contributions</p> <p>A manual process breakdown in updating the year-to-date contribution amount in PeopleSoft caused two employee's ORP accounts to be over contributed by both the Institution and employee. This occurred when employee benefit changes were not entered into PeopleSoft, since the process is manual rather than a system configuration which automatically calculates contribution amounts.</p> <p>In detail, testing identified 2 out of 64 employees (3%) exceeded the annual IRS dollar compensation limitations based on 403(b) Contributions for Calendar Year 2015. These two employees elected a different financial service company in October 2015; however, notification was not provided to the Controller Operations team in order to manually update the year-to-date contribution amount in PeopleSoft. Therefore, PeopleSoft calculated their maximum contribution inaccurately.</p> | High       | <p>Recommendations for the Assistant Vice Chancellor of Total Rewards:</p> <p>6.1.d. Work with Information Technology Shared Services (ITSS) and the Controller Operations team to configure an automatic calculation in PeopleSoft for the year-to-date contribution amount when an employee elects a different financial service company during the year. This will eliminate the need for a manual process.</p> | 1d. As part of the Retirement Update Project, we are working to ensure all deduction codes are functioning correctly and develop a reporting mechanism to verify they are working correctly. | Christopher DeClerk, Assistant Vice Chancellor of Total Rewards | 8/31/2018                    | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-407 SYS    | Governance and Regulatory Compliance | Retirement Contributions | UNT System            | <p>6. IRS Dollar Limitations Based on 403(b) Contributions</p> <p>A manual process breakdown in updating the year-to-date contribution amount in PeopleSoft caused two employee's ORP accounts to be over contributed by both the Institution and employee. This occurred when employee benefit changes were not entered into PeopleSoft, since the process is manual rather than a system configuration which automatically calculates contribution amounts.</p> <p>In detail, testing identified 2 out of 64 employees (3%) exceeded the annual IRS dollar compensation limitations based on 403(b) Contributions for Calendar Year 2015. These two employees elected a different financial service company in October 2015; however, notification was not provided to the Controller Operations team in order to manually update the year-to-date contribution amount in PeopleSoft. Therefore, PeopleSoft calculated their maximum contribution inaccurately.</p> | High       | <p>Recommendations for the Assistant Vice Chancellor of Total Rewards:</p> <p>6.2.a. Work with the IRS to determine how excess contributions should be reported for these two employees.</p>   | 2a. We will work with appropriate parties, both internally and externally, to determine and execute any needed reporting.  | Janet Waldron, Vice Chancellor of Finance                       | 12/31/2017                   | Open                  |

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| Internal / External | Reporting Agency          | Fiscal Year Report was Issued | Report Number | Audit Category                       | Report Name              | Component Institution | Key Observations  | Risk Level | Recommendation Details   | Management Response  | Individual Responsible for Implementation | Expected Implementation Date | Recommendation Status |
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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-407 SYS    | Governance and Regulatory Compliance | Retirement Contributions | UNT System            | <p>6. IRS Dollar Limitations Based on 403(b) Contributions</p> <p>A manual process breakdown in updating the year-to-date contribution amount in PeopleSoft caused two employee's ORP accounts to be over contributed by both the Institution and employee. This occurred when employee benefit changes were not entered into PeopleSoft, since the process is manual rather than a system configuration which automatically calculates contribution amounts.</p> <p>In detail, testing identified 2 out of 64 employees (3%) exceeded the annual IRS dollar compensation limitations based on 403(b) Contributions for Calendar Year 2015. These two employees elected a different financial service company in October 2015; however, notification was not provided to the Controller Operations team in order to manually update the year-to-date contribution amount in PeopleSoft. Therefore, PeopleSoft calculated their maximum contribution inaccurately.</p>   | High       | <p>Recommendations for the Assistant Vice Chancellor of Total Rewards:</p> <p>6.2.b. Work with the Office of General Counsel to determine if corrected W-2 statements should be issued to employees and ensure internal payroll records are corrected.</p>                               | 2b. We will work with appropriate parties to determine and execute any needed W-2 reporting or records updates.  | Janet Waldron, Vice Chancellor of Finance | 12/31/2017                   | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-407 SYS    | Governance and Regulatory Compliance | Retirement Contributions | UNT System            | <p>7. Contract Oversight</p> <p>ORP service provider agreements were not in compliance with Institution policies and procedures. Specifically, testing identified the following:</p> <ul style="list-style-type: none"> <li>• All agreements (VRSCO, Fidelity, VALIC, VOYA and TIAA-CREF) havenot been reviewed since the execution date of 2009 and/or 2010.</li> <li>• Two agreement renewals with VRSCO were not executed before the agreement expiration date; therefore, there was a lapse from March 20, 2013 – March 03, 2014 and March 19, 2015 – March 31, 2016</li> <li>• Both agreement renewals with VRSCO were not signed by the Chancellor or an employee with a written sub-delegation of authority. These agreement renewals were signed by the Benefits Manager.</li> <li>• The agreements with Fidelity were not updated in mid-2010 to the University of North Texas System agreements and continued until November 2016 under the prior agreements with the University of North Texas Health Science Center at Fort Worth and the University of North Texas as the contracting parties (UNT System and UNT Dallas were included under the UNT agreement umbrella).</li> </ul> | High       | <p>Recommendations for the Vice Chancellor for Finance:</p> <p>7.1.a. Work with the Office of General Counsel to review retirement plan contract agreements to help ensure they are renewed, updated and signed as appropriate and in accordance with UNT System Board Regent Rules.</p> | 1a. A Retirement Plan Committee was put in place to frame the project, select a vendor, and oversee the Retirement Plan Update Project. The committee will work with our retirement consultant, CAPTRUST Financial Advisors, and the Office of General Counsel to review retirement plan contract agreements to help ensure they are renewed, updated and signed as appropriate and in accordance with UNT System Board Regent Rules. Due to the nature of the revisions, need for negotiation, programming, and coordination among multiple internal teams, four recordkeepers, and potentially a new Lead Recordkeeper, this update will be complex and is expected to finalize within the next fiscal year. | Janet Waldron, Vice Chancellor of Finance | 8/31/2018                    | Open                  |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-407 SYS    | Governance and Regulatory Compliance | Retirement Contributions | UNT System            | <p>7. Contract Oversight</p> <p>ORP service provider agreements were not in compliance with Institution policies and procedures. Specifically, testing identified the following:</p> <ul style="list-style-type: none"> <li>•All agreements (VRSCO, Fidelity, VALIC, VOYA and TIAA-CREF) havenot been reviewed since the execution date of 2009 and/or 2010.</li> <li>•Two agreement renewals with VRSCO were not executed before theagreement expiration date; therefore, there was a lapse from March20, 2013 – March 03, 2014 and March 19, 2015 – March 31, 2016</li> <li>•Both agreement renewals with VRSCO were not signed by theChancellor or an employee with a written sub-delegation of authority.These agreement renewals were signed by the Benefits Manager.</li> <li>•The agreements with Fidelity were not updated in mid-2010 to theUniversity of North Texas System agreements and continued untilNovember 2016 under the prior agreements with the University ofNorth Texas Health Science Center at Fort Worth and the University ofNorth Texas as the contracting parties (UNT System and UNT Dallaswere included under the UNT agreement umbrella).</li> </ul> | High       | <p>Recommendations for the Vice Chancellor for Finance:</p> <p>7.1.b.Establish a Retirement Plan Committee to assist annually with guidance, review, and oversight of the retirement contracts, financial service company's performance and investments options for the UNTSystem retirement plans. This will ensure proper monitoring ofcontract performance and compliance with terms and conditions.</p> | <p>1b. A Retirement Plan Committee has already been established as a component of the Retirement Plan Update project. When the project concludes, the Retirement Plan Committee will establish an ongoing Retirement Plan Committee with governance responsibilities.</p>  | Janet Waldron, Vice Chancellor of Finance                       | 8/31/2018                    | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-407 SYS    | Governance and Regulatory Compliance | Retirement Contributions | UNT System            | <p>8. Insufficient Documentation</p> <p>Sufficient documentation was not maintained for 1 out of a sample population of 71 employee's tested for the purpose of determining the participant's proper contribution rate as required by the Texas Administrative Code.</p> <p>During our review of HR records, we were unable to validate the employee's contribution rate was set in accordance with the statute. Specifically, although the employee has prior Texas state experience dating back to 1982 which makes the employee eligible for the 8.5% grandfather rate, the employee was given the non-grandfather rate of 6.6%.</p> <p>Additionally, we noted the 'Prior State Service Verification and Release Information' form was not updated to reflect the current ORP non-grandfather rate. This form is provided to the employee to request authorization of prior year service from other Texas state agencies.</p>   | Moderate   | <p>Recommendations for the Assistant Vice Chancellor of Total Rewards:</p> <p>8.1.a.Validate with prior state Institutions of the ORP participant's grandfather status and adjust the ORP rate going forward, if needed. If grandfather status is confirmed, contribute additional funds startingfrom the employee's hire date.</p>   | <p>1a. This recommendation applies to individuals who have prior state service which has to be verified by the original employer(s). In this case, both former institutions validated prior state service but neither indicated any participation in the ORP program. Without any validation the individual qualified for the grandfathered ORP program and higher employer contribution rate, the individual was enrolled in the current ORP program.</p> <p>Based on the potential error in this audit finding, the Benefits and Records teams requested information from the two former institutions again. This time the prior institutions verified the individual had been a participant in the grandfathered ORP plan. Consequently, records were updated and the under-payment employer contributions were calculated and credited to the individual's retirement account during April payroll processing.</p> | Christopher DeClerk, Assistant Vice Chancellor of Total Rewards | 4/30/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-407 SYS    | Governance and Regulatory Compliance | Retirement Contributions | UNT System            | <p>8. Insufficient Documentation</p> <p>Sufficient documentation was not maintained for 1 out of a sample population of 71 employee's tested for the purpose of determining the participant's proper contribution rate as required by the Texas Administrative Code.</p> <p>During our review of HR records, we were unable to validate the employee's contribution rate was set in accordance with the statute. Specifically, although the employee has prior Texas state experience dating back to 1982 which makes the employee eligible for the 8.5% grandfather rate, the employee was given the non-grandfather rate of 6.6%.</p> <p>Additionally, we noted the 'Prior State Service Verification and Release Information' form was not updated to reflect the current ORP non-grandfather rate. This form is provided to the employee to request authorization of prior year service from other Texas state agencies.</p>   | Moderate   | <p>Recommendations for the Assistant Vice Chancellor of Total Rewards:</p> <p>8.1.b. Ensure sufficient documentation is maintained on file.</p>   | <p>1b. There is not a statewide database for ORP retirement information. As a result, state institutions rely on one another to provide accurate information. The records maintained accurately reflected the original information provided from the prior institutions. After the other state institutions sent revised information, UNTS records were updated.</p>   | Christopher DeClerk, Assistant Vice Chancellor of Total Rewards | 4/30/2017                    | Closed                |



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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-407 SYS    | Governance and Regulatory Compliance | Retirement Contributions | UNT System            | <p>8. Insufficient Documentation</p> <p>Sufficient documentation was not maintained for 1 out of a sample population of 71 employee's tested for the purpose of determining the participant's proper contribution rate as required by the Texas Administrative Code.</p> <p>During our review of HR records, we were unable to validate the employee's contribution rate was set in accordance with the statute. Specifically, although the employee has prior Texas state experience dating back to 1982 which makes the employee eligible for the 8.5% grandfather rate, the employee was given the non-grandfather rate of 6.6%.</p> <p>Additionally, we noted the 'Prior State Service Verification and Release Information' form was not updated to reflect the current ORP non-grandfather rate. This form is provided to the employee to request authorization of prior year service from other Texas state agencies.</p> | Moderate   | <p>Recommendations for the Assistant Vice Chancellor of Total Rewards:</p> <p>8.1.c. Update the 'Prior State Service Verification and Release of Information' form to reflect the current ORP non-grandfather rate. This should be reviewed every biennium and updated accordingly.</p>                   | <p>1c. The prior state service form has been updated and will be revised as appropriate when state contributions change as a result of a Legislative session. Prior state service is part of the formal onboarding process. Additionally, the Total Rewards Records Team initiated a project to ask employees to review their service record and report inaccuracies with former state employers' reported time.</p>   | Christopher DeClerk, Assistant Vice Chancellor of Total Rewards   | 4/30/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-407 SYS    | Governance and Regulatory Compliance | Retirement Contributions | UNT System            | <p>9. Untimely Deposits of Refund Contribution Checks</p> <p>Refund contribution checks received from financial service companies are held by the Institution for an extended period of time and not deposited on a timely basis.</p> <p>During our review of ORP contributions, we noted both Total Rewards and Controller Operations teams receive a low volume of refund contribution checks. Specifically, we reviewed 6 checks for the total amount of \$4,173.10 which dated back to June 2016. However, 2 of the 6 checks were re-issued from 2012. These checks were sent to the Institution as a result of adjustments to ORP participant accounts including but not limited to improper account set up, over contribution and/or salary overpayment.</p>   | Moderate   | <p>Recommendation for the Senior Director of Controller Operations and Assistant Vice Chancellor of Total Rewards:</p> <p>9.1.a. Develop internal procedures on how to process retirement refund and secure checks.</p>   | <p>1a. Payroll has already implemented the practice to deposit any retirement refund checks within three business days from the date of receipt. The checks are deposited in organizations' payroll clearing account pending response from HR Benefits to take the appropriate action.</p> <p>When these situations arise, HR Benefits researches the situation with the retirement vendor and determines the reason for the returned check. HR Benefits then coordinates appropriate corrective action with the Payroll team. These processes are already in place.</p> | Abdul Mohammad, Senior Director of Controller Operations, and Christopher DeClerk, Assistant Vice Chancellor of Total Rewards | 1/2/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-407 SYS    | Governance and Regulatory Compliance | Retirement Contributions | UNT System            | <p>10. ORP Reports Submitted to Texas Higher Education Coordinating Board (THECB)</p> <p>Inaccurate information documented on the ORP report was submitted to the THECB.</p> <p>Reconciliation testing of UNT System FY2016 ORP Report submitted to the THECB identified total ORP contributions by the employer were overstated on the report by \$3,857. This was based on a comparison of the amount submitted on the FY2016 ORP Report to the actual ORP payroll deductions submitted to the financial service companies.</p>  | Moderate   | <p>Recommendation for the Senior Director of Controller Operations and Assistant Vice Chancellor of Total Rewards:</p> <p>10.1.a. Develop a collaborative process to accurately record 'contributions/participants' and 'eligibility' data in the UNT System, UNT, UNT Dallas and UNTHSC ORP reports.</p> | <p>1a. Develop a collaborative process so HR and Payroll are each providing and checking information pertinent to their areas to ensure report accuracy. The next annual ORP report is due October 1, 2017. The plan will be implemented for the next reporting cycle, completed by the due date.</p>  | Abdul Mohammad, Senior Director of Controller Operations and Christopher DeClerk, Assistant Vice Chancellor of Total Rewards  | 10/1/2017                    | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-108 SYS    | Governance and Regulatory Compliance | Student Data Access Audit | UNT                   | <p>1. Unauthorized Users with Access</p> <p>75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017.</p> <p>Non-Employees with No Authorization (42)<br/>Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form).</p> <p>“Non-employees” as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate the FERPA Form. There were 42 instances where an authorization form could not be located.</p> <p>Former Employees Access Never Revoked (29)<br/>Internal Audit worked with ITSS to determine the employment</p>   | High       | <p>Recommendations for UNT Senior Director, Registrar:</p> <p>1.1.a. Revoke access on the provided list of 75 users that fall under your authority.</p>  | 1a. We agree and this has been completed.   | Lynn McCreary, Registrar, UNT             | 12/15/2017                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-108 SYS    | Governance and Regulatory Compliance | Student Data Access Audit | UNT                   | <p>1. Unauthorized Users with Access</p> <p>75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017.</p> <p>Non-Employees with No Authorization (42)<br/>Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form).</p> <p>“Non-employees” as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate the FERPA Form. There were 42 instances where an authorization form could not be located.</p> <p>Former Employees Access Never Revoked (29)<br/>Internal Audit worked with ITSS to determine the employment status of all users with access and identified 29 users that had been former employees. The reason for the inappropriate access was the failure of an automated tool, and in one case, oversight of a manual process. ITSS created a PeopleSoft bolt-on to deprovision access accounts immediately upon a change of employment status in 2005. During the audit, it was discovered that the automated</p> | High       | <p>Recommendations for UNT Senior Director, Registrar:</p> <p>1.1.b. Separate the certification of completed FERPA training from the form to obtain access to student data, so that all users trained do not automatically receive access.</p> | 1b. We agree. The registrar’s office will re-engineer current procedures and will separate the certification of completed FERPA training from the form to obtain access to student data, so that all users trained do not automatically receive access. | Lynn McCreary, Registrar, UNT             | 12/15/2017                   | Open                  |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-108 SYS    | Governance and Regulatory Compliance | Student Data Access Audit | UNT                   | <p>1. Unauthorized Users with Access</p> <p>75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017.</p> <p>Non-Employees with No Authorization (42)<br/>Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form).</p> <p>“Non-employees” as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate the FERPA Form. There were 42 instances where an authorization form could not be located.</p> <p>Former Employees Access Never Revoked (29)<br/>Internal Audit worked with ITSS to determine the employment status of all users with access and identified 29 users that had been former employees. The reason for the inappropriate access was the failure of an automated tool, and in one case, oversight of a manual process. ITSS created a PeopleSoft bolt-on to deprovision access accounts immediately upon a change of employment status in 2005. During the audit, it was discovered that the automated</p> | High       | <p>Recommendations for UNT Senior Director, Registrar:</p> <p>1.1.c. Change the access authorization form to include the user’s job and employment status.</p>                                       | 1c. We agree. The registrar’s office will redesign the access authorization form to include the users job and employment status.  | Lynn McCreary, Registrar, UNT             | 12/15/2017                   | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-108 SYS    | Governance and Regulatory Compliance | Student Data Access Audit | UNT                   | <p>1. Unauthorized Users with Access</p> <p>75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017.</p> <p>Non-Employees with No Authorization (42)<br/>Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form).</p> <p>“Non-employees” as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate the FERPA Form. There were 42 instances where an authorization form could not be located.</p> <p>Former Employees Access Never Revoked (29)<br/>Internal Audit worked with ITSS to determine the employment status of all users with access and identified 29 users that had been</p>   | High       | <p>Recommendations for UNT Senior Director, Registrar:</p> <p>1.1.d. Before granting access, verify the job and employment status are accurate and reasonable to justify access to student data.</p> | 1d. We agree. The registrar’s office will request view access to job records from Human Resources in HRPD and upon receiving that access, will verify that job and employment status of the individual is reasonable to justify access to student data. | Lynn McCreary, Registrar, UNT             | 12/15/2017                   | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-108 SYS    | Governance and Regulatory Compliance | Student Data Access Audit | UNT                   | <p>1. Unauthorized Users with Access</p> <p>75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017.</p> <p>Non-Employees with No Authorization (42)<br/>Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form).</p> <p>“Non-employees” as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate the FERPA Form. There were 42 instances where an authorization form could not be located.</p> <p>Former Employees Access Never Revoked (29)<br/>Internal Audit worked with ITSS to determine the employment status of all users with access and identified 29 users that had been</p>   | High       | <p>Recommendations for UNT Senior Director, Registrar:</p> <p>1.1.e. Annually review access lists based on documented risk management decisions.</p>   | 1e. We agree. The Registrar’s office will annual review access lists based on documented risk management decisions.   | Lynn McCreary, Registrar, UNT             | 12/15/2017                   | Open                  |



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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-108 SYS    | Governance and Regulatory Compliance | Student Data Access Audit | UNTHSC                | <p>1. Unauthorized Users with Access</p> <p>75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017.</p> <p>Non-Employees with No Authorization (42)<br/>Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form).</p> <p>“Non-employees” as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate the FERPA Form. There were 42 instances where an authorization form could not be located.</p> <p>Former Employees Access Never Revoked (29)<br/>Internal Audit worked with ITSS to determine the employment status of all users with access and identified 29 users that had been former employees. The reason for the inappropriate access was the</p> | High       | <p>Recommendations for UNTHSC Executive Director, Enrollment Services:</p> <p>1.2.a. Revoke access on the provided list of 75 users that fall under your authority.</p>  | 2a. We agree. All roles for the users that fall under my authority (HSC), will be revoked. To my knowledge, this has already been completed.                    | A.J. Randolph, Registrar, UNTHSC          | 9/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-108 SYS    | Governance and Regulatory Compliance | Student Data Access Audit | UNTHSC                | <p>1. Unauthorized Users with Access</p> <p>75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017.</p> <p>Non-Employees with No Authorization (42)<br/>Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form).</p> <p>“Non-employees” as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate the FERPA Form. There were 42 instances where an authorization form could not be located.</p>   | High       | <p>Recommendations for UNTHSC Executive Director, Enrollment Services:</p> <p>1.2.b. Separate the certification of completed FERPA training from the form to obtain access to student data, so that all users trained do not automatically receive access.</p> | 2b. We agree. The responsible individual will separate the access authorization form from the FERPA training. Both will be required for users to obtain access. | A.J. Randolph, Registrar, UNTHSC          | 9/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-108 SYS    | Governance and Regulatory Compliance | Student Data Access Audit | UNTHSC                | <p>1. Unauthorized Users with Access</p> <p>75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017.</p> <p>Non-Employees with No Authorization (42)<br/>Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form).</p> <p>“Non-employees” as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate the FERPA Form. There were 42 instances where an authorization form could not be located.</p>   | High       | <p>Recommendations for UNTHSC Executive Director, Enrollment Services:</p> <p>1.2.c. Change the access authorization form to include the user’s job and employment status</p>  | 2c. We agree. The responsible individual will update the access authorization form to include both the users job and employment status.                         | A.J. Randolph, Registrar, UNTHSC          | 9/1/2017                     | Closed                |

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| Internal / External | Reporting Agency          | Fiscal Year Report was Issued | Report Number | Audit Category                       | Report Name               | Component Institution | Key Observations  | Risk Level | Recommendation Details   | Management Response   | Individual Responsible for Implementation | Expected Implementation Date      | Recommendation Status |
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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-108 SYS    | Governance and Regulatory Compliance | Student Data Access Audit | UNTHSC                | <p>1. Unauthorized Users with Access</p> <p>75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017.</p> <p>Non-Employees with No Authorization (42)<br/>Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form).</p> <p>“Non-employees” as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate the FERPA Form. There were 42 instances where an authorization form could not be located.</p> <p>Former Employees Access Never Revoked (29)<br/>Internal Audit worked with ITSS to determine the employment status of all users with access and identified 29 users that had been former employees. The reason for the inappropriate access was the failure of an automated tool, and in one case, oversight of a manual process. ITSS created a PeopleSoft bolt-on to deprovision access accounts immediately upon a change of employment status in 2005. During the audit, it was discovered that the automated</p> | High       | <p>Recommendations for UNTHSC Executive Director, Enrollment Services:</p> <p>1.2.d. Before granting access, verify the job and employment status are accurate and reasonable to justify access to student data.</p> | 2d. We agree. Responsible individual will work with HR to obtain access to HR data that will allow ACE to verify job and employment status.   | A.J. Randolph, Registrar, UNTHSC          | 9/1/2017<br>Rev. 11/15/2017       | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-108 SYS    | Governance and Regulatory Compliance | Student Data Access Audit | UNTHSC                | <p>1. Unauthorized Users with Access</p> <p>75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017.</p> <p>Non-Employees with No Authorization (42)<br/>Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form).</p> <p>“Non-employees” as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate the FERPA Form. There were 42 instances where an authorization form could not be located.</p> <p>Former Employees Access Never Revoked (29)<br/>Internal Audit worked with ITSS to determine the employment status of all users with access and identified 29 users that had been former employees. The reason for the inappropriate access was the failure of an automated tool, and in one case, oversight of a manual process. ITSS created a PeopleSoft bolt-on to deprovision access accounts immediately upon a change of employment status in 2005. During the audit, it was discovered that the automated</p> | High       | <p>Recommendations for UNTHSC Executive Director, Enrollment Services:</p> <p>1.2.e. Annually review access lists based on documented risk management decisions.</p>   | 2e. We agree. Responsible individual will work develop process to annually review user access to determine if access remains appropriate according to documented risk management decisions. | A.J. Randolph, Registrar, UNTHSC          | 9/1/2017<br>Rev. Date: 11/15/2017 | Open                  |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-108 SYS    | Governance and Regulatory Compliance | Student Data Access Audit | UNT Dallas            | <p>1. Unauthorized Users with Access</p> <p>75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017.</p> <p>Non-Employees with No Authorization (42)<br/>Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form).</p> <p>“Non-employees” as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate the FERPA Form. There were 42 instances where an authorization form could not be located.</p> <p>Former Employees Access Never Revoked (29)<br/>Internal Audit worked with ITSS to determine the employment status of all users with access and identified 29 users that had been former employees. The reason for the inappropriate access was the failure of an automated tool, and in one case, oversight of a manual process. ITSS created a PeopleSoft bolt-on to deprovision access accounts immediately upon a change of employment status in 2005. During the audit, it was discovered that the automated</p> | High       | <p>Recommendations for UNT Dallas, Registrar:</p> <p>1.3.a. Revoke access on the provided list of 75 users that fall under your authority.</p>  | 3a. We agree and will immediately revoke access to all those affiliated with UNT Dallas.   | Karen Jarrell, Registrar, UNT Dallas      | 9/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-108 SYS    | Governance and Regulatory Compliance | Student Data Access Audit | UNT Dallas            | <p>1. Unauthorized Users with Access</p> <p>75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017.</p> <p>Non-Employees with No Authorization (42)<br/>Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form).</p> <p>“Non-employees” as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate the FERPA Form. There were 42 instances where an authorization form could not be located.</p> <p>Former Employees Access Never Revoked (29)<br/>Internal Audit worked with ITSS to determine the employment status of all users with access and identified 29 users that had been former employees. The reason for the inappropriate access was the failure of an automated tool, and in one case, oversight of a manual process. ITSS created a PeopleSoft bolt-on to deprovision access accounts immediately upon a change of employment status in 2005. During the audit, it was discovered that the automated</p> | High       | <p>Recommendations for UNT Dallas, Registrar:</p> <p>1.3.b. Separate the certification of completed FERPA training from the form to obtain access to student data, so that all users trained do not automatically receive access.</p> | 3b. We agree. We will continue to use our normal FERPA training module for all UNT Dallas faculty, staff and administration. Additionally, once FERPA training is completed, we will utilize a role-based security form approved by the Vice President providing oversight that specifically delineates the access needed by the specific staff person based on the job they are assigned. Where there may exist a need for additional access for a specified person, we will document the role and access assignment. There will be an annual review of all staff with EIS security to ensure access is appropriate and any risk mitigated. | Karen Jarrell, Registrar, UNT Dallas      | 9/1/2017                     | Closed                |



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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-108 SYS    | Governance and Regulatory Compliance | Student Data Access Audit | UNT Dallas            | <p>1. Unauthorized Users with Access</p> <p>75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017.</p> <p>Non-Employees with No Authorization (42)<br/>Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form).</p> <p>“Non-employees” as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate the FERPA Form. There were 42 instances where an authorization form could not be located.</p> <p>Former Employees Access Never Revoked (29)<br/>Internal Audit worked with ITSS to determine the employment status of all users with access and identified 29 users that had been former employees. The reason for the inappropriate access was the failure of an automated tool, and in one case, oversight of a manual process. ITSS created a PeopleSoft bolt-on to deprovision access accounts immediately upon a change of employment status in 2005. During the audit, it was discovered that the automated</p> | High       | <p>Recommendations for UNT Dallas, Registrar:</p> <p>1.3.c. Change the access authorization form to include the user’s job and employment status.</p>                                       | <p>3c. We agree. Once FERPA training is completed, we will utilize a role-based security form approved by the Vice President providing oversight that specifically delineates the access needed by the specific staff person based on the user’s job they are assigned and employment status. Where there may exist a need for additional access for a specified person, we will document the role and access assignment. There will be an annual review of all staff with EIS security to ensure access is appropriate and any risk mitigated.</p> | Karen Jarrell, Registrar, UNT Dallas      | 9/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-108 SYS    | Governance and Regulatory Compliance | Student Data Access Audit | UNT Dallas            | <p>1. Unauthorized Users with Access</p> <p>75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017.</p> <p>Non-Employees with No Authorization (42)<br/>Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form).</p> <p>“Non-employees” as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate the FERPA Form. There were 42 instances where an authorization form could not be located.</p> <p>Former Employees Access Never Revoked (29)<br/>Internal Audit worked with ITSS to determine the employment status of all users with access and identified 29 users that had been former employees. The reason for the inappropriate access was the failure of an automated tool, and in one case, oversight of a manual process. ITSS created a PeopleSoft bolt-on to deprovision access accounts immediately upon a change of employment status in 2005. During the audit, it was discovered that the automated</p> | High       | <p>Recommendations for UNT Dallas, Registrar:</p> <p>1.3.d. Before granting access, verify the job and employment status are accurate and reasonable to justify access to student data.</p> | <p>3d. We agree. Prior to granting access, the user’s job and employment status will be weighed against the request for access to data to ensure it is appropriate, accurate, and will ensure the completion of the position’s job task.</p>  | Karen Jarrell, Registrar, UNT Dallas      | 9/1/2017                     | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-108 SYS    | Governance and Regulatory Compliance | Student Data Access Audit | UNT Dallas            | <p>1. Unauthorized Users with Access</p> <p>75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017.</p> <p>Non-Employees with No Authorization (42)<br/>Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form).</p> <p>“Non-employees” as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate the FERPA Form. There were 42 instances where an authorization form could not be located.</p> <p>Former Employees Access Never Revoked (29)<br/>Internal Audit worked with ITSS to determine the employment status of all users with access and identified 29 users that had been former employees. The reason for the inappropriate access was the failure of an automated tool, and in one case, oversight of a manual process. ITSS created a PeopleSoft bolt-on to deprovision access accounts immediately upon a change of employment status in 2005. During the audit, it was discovered that the automated</p> | High       | <p>Recommendations for UNT Dallas, Registrar:</p> <p>1.3.e. Annually review access lists based on documented risk management decisions.</p>   | <p>3e. We agree. There will be an annual review of all UNT Dallas employees with EIS security to ensure access is accurate and appropriate and any foreseeable risk mitigated.</p>  | Karen Jarrell, Registrar, UNT Dallas                        | 9/1/2017<br>Rev. 12/31/2017  | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-108 SYS    | Governance and Regulatory Compliance | Student Data Access Audit | UNT System            | <p>1. Unauthorized Users with Access</p> <p>75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017.</p> <p>Non-Employees with No Authorization (42)<br/>Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form).</p> <p>“Non-employees” as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate the FERPA Form. There were 42 instances where an authorization form could not be located.</p> <p>Former Employees Access Never Revoked (29)<br/>Internal Audit worked with ITSS to determine the employment status of all users with access and identified 29 users that had been former employees. The reason for the inappropriate access was the failure of an automated tool, and in one case, oversight of a manual process. ITSS created a PeopleSoft bolt-on to deprovision access accounts immediately upon a change of employment status in 2005. During the audit, it was discovered that the automated</p> | High       | <p>Recommendations for Chief Information Security Officer, ITSS:</p> <p>1.4.a. Revoke access on the provided list of 75 users that fall under your authority, specifically expired vendors and Oracle-access users.</p> | <p>4a. We agree. Corrective action has been taken in regard to this finding. 42 non-employees were granted access by parties external to ITSS, and in a manner that was separate from existing ITSS processes for removing user access. As such, their access was unknown to ITSS until discovered during this audit. Access has been revoked for individuals in this group. In regard to the group of 29 former employees, the role removal process did not capture their termination. Their access was revoked upon discovery. ITSS will develop processes to capture these exceptions to ensure that access is reviewed and removed, where appropriate. In regard to the 4 vendors whose authorization had expired, their access was revoked upon discovery during this audit.</p> | Charlotte Russell, Chief Information Security Officer, ITSS | 6/30/2017                    | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-108 SYS    | Governance and Regulatory Compliance | Student Data Access Audit | UNT System            | <p>1. Unauthorized Users with Access</p> <p>75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017.</p> <p>Non-Employees with No Authorization (42)<br/>Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form).</p> <p>“Non-employees” as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate the FERPA Form. There were 42 instances where an authorization form could not be located.</p> <p>Former Employees Access Never Revoked (29)<br/>Internal Audit worked with ITSS to determine the employment status of all users with access and identified 29 users that had been former employees. The reason for the inappropriate access was the failure of an automated tool, and in one case, oversight of a manual process. ITSS created a PeopleSoft bolt-on to deprovision access accounts immediately upon a change of employment status in 2005. During the audit, it was discovered that the automated</p> | High       | <p>Recommendations for Chief Information Security Officer, ITSS:</p> <p>1.4.b. Formalize the internal review process for removing access for vendors with expired authorization forms and the removal of Oracle access.</p>                                       | 4b. We agree. Corrective action has been taken in regard to this finding. The internal review process has been modified to increase the frequency of access reviews and timeliness of access removal. In addition, notifications to individuals that have responsibilities for removing access has been broadened to include those that are external to ITSS. | Charlotte Russell, Chief Information Security Officer, ITSS         | 6/30/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-108 SYS    | Governance and Regulatory Compliance | Student Data Access Audit | UNT System            | <p>1. Unauthorized Users with Access</p> <p>75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017.</p> <p>Non-Employees with No Authorization (42)<br/>Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form).</p> <p>“Non-employees” as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate the FERPA Form. There were 42 instances where an authorization form could not be located.</p> <p>Former Employees Access Never Revoked (29)<br/>Internal Audit worked with ITSS to determine the employment status of all users with access and identified 29 users that had been former employees. The reason for the inappropriate access was the failure of an automated tool, and in one case, oversight of a manual process. ITSS created a PeopleSoft bolt-on to deprovision access accounts immediately upon a change of employment status in 2005. During the audit, it was discovered that the automated</p> | High       | <p>Recommendation for Executive Director of Enterprise Applications, ITSS:</p> <p>1.5.a. Correct the identified coding issue with the automated deprovisioning bolt-on “Role Removal” and validate it is effectively removing access on terminated employees.</p> | 5a. We agree. Efforts are currently underway to correct programming code in the “Role Removal” process, to ensure that all appropriate employee termination records are identified and processed accordingly. Remediation work is expected to be completed and in production within the next six months.  | Dorothy Flores, Executive Director of Enterprise Applications, ITSS | 12/15/2017                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-108 SYS    | Governance and Regulatory Compliance | Student Data Access Audit | UNT                   | <p>2. Lack of Review of Access Controls for Non-Employees</p> <p>20 non-employee had access to personal student data including cell phone numbers and their need for access had not been verified in over a year.</p> <p align="center">See final report for table.</p> <p>Internal Audit requested any documentation to support the authorization for the non-employees on the access list. Student data information owners provided 20 authorization forms which were completed over a year ago. These authorization forms did not have an authorization expiration date and the majority of them were over five years old, see the chart above for a breakdown of their age.</p>   | High       | <p>Recommendations for UNT Senior Director, Registrar:</p> <p>2.1.a. Verify the 20 non-employee users have a legitimate business need for access.</p>   | 1a. We agree. The registrar’s office will verify the 20 non-employee users have a legitimate business need for access.  | Lynn McCreary, Registrar, UNT                                       | 9/1/2017                     | Closed                |



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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-108 SYS    | Governance and Regulatory Compliance | Student Data Access Audit | UNT                   | <p>2. Lack of Review of Access Controls for Non-Employees</p> <p>20 non-employee had access to personal student data including cell phone numbers and their need for access had not been verified in over a year.</p> <p>See final report for table.</p> <p>Internal Audit requested any documentation to support the authorization for the non-employees on the access list. Student data information owners provided 20 authorization forms which were completed over a year ago. These authorization forms did not have an authorization expiration date and the majority of them were over five years old, see the chart above for a breakdown of their age.</p> | High       | <p>Recommendations for UNT Senior Director, Registrar:</p> <p>2.1.b. Require an access expiration date for all users that are not active employees and create a process to revoke the access as it expires.</p>                | 1b. We agree. The registrar's office will implement procedures to insure that an we require an access expiration date for all users that are not active employees and create a process to revoke the access as it expires.  | Lynn McCreary, Registrar, UNT             | 9/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-108 SYS    | Governance and Regulatory Compliance | Student Data Access Audit | UNTHSC                | <p>2. Lack of Review of Access Controls for Non-Employees</p> <p>20 non-employee had access to personal student data including cell phone numbers and their need for access had not been verified in over a year.</p> <p>See final report for table.</p> <p>Internal Audit requested any documentation to support the authorization for the non-employees on the access list. Student data information owners provided 20 authorization forms which were completed over a year ago. These authorization forms did not have an authorization expiration date and the majority of them were over five years old, see the chart above for a breakdown of their age.</p> | High       | <p>Recommendation for UNTHSC Executive Director, Enrollment Services:</p> <p>2.2.a. Require an access expiration date for all users that are not active employees and create a process to revoke the access as it expires.</p> | 2a. We agree. Responsible individual will create a documented process that will grant access based on a finite period of time. At the end of that period, access will be revoked for non-employees (those requiring access but not considered active HSC employees [e.g. contractors, consultants, etc]). | A.J. Randolph, Registrar, UNTHSC          | 9/1/2017                     | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 16-108 SYS    | Governance and Regulatory Compliance | Student Data Access Audit                 | UNT Dallas            | <p>2. Lack of Review of Access Controls for Non-Employees</p> <p>20 non-employee had access to personal student data including cell phone numbers and their need for access had not been verified in over a year.</p> <p>See final report for table.</p> <p>Internal Audit requested any documentation to support the authorization for the non-employees on the access list. Student data information owners provided 20 authorization forms which were completed over a year ago. These authorization forms did not have an authorization expiration date and the majority of them were over five years old, see the chart above for a breakdown of their age.</p>  | High       | <p>Recommendation for UNT Dallas, Registrar:</p> <p>2.3.a. Require an access expiration date for all users that are not active employees and create a process to revoke the access as it expires.</p> | <p>3a. We agree. Prior to awarding access to any EIS data, access for non-employees on contract work will have an expiration date set based on the dates of the contract. This date will be communicated with the Institutional supervisor and the contract employee. Should the contract employee require data access for an additional period, a new contract will be provided with specified dates of termination. There will be a review EIS security to ensure access is revoked and any risk mitigated.</p> | Karen Jarrell, Registrar, UNT Dallas                     | 9/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-021 UNT    | Governance and Regulatory Compliance | Residence Hall - Student Safety Practices | UNT                   | <p>1. AED, CPR, First-Aid Training</p> <p>Each residence hall has an AED (Automated External Defibrillator). Hall Directors and residence hall staff have not received training by UNT to use the AED, administer CPR (Cardiopulmonary Resuscitation), and basic first aid.</p> <p>Each residence hall has a document called a flip chart that provides instructions on procedures to be taken in certain situations. The flip chart is located on the Housing intranet site and at the front desk of each residence hall.</p> <p>The flip charts instruct Housing Directors, Resident Assistants, and Desk Clerks to administer CPR in cases of alcohol poisoning when an individual's breathing or the heart rate ceases. In addition, the flip charts for Resident Assistants and Desk Clerks are instructed to apply first aid, if appropriate, in cases of minor or major injury although no training is provided.</p> | High       | <p>Recommendation for Gina Vanacore, Director of Housing and Residence Life:</p> <p>1.1.a. Provide AED, CPR, and basic first-aid training to Hall Directors, Resident Assistants and Desk Clerks.</p> | <p>1a. Language compelling staff to apply first aid or CPR has been removed from staff operating and instruction flip charts.</p> <p>Voluntary first aid / cpr training will be offered to staff each semester beginning fall 2017</p>  | Gina M. Vanacore, Director of Housing and Residence Life | 12/31/2017                   | Open                  |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-021 UNT    | Governance and Regulatory Compliance | Residence Hall - Student Safety Practices | UNT                   | <p>2. No Background Check for Non-Employee Spouse Living in Residence Hall</p> <p>There is no background check performed for either a non-employee spouse or a non-employee acquaintance of a UNT employee when both are living in a UNT residence hall.</p> <p>This includes Hall Directors, Assistant Hall Directors, and Faculty-in-Residence. The current practice is to perform background checks of employees.</p>                      | High       | <p>Recommendation for Gina Vanacore, Director of Housing and Residence Life:</p> <p>2.1.a. Coordinate with UNT System Human Resources to ensure that a background check for either the spouse or the non-employee acquaintance of a UNT employee living in a residence hall be performed.</p>  | 1a. Human resources does not complete background checks for non-employees Director Vanacore will consult with university counsel and risk management to advise about whether or not background checks for the spouses of live in staff members is necessary and if so how to request and manage them.   | Gina M. Vanacore, Director of Housing and Residence Life | 12/31/2017                   | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-021 UNT    | Governance and Regulatory Compliance | Residence Hall - Student Safety Practices | UNT                   | <p>3. Holiday Break Payroll Process</p> <p>Resident Assistants are not always paid in the appropriate pay period.</p> <p>Student Resident Assistants (RAs) are paid an hourly rate; however, during holiday breaks, RAs "on call" are paid a flat shift rate. If the RA accumulates more than forty hours per week, the excess time over forty hours is recorded and paid in the following week(s) until accumulated hours are exhausted.</p> | High       | <p>Recommendation for Gina Vanacore, Director of Housing and Residence Life:</p> <p>3.1.a. Coordinate with UNT System Human Resources department to discuss and evaluate the appropriate payroll process and controls in order to determine the appropriate action or actions to be taken to ensure students are paid appropriately.</p> | 1a. Staff are currently in full compliance with University policy, state and federal laws regarding student staff payroll processes. Language referring to "roll over" beyond forty hours per week has been removed from the document Holiday Break RAOC Pay. RAOC - (Resident Assistant on Call.) All staff who supervise student staff will be trained on payroll process during annual training programs. The next program is scheduled for July 26, 2017. | Gina M. Vanacore, Director of Housing and Residence Life | 8/1/2017                     | Closed                |



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| Internal / External | Reporting Agency          | Fiscal Year Report was Issued | Report Number | Audit Category                       | Report Name                               | Component Institution | Key Observations   | Risk Level | Recommendation Details  | Management Response  | Individual Responsible for Implementation                | Expected Implementation Date | Recommendation Status |
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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-021 UNT    | Governance and Regulatory Compliance | Residence Hall - Student Safety Practices | UNT                   | <p>4. Fire Egress Signage</p> <p>Fire egress signage was either missing or not updated. Fourteen of the fifteen residence halls were either missing or did not have updated fire egress signage. This was also noted previously on the State Fire Marshal's Report dated November 1, 2016.</p>   | High       | <p>Recommendation for Gina Vanacore, Director of Housing and Residence Life:</p> <p>4.1.a. Continue work to ensure fire egress signage is updated.</p>  | <p>1a. Housing and residence life has secured procurement for the appropriate signage through Facilities. A production and implementation set back was experienced with Facilities delaying the installation. Director Vanacore will follow up with Facilities staff weekly until installation is completed.</p> | Gina M. Vanacore, Director of Housing and Residence Life | 1/31/2018                    | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-021 UNT    | Governance and Regulatory Compliance | Residence Hall - Student Safety Practices | UNT                   | <p>5. Swimming Pool at College Inn</p> <p>Swimming pool at College Inn does not comply with chapter 757, section 757.004 of the Texas Health and Safety Code, which requires a self-latching mechanism.</p> <p>During pool hours, the swimming pool gate is unlocked at College Inn, and the entry gate to the pool does not have a self-latching mechanism. Additionally, there is no prominent signage at the gate entrance indicating that the pool is only for UNT Housing residents and their guests or pool safety requirements.</p> | High       | <p>Recommendations for Gina Vanacore, Director of Housing and Residence Life:</p> <p>5.1.a. Compliance with Chapter 757 Section 757.004 of the Texas Health and Safety Code pertaining to pool yard enclosure requirements.</p> | <p>1a. Housing and Residence Life staff are aware of the requirements regarding pool safety. Director Vanacore will inform colleagues in Facilities about the code and compliance and submit all applicable work orders.</p>   | Gina M. Vanacore, Director of Housing and Residence Life | 12/31/2017                   | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-021 UNT    | Governance and Regulatory Compliance | Residence Hall - Student Safety Practices | UNT                   | <p>5. Swimming Pool at College Inn</p> <p>Swimming pool at College Inn does not comply with chapter 757, section 757.004 of the Texas Health and Safety Code, which requires a self-latching mechanism.</p> <p>During pool hours, the swimming pool gate is unlocked at College Inn, and the entry gate to the pool does not have a self-latching mechanism. Additionally, there is no prominent signage at the gate entrance indicating that the pool is only for UNT Housing residents and their guests or pool safety requirements.</p> | High       | <p>Recommendations for Gina Vanacore, Director of Housing and Residence Life:</p> <p>5.1.b. Place signage at pool gate entrance area indicating the pool is for UNT Housing residents and their guests.</p>                     | <p>1b. Director Vanacore will create a work order for appropriate signage.</p>   | Gina M. Vanacore, Director of Housing and Residence Life | 12/31/2017                   | Open                  |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-021 UNT    | Governance and Regulatory Compliance | Residence Hall - Student Safety Practices | UNT                   | <p>5. Swimming Pool at College Inn</p> <p>Swimming pool at College Inn does not comply with chapter 757, section 757.004 of the Texas Health and Safety Code, which requires a self-latching mechanism.</p> <p>During pool hours, the swimming pool gate is unlocked at College Inn, and the entry gate to the pool does not have a self-latching mechanism. Additionally, there is no prominent signage at the gate entrance indicating that the pool is only for UNT Housing residents and their guests or pool safety requirements.</p> | High       | <p>Recommendations for Gina Vanacore, Director of Housing and Residence Life:</p> <p>5.1.c. Post appropriate prominent signage near the entry gate location to the pool detailing the College Inn pool safety requirements for those residents and their guests using the pool.</p> | 1c. Director Vanacore will create a work order for appropriate signage.   | Gina M. Vanacore, Director of Housing and Residence Life | 12/31/2017                   | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-021 UNT    | Governance and Regulatory Compliance | Residence Hall - Student Safety Practices | UNT                   | <p>6. Unsecured Personal Information</p> <p>Unsecured medical insurance information and social security numbers was maintained in McConnell Hall. This information was maintained in an unlocked file cabinet located behind the front desk area. Residents are high school students in the TAMS (Texas Academy of Mathematics and Science) program.</p>   | High       | <p>Recommendations for Glênisson de Oliveira, Dean of TAMS:</p> <p>6.1.a. Ensure personal medical information and any applicable social security information is always kept secured.</p>  | 1a. All records with personal information have been secured in compliant cabinets or safes, in a secure area.   | Russ Stukel, Assistant Dean for Student Life             | 5/31/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-021 UNT    | Governance and Regulatory Compliance | Residence Hall - Student Safety Practices | UNT                   | <p>6. Unsecured Personal Information</p> <p>Unsecured medical insurance information and social security numbers was maintained in McConnell Hall. This information was maintained in an unlocked file cabinet located behind the front desk area. Residents are high school students in the TAMS (Texas Academy of Mathematics and Science) program.</p>   | High       | <p>Recommendations for Glênisson de Oliveira, Dean of TAMS:</p> <p>6.1.b. Review FERPA, UNT FERPA policy 07.018, and UNT System Information Handbook chapter 9.2.8</p>  | 1b. TAMS leadership (the Dean of TAMS and Assistant Dean for Student Life) have reviewed policy and handbook.   | Russ Stukel, Assistant Dean for Student Life             | 6/30/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-021 UNT    | Governance and Regulatory Compliance | Residence Hall - Student Safety Practices | UNT                   | <p>6. Unsecured Personal Information</p> <p>Unsecured medical insurance information and social security numbers was maintained in McConnell Hall. This information was maintained in an unlocked file cabinet located behind the front desk area. Residents are high school students in the TAMS (Texas Academy of Mathematics and Science) program.</p>   | High       | <p>Recommendations for Glênisson de Oliveira, Dean of TAMS:</p> <p>6.1.c. Ensure staff at McConnell Hall receive FERPA training, including familiarizing them with UNT FERPA policy 07.018 and the UNT System Information Security Handbook.</p>                                    | <p>1c. i) Director for Finance and Operations, Rose Preston, verified that staff members received FERPA training. Staff with access to EIS, have received UNT-required training, in accordance with policy. (June 2017)</p> <p>ii) All permanent staff in McConnell Hall received FERPA training (completed by July 10, 2017; overseen by Russ Stukel, and signed off by Dean).</p> <p>iii) All RAs and any part-time staff in McConnell who access student information (even if internal to TAMS; non-EIS) will receive FERPA training by October 15, 2017, (to be overseen by Russ Stukel).</p> | Russ Stukel, Assistant Dean for Student Life             | 10/15/2017                   | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-021 UNT    | Governance and Regulatory Compliance | Residence Hall - Student Safety Practices | UNT                   | <p>7. Fire Pull Stations</p> <p>Not all outdoor fire pull stations at College Inn are appropriately protected to prevent malfunction. Water and condensation have caused the fire alarms to activate when there was no fire or emergency. Auditors observed several outdoor fire pull stations covered with plastic bag type material.</p> <p>See final report for picture.</p>   | High       | <p>Recommendation for Gina Vanacore, Director of Housing and Residence Life:</p> <p>7.1.a. Submit a work order(s) to install appropriate covers to properly protect fire pull stations from the outdoor elements.</p>  | 1a. Director Vanacore will submit work orders to install appropriate covers to properly protect fire pull stations from the outdoor elements.   | Gina M. Vanacore, Director of Housing and Residence Life | 12/31/2017                   | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-021 UNT    | Governance and Regulatory Compliance | Residence Hall - Student Safety Practices | UNT                   | <p>8. Victory Hall Stairwell Tower</p> <p>Inadequate gate and barrier access to observation deck in Victory Hall.</p> <p>Currently, the gate is kept locked, but the observation deck can easily be accessed. Internal Audit noted evidence of people having been in the tower.</p> <p>See final report for pictures.</p>   | High       | <p>Recommendation for Gina Vanacore, Director of Housing and Residence Life:</p> <p>8.1.a. Take appropriate action to properly prevent unauthorized access to the top observation level of the southwest tower Victory Hall location.</p>  | 1a. Director Vanacore will have a meeting with the UNT Police Department, Risk Management, Facilities, and housing and residence life staff regarding how to best secure and manage this area as it relates to code.                                      | Gina M. Vanacore, Director of Housing and Residence Life | 12/31/2017                   | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-021 UNT    | Governance and Regulatory Compliance | Residence Hall - Student Safety Practices | UNT                   | <p>9. Bruce Hall Access</p> <p>Floor door access to residence rooms do not have swipe card equipment to allow only residents to enter. Bruce Hall is open to all residents and non-residents because of the dining hall cafeteria. Once in the residence hall an individual has the ability to access floors with residents' rooms. In addition, once inside residence hall one has the ability to exit building thru some of the emergency exit doors that do not have surveillance cameras.</p> | High       | <p>Recommendation for Gina Vanacore, Director of Housing and Residence Life:</p> <p>9.1.a. Ensure a site evaluation is performed at Bruce Hall including Housing management and UNT Police department to determine the best alternatives to secure access to resident rooms in Bruce Hall.</p> | 1a. Director Vanacore will conduct a meeting with the UNT Police Department, Risk Management, Facilities, and housing and residence life staff to determine the best alternatives to secure access to resident rooms in Bruce Hall as it relates to Code. | Gina M. Vanacore, Director of Housing and Residence Life | 12/31/2017                   | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-021 UNT    | Governance and Regulatory Compliance | Residence Hall - Student Safety Practices | UNT                   | <p>10. Room Key Cabinets Not Locked</p> <p>Lockable cabinets that have extra keys to resident rooms in five halls were not always locked.</p> <p>Five of fifteen residence halls had unlocked dumb boxes – cabinets where the extra room keys are stored. The key cabinets for Traditions Hall and Santa Fe Square are located in Traditions Hall. These cabinets are too full with keys to close, and one of two lock mechanisms was broken.</p>   | Moderate   | <p>Recommendations for Gina Vanacore, Director of Housing and Residence Life:</p> <p>10.1.a. Ensure key cabinets with duplicate resident room keys are locked except when a staff member is accessing a key for a resident.</p>  | 1a. Director Vanacore will ensure that key cabinets with duplicate resident room keys are locked except when a staff member is accessing a key for a resident. This will be reiterated in all staff training.   | Gina M. Vanacore, Director of Housing and Residence Life | 8/31/2017                    | Closed                |



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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-021 UNT    | Governance and Regulatory Compliance | Residence Hall - Student Safety Practices | UNT                   | <p>10. Room Key Cabinets Not Locked</p> <p>Lockable cabinets that have extra keys to resident rooms in five halls were not always locked.</p> <p>Five of fifteen residence halls had unlocked dumb boxes – cabinets where the extra room keys are stored. The key cabinets for Traditions Hall and Santa Fe Square are located in Traditions Hall. These cabinets are too full with keys to close, and one of two lock mechanisms was broken.</p>   | Moderate   | <p>Recommendations for Gina Vanacore, Director of Housing and Residence Life:</p> <p>10.1.b. For Traditions Hall and Santa Fe Square, obtain key cabinets large enough to contain all the duplicate room keys.</p>   | 1b. Director Vanacore will obtain key cabinets large enough to contain all the duplicate room keys for Traditions Hall and Santa Fe Square.  | Gina M. Vanacore, Director of Housing and Residence Life         | 8/31/2017<br>Rev. 12/31/17   | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-021 UNT    | Governance and Regulatory Compliance | Residence Hall - Student Safety Practices | UNT                   | <p>11. Step Drop</p> <p>Step at the southwest door entrance to Traditions Hall from parking Lot 19 is unnoticeable.</p> <p>There is a significant 5.25" drop on sidewalk area from parking lot to the entrance sidewalk to the Hall. The top edge is not painted to bring attention to residents and visitors that there is a drop. Additionally, there is not a painted front of the step to alert those individuals leaving the Hall to the parking area that there is a step up.</p> <p>See final report for pictures.</p> | Moderate   | <p>Recommendation for Gina Vanacore, Director of Housing and Residence Life:</p> <p>11.1.a. Prepare a work order to have the top and the front of the step painted at the parking lot entrance of the southwest door entrance to Traditions Hall.</p>                            | 1a. Director Vanacore will submit a work order request to have the top and the front of the step identifiable, as it relates to code, at the parking lot entrance of the southwest door entrance to Traditions Hall.   | Gina M. Vanacore, Director of Housing and Residence Life         | 12/31/2017                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-021 UNT    | Governance and Regulatory Compliance | Residence Hall - Student Safety Practices | UNT                   | <p>12. Surveillance Camera Feed – No Designated Monitor With Feed On</p> <p>McConnell Hall is the only residence hall of the fifteen residence halls that did not have a dedicated monitor showing continuous surveillance camera feeds.</p> <p>This hall is for resident students in the TAMS (Texas Academy of Mathematics and Science) program which are high school students attending UNT.</p>   | Moderate   | <p>Recommendation for Glénisson de Oliveira the Dean of TAMS:</p> <p>12.1.a. Obtain a monitor so there is a designated monitor for front desk personnel at McConnell Hall to be able to observe surveillance camera recordings to ensure residents' safety.</p>                  | <p>1a. TAMS IT Director, Roy Zumwalt, assessed the existing cameras and available streaming from those cameras. Russ Stukel, Assistant Dean for Student Life will oversee the completion of the measures below; they are expected to be completed by October 15, 2017.</p> <p>i) A screen at the front desk will be dedicated to the cameras in McConnell Hall.</p> <p>ii) TAMS will schedule one or more walkthroughs with UNT Police, in order to assess the possible need for more cameras — several cameras are already connected.</p> <p>iii) Should more cameras be recommended, TAMS will request Housing or other appropriate departments to install extra cameras.</p>  | Russ Stukel, Assistant Dean for Student Life                     | 10/15/2017                   | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-021 UNT    | Governance and Regulatory Compliance | Residence Hall - Student Safety Practices | UNT                   | <p>13. Comfort Animals</p> <p>There is no process in place to ensure that a residence hall comfort animal has received appropriate vaccinations.</p> <p>Vaccination status is not verified. ODA (Office of Disability Accommodation) vets the comfort animals for overall general health by the animal's veterinarian for the first initial year. For returning comfort animals there is no process to ensure either the overall general health or vaccination status.</p>  | Moderate   | <p>Recommendations for Dan Naegeli, Senior Director, Career and Leadership Services:</p> <p>13.1.a. Develop a process to ensure that residence hall comfort animals are properly vetted each year regarding status of vaccinations and overall health of the comfort animal.</p> | 1a. ODA will develop a new process and associated form that will separate the accommodation request for use of a comfort animal from the veterinary and vaccination report on said animal. This new process will ensure that at the beginning of each year, a new form will be completed by the student (Housing resident) and the animal's veterinarian. The result of which will be that the Accommodation for a Comfort Animal will not be connected to the vaccination/animal health form. As part of the process, at the conclusion of the Housing registration/application process, the Housing Director will share with the ODA Director a list of all potential returning residents that had a comfort animal during the previous year. ODA will work with Housing to determine which is the appropriate office to handle the animal vaccination/health report requirement in the future, as this should not be directly connected with the accommodation. | Dan Naegeli, Executive Director, Career & Leadership Development | 12/31/2017                   | Open                  |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-021 UNT    | Governance and Regulatory Compliance | Residence Hall - Student Safety Practices | UNT                   | <p>13. Comfort Animals</p> <p>There is no process in place to ensure that a residence hall comfort animal has received appropriate vaccinations.</p> <p>Vaccination status is not verified. ODA (Office of Disability Accommodation) vets the comfort animals for overall general health by the animal's veterinarian for the first initial year. For returning comfort animals there is no process to ensure either the overall general health or vaccination status.</p> | Moderate   | <p>Recommendations for Dan Naegeli, Senior Director, Career and Leadership Services:</p> <p>13.1.b. Obtain and retain appropriate documentation for each year a comfort animal lives in the residence hall.</p>   | 1b. ODA will work on procedures that address storing and distribution of these animal vaccination/health reports within their office. As part of the conversation with Housing, it will be determined which office is the most appropriate for this record storage.   | Dan Naegeli, Executive Director, Career & Leadership Development | 12/31/2017                   | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-021 UNT    | Governance and Regulatory Compliance | Residence Hall - Student Safety Practices | UNT                   | <p>13. Comfort Animals</p> <p>There is no process in place to ensure that a residence hall comfort animal has received appropriate vaccinations.</p> <p>Vaccination status is not verified. ODA (Office of Disability Accommodation) vets the comfort animals for overall general health by the animal's veterinarian for the first initial year. For returning comfort animals there is no process to ensure either the overall general health or vaccination status.</p> | Moderate   | <p>Recommendations for Dan Naegeli, Senior Director, Career and Leadership Services:</p> <p>13.1.c. Ensure Housing Director receives a copy of overall health and applicable vaccination documentation of the comfort animal.</p>                       | 1c. ODA will share with Housing Office (Director), at the beginning of each academic year, a copy of the animal vaccination/health forms received for each housing resident that has requested a comfort animal for the upcoming year. As part of the conversation with Housing, it will be determined if this needs to continue, or Housing should collect these records on their own. | Dan Naegeli, Executive Director, Career & Leadership Development | 12/31/2017                   | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-021 UNT    | Governance and Regulatory Compliance | Residence Hall - Student Safety Practices | UNT                   | <p>14. Maple Hall Circuit Breaker Box</p> <p>Description references in the circuit breaker boxes do not always accurately reflect the item being switched on or off.</p>   | Moderate   | <p>Recommendation for Gina Vanacore, Director of Housing and Residence Life:</p> <p>14.1.a. Prepare a work order for Maple Hall and any other older residence halls to have circuit breaker box descriptions reviewed and updated where applicable.</p> | 1a. Work order request #149282 was submitted on April 20, 2017 to address this matter. Director Vanacore will follow up with existing work orders. Director Vanacore will prepare work orders for facilities to check all residence halls to have circuit breaker box descriptions reviewed and updated where applicable.   | Gina M. Vanacore, Director of Housing and Residence Life         | 12/31/2017                   | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-021 UNT    | Governance and Regulatory Compliance | Residence Hall - Student Safety Practices | UNT                   | <p>15. Custodian and Mechanical Room Doors</p> <p>Custodian maintenance and mechanical room doors are not always locked. (e.g., Victory Hall, Santa Fe Square, and West Hall)</p> <p>While performing a walkthrough of Victory Hall, Santa Fe Square, and West Hall, it was noted that some custodian maintenance and mechanical room doors were unlocked.</p>   | Moderate   | <p>Recommendation for David Reynolds, Associate Vice President of Facilities:</p> <p>15.1.a. Instruct/train Facilities maintenance personnel to keep the residence halls' mechanical room doors closed and locked.</p>                                  | 1a. UNT Facilities will instruct all Auxiliary Services maintenance personnel and student employees to close and lock mechanical room doors when they leave the area. Management will make periodic checks.   | Monica Thomas, Manager Auxiliary Services Maintenance            | 7/15/2017                    | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-021 UNT    | Governance and Regulatory Compliance | Residence Hall - Student Safety Practices | UNT                   | <p>15. Custodian and Mechanical Room Doors</p> <p>Custodian maintenance and mechanical room doors are not always locked. (e.g., Victory Hall, Santa Fe Square, and West Hall)</p> <p>While performing a walkthrough of Victory Hall, Santa Fe Square, and West Hall, it was noted that some custodian maintenance and mechanical room doors were unlocked.</p>  | Moderate   | <p>Recommendation for Gina Vanacore, Director of Housing and Residence Life:</p> <p>15.2.a. Instruct residence hall personnel to keep custodian maintenance room doors closed and locked.</p>  | 2a. Director Vanacore will instruct residence hall personnel to keep custodian maintenance room doors closed and locked within reasonable operations of job.  | Gina M. Vanacore, Director of Housing and Residence Life | 7/31/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-021 UNT    | Governance and Regulatory Compliance | Residence Hall - Student Safety Practices | UNT                   | <p>16. Fire Extinguishers</p> <p>Two resident halls lack a fire extinguisher in certain areas.</p> <p>1) No fire extinguisher in laundry room at Traditions;</p> <p>2) No fire extinguisher in the common area at Santa Fe Square; and</p> <p>3) No fire extinguishers for the resident rooms in Santa Fe Square that have built in stove top burners.</p>  | Moderate   | <p>Recommendation for Gina Vanacore, Director of Housing and Residence Life:</p> <p>16.1.a. Coordinate with Risk Management to evaluate the areas in residence halls where fire extinguishers should be placed or added.</p>   | 1a. Currently all residence halls are in compliance with risk management's guidelines about the placement of fire extinguishers, as it relates to Code. Director Vanacore will coordinate with Risk Management to re-evaluate the areas in residence halls where fire extinguishers should be placed or added.  | Gina M. Vanacore, Director of Housing and Residence Life | 12/31/2017                   | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-021 UNT    | Governance and Regulatory Compliance | Residence Hall - Student Safety Practices | UNT                   | <p>17. Site Review</p> <p>Concerns with outdoor lighting, exit lighting, surveillance cameras, and exit door closures.</p> <p>Auditors conducted interviews with Hall Directors, administered questionnaires, and performed walkthroughs of residence halls. As a result, the following concerns and/or communications were expressed:</p> <ul style="list-style-type: none"> <li>Two of fourteen residence Hall Directors requested additional outdoor and exit door lighting. The Hall Director for Traditions and Santa Fe expressed a desire for additional lighting in the courtyard between Traditions and Santa Fe Halls. Hall Director indicated this area is prone to bicycle thefts.</li> <li>Nine of fourteen Hall Directors requested additional surveillance cameras at emergency exit doors, stairwells, common areas, elevators and outside courtyards.</li> </ul> | Moderate   | <p>Recommendation for Gina Vanacore, Director of Housing and Residence Life:</p> <p>17.1.a. Coordinate and conduct a safety site review at all the residence halls and their surrounding areas. Housing should include the following departments: UNT Police, Risk Management, and Facilities.</p> | 1a. Director Vanacore will coordinate a residence hall safety advisory committee to review and evaluate recommendations for safety additions and enhancements. Members of this advisory committee will include students of the residence hall association, UNT PD, risk management, and facilities staff. Facilities will coordinate to make sure that housing facilities meet all applicable codes. UNT has a standard for outdoor lighting that housing facilities should meet. | Gina M. Vanacore, Director of Housing and Residence Life | 12/31/2017                   | Open                  |



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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-009 SYS    | Governance and Regulatory Compliance | Conflict of Interest Assessment                        | UNT System            | Based on the results of our work performed within the scope of the assessment, the University has adequate rules, policies and forms in place to manage conflicts of interest in compliance with laws and regulations.  | NA         | NA  | NA  | NA  | NA                           | NA                    |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-010 SYS    | Governance and Regulatory Compliance | Status Report - Senate Bill 20 As of July 21, 2016     | UNT System            | Based on the results of our work performed, the majority of processes are in place to help ensure compliance was achieved with the SB20 Regulation. The areas that are outstanding and will be completed in FY 2018 include the following: <ul style="list-style-type: none"> <li>• Update Regent Rules 03.300, 03.900 and 05.700 and have them approved by the Board of Regents;</li> <li>• Update the Institutional ethics policy in accordance with Regent Rule 05.700;</li> <li>• Develop Institutional Compliance and UNTHSC Compliance training in accordance with Regent Rule 05.700; and</li> <li>• Develop a compliance program that meets the requirements of SB20.</li> </ul> In FY 2018, Internal Audit will perform an audit which includes  | NA         | NA  | NA  | NA  | NA                           | NA                    |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-403 HSC    | Governance and Regulatory Compliance | Texas College of Osteopathic Medicine Financial Review | UNTHSC                | 1. Budgeting Model<br><br>Currently, UNTHSC utilizes an incremental budget model, in which budget allocations are based upon the funding levels of the previous years. However, the model is not sufficient to ensure allocated amounts are adequate based on business needs and to achieve institutional goals and initiatives.<br><br>In addition, although UNTHSC has operating budget guidelines, there are no formalized principles. Budget principles help create overarching values for prioritization and resource allocation which management adhere to as the budget is developed. Furthermore, policies and procedures are not sufficiently developed to clarify and crystalize the intent behind how the University will manage its financial resources.<br><br>This issue was also identified in School of Public Health (Unit | High       | Recommendations to the UNTHSC President and Executive Vice President for Finance & Chief Financial Officer:<br><br>1.1.a. Review and assess alternative budget models and adopt a model that aligns with institutional goals and initiatives. | 1a. The Health Science Center (HSC) will establish a budget advisory committee to review and assess various ways to budget and to provide recommendations regarding the underlining principles and procedures to the President's cabinet. The President's cabinet will discuss and determine the best course of action in budgeting for HSC, with the implementation of the revised budget model occurring in FY 2018 for the FY 2019 budget process. This budgeting model will be completed by September 30, 2017. | Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC | 9/30/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-403 HSC    | Governance and Regulatory Compliance | Texas College of Osteopathic Medicine Financial Review | UNTHSC                | 1. Budgeting Model<br><br>Currently, UNTHSC utilizes an incremental budget model, in which budget allocations are based upon the funding levels of the previous years. However, the model is not sufficient to ensure allocated amounts are adequate based on business needs and to achieve institutional goals and initiatives.<br><br>In addition, although UNTHSC has operating budget guidelines, there are no formalized principles. Budget principles help create overarching values for prioritization and resource allocation which management adhere to as the budget is developed. Furthermore, policies and procedures are not sufficiently developed to clarify and crystalize the intent behind how the University will manage its financial resources.<br><br>This issue was also identified in School of Public Health (Unit | High       | Recommendations to the UNTHSC President and Executive Vice President for Finance & Chief Financial Officer:<br><br>1.1.b. Develop institutional principles, policies and procedures.  | 1b. Based on the determination by the President's cabinet, budget principles, policy and procedures will be developed which support the accomplishment of the HSC objectives and initiatives consistent with the strategic plan. The proposed budget policy will be submitted to the Office of General Counsel (OGC) by October 5, 2017.  | Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC | 10/5/2017                    | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-403 HSC    | Governance and Regulatory Compliance | Texas College of Osteopathic Medicine Financial Review | UNTHSC                | <p>1. Budgeting Model</p> <p>Currently, UNTHSC utilizes an incremental budget model, in which budget allocations are based upon the funding levels of the previous years. However, the model is not sufficient to ensure allocated amounts are adequate based on business needs and to achieve institutional goals and initiatives.</p> <p>In addition, although UNTHSC has operating budget guidelines, there are no formalized principles. Budget principles help create overarching values for prioritization and resource allocation which management adhere to as the budget is developed. Furthermore, policies and procedures are not sufficiently developed to clarify and crystalize the intent behind how the University will manage its financial resources.</p> <p>This issue was also identified in School of Public Health (Unit 16-033 UGC)</p> | High       | <p>Recommendations to the UNTHSC President and Executive Vice President for Finance &amp; Chief Financial Officer:</p> <p>1.1.c. Communicate newly developed principles, policies and procedures to pertinent employees. Management should consider posting these documents on the UNTHSC website.</p>  | 1c. Once developed, the proposed budget policy will be submitted to OGC for approval by October 5, 2017 and once OGC approves, then the budget policy and procedures will be communicated to the employees and posted on the UNTHSC website. | Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC | 10/5/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-403 HSC    | Governance and Regulatory Compliance | Texas College of Osteopathic Medicine Financial Review | UNTHSC                | <p>2. Standardized Patients Payments</p> <p>Inadequate controls were identified surrounding the Standardized Patient payment processes.</p> <p>TCOM Academic Affairs and Rural Medicine departments use standardized patients; individuals who receive cash payments for learning scripts and acting as patients, to train students. From July 20, 2016 to April 4, 2017, Academic Affairs had 92 sessions and Rural Medicine had 13 sessions, in which each session paid in cash \$25 - \$200 per standardized patient. TCOM Academic Affairs currently has a database of 30 standardized patients and Rural Medicine has a database of 13 patients whom they invite several times within the year for simulation sessions. From July 2016 to</p>   | High       | <p>Recommendations for the UNTHSC Executive Vice President for Finance &amp; Chief Financial Officer:</p> <p>2.1.a. Assess the contractual status of standardized patients and determine whether these patients should be part-time employees or independent contractors.</p>   | 1a. Starting in July, standardized patients will be informed that they are independent contractors.  | Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC | 8/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-403 HSC    | Governance and Regulatory Compliance | Texas College of Osteopathic Medicine Financial Review | UNTHSC                | <p>2. Standardized Patients Payments</p> <p>Inadequate controls were identified surrounding the Standardized Patient payment processes.</p> <p>TCOM Academic Affairs and Rural Medicine departments use standardized patients; individuals who receive cash payments for learning scripts and acting as patients, to train students. From July 20, 2016 to April 4, 2017, Academic Affairs had 92 sessions and Rural Medicine had 13 sessions, in which each session paid in cash \$25 - \$200 per standardized patient. TCOM Academic Affairs currently has a database of 30 standardized patients and Rural Medicine has a database of 13 patients whom they invite several times within the year for simulation sessions. From July 2016 to</p>   | High       | <p>Recommendations for the UNTHSC Executive Vice President for Finance &amp; Chief Financial Officer:</p> <p>2.1.b. Based on assessment above, work with Human Resources or BSS to establish standardized patient employment relationship and compensation payments with the University. This will eliminate the use of cash as form of compensation and ensure IRS compliance.</p> | 1b. A new contract system is being set up, which will eliminate the use of cash and will ensure IRS compliance.  | Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC | 8/1/2017                     | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-403 HSC    | Governance and Regulatory Compliance | Texas College of Osteopathic Medicine Financial Review | UNTHSC                | <p>2. Standardized Patients Payments</p> <p>Inadequate controls were identified surrounding the Standardized Patient payment processes.</p> <p>TCOM Academic Affairs and Rural Medicine departments use standardized patients; individuals who receive cash payments for learning scripts and acting as patients, to train students. From July 20, 2016 to April 4, 2017, Academic Affairs had 92 sessions and Rural Medicine had 13 sessions, in which each session paid in cash \$25 - \$200 per standardized patient. TCOM Academic Affairs currently has a database of 30 standardized patients and Rural Medicine has a database of 13 patients whom they invite several times within the year for simulation sessions. From July 2016 to March 2017, EIS entries showed that Academic Affairs has requested \$63,525 and Rural Medicine \$3,225 to pay standardized patients. Specifically, the following were noted:</p> <ul style="list-style-type: none"> <li>Standardized Patients are recruited by word of mouth (i.e. previous patients, friends, family, current employees or ex-employees).</li> <li>There is no contractual agreement between the University and</li> </ul> | High       | <p>Recommendation for the UNT System Associate Vice Chancellor Finance &amp; Administration:</p> <p>2.2.a. Update the Simulated Patients' section in the UNT System Procurement Guide based on UNTHSC Chief Financial Officer's assessment.</p> | <p>2a. We have drafted the attached change to the Procurement Guide to address in response to the recommendation. We will publish this once it is confirmed that this satisfies the recommendation.</p> <p>Payments to simulated patients may only be made by submitting a requisition in the ePro system. The patient shall be established in the ePro system as an independent contractor and the requisition must have appropriate documentation consisting of a standardized agreement, which includes the patient's name, script to be performed by patient, date of service, amount to be paid, as well as signature by patient and appropriate TCOM personnel. Payment may be made once confirmation is made in the ePro system that the patient has in fact participated in accordance with the standardized agreement.</p> | Donna Asher, Associate Vice Chancellor Finance & Administration | 8/1/2017                     | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-403 HSC    | Governance and Regulatory Compliance | Texas College of Osteopathic Medicine Financial Review | UNTHSC                | <p>2. Standardized Patients Payments</p> <p>Inadequate controls were identified surrounding the Standardized Patient payment processes.</p> <p>TCOM Academic Affairs and Rural Medicine departments use standardized patients; individuals who receive cash payments for learning scripts and acting as patients, to train students. From July 20, 2016 to April 4, 2017, Academic Affairs had 92 sessions and Rural Medicine had 13 sessions, in which each session paid in cash \$25 - \$200 per standardized patient. TCOM Academic Affairs currently has a database of 30 standardized patients and Rural Medicine has a database of 13 patients whom they invite several times within the year for simulation sessions. From July 2016 to March 2017, EIS entries showed that Academic Affairs has requested \$63,525 and Rural Medicine \$3,225 to pay standardized patients. Specifically, the following were noted:</p> <ul style="list-style-type: none"> <li>Standardized Patients are recruited by word of mouth (i.e. previous patients, friends, family, current employees or ex-employees).</li> <li>There is no contractual agreement between the University and</li> </ul> |            | <p>Recommendation for the Dean of TCOM:</p> <p>2.3.a. Create a standardized patient recruitment application process available to the public to provide equal opportunity to the community to participate.</p>                                   | <p>3a. The director of the TCOM simulation center has prepared a draft application and text for inclusion on a public Website that is being created by the UNTHSC webmaster, The final documents and application/appointment process will be submitted for legal review and to the institutional compliance officer to assure compliance with UNTHSC and UNT System policies.</p>   | Don Peska, Dean of TCOM   | 1/1/2018                     | Closed                |



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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-403 HSC    | Governance and Regulatory Compliance | Texas College of Osteopathic Medicine Financial Review | UNTHSC                | <p>3. Inaccurate Recording of Leave of Absences in EIS</p> <p>Inaccurate recording of leave of absences from the HRM-64 Leave Request form to Enterprise Information System (EIS) PeopleSoft were identified in 7 out of 13 departments within TCOM resulting in overpayments of terminated employees and incorrect leave accrual balances for active employees. Internal audit tested a sample of 60 out of 307 (20%) benefits eligible employees from September 1, 2015 through August 31, 2016.</p> <p>TCOM utilizes departmental timekeepers to enter employees' leave from HRM-64 Leave Request form to EIS. During our review, we noted that for 10 employees leave was either entered incorrectly or not entered at all in EIS.</p> <p>Specifically,</p> <ul style="list-style-type: none"> <li>• For 6 terminated employees with approved leave request forms indicating that vacation time had been taken, vacation time was not recorded in EIS. As a result, the final vacation lump sum payout was not accurate due to overstatement of vacation leave accruals totaling \$8,918 in overpayment.</li> <li>• For 3 active employees, vacation leave and compensation time taken on HRM-64 forms were not recorded in EIS. Furthermore, for one of the three employees 16 hours of 'floating holiday' was requested; however it was recorded as 'vacation taken' in EIS.</li> <li>• For 1 active employee, 8 hours of compensation time earned reported on the HRM-64 form was recorded as 5 hours in EIS.</li> </ul> | High       | <p>Recommendations for the Dean of TCOM and Senior Director of Controller Operations:</p> <p>3.1.a. Review all current and terminated employees within TCOM from September 2015 - August 2016 to ensure the HRM-64 Leave forms are accurately entered into EIS.</p> | <p>1a. TCOM has assigned 1.0 FTE administrative assistant to continue the audit full-time. All records for current and former TCOM and UNTHHealth employees are being reviewed to determine compliance with recording policies and accuracy of recording.</p> <p>Payroll, UNT System Controller Operations will coordinate and help TCOM staff with their employees' time keeping review process and facilitate measures to address the shortcomings.</p> | Don Peska, Dean of TCOM and Abdul Mohammad, Senior Director of Controller Operations | 3/1/2018                     | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-403 HSC    | Governance and Regulatory Compliance | Texas College of Osteopathic Medicine Financial Review | UNTHSC                | <p>3. Inaccurate Recording of Leave of Absences in EIS</p> <p>Inaccurate recording of leave of absences from the HRM-64 Leave Request form to Enterprise Information System (EIS) PeopleSoft were identified in 7 out of 13 departments within TCOM resulting in overpayments of terminated employees and incorrect leave accrual balances for active employees. Internal audit tested a sample of 60 out of 307 (20%) benefits eligible employees from September 1, 2015 through August 31, 2016.</p> <p>TCOM utilizes departmental timekeepers to enter employees' leave from HRM-64 Leave Request form to EIS. During our review, we noted that for 10 employees leave was either entered incorrectly or not entered at all in EIS.</p> <p>Specifically,</p> <ul style="list-style-type: none"> <li>• For 6 terminated employees with approved leave request forms indicating that vacation time had been taken, vacation time was not recorded in EIS. As a result, the final vacation lump sum payout was not accurate due to overstatement of vacation leave accruals totaling \$8,918 in overpayment.</li> <li>• For 3 active employees, vacation leave and compensation time taken on HRM-64 forms were not recorded in EIS. Furthermore, for one of the three employees 16 hours of 'floating holiday' was requested; however it was recorded as 'vacation taken' in EIS.</li> <li>• For 1 active employee, 8 hours of compensation time earned reported on the HRM-64 form was recorded as 5 hours in EIS.</li> </ul> | High       | <p>Recommendations for the Dean of TCOM and Senior Director of Controller Operations:</p> <p>3.1.b. Collaborate with UNT System Controller Operations to update employee's leave of absences in EIS to reflect the correct leave balances.</p>                      | <p>1b. A list of all needed corrections is being compiled following, which the online recording system will be reopened to allow entry of and editing of corrected data.</p> <p>Payroll, UNT System Controller Operations will take necessary actions to update and reflect correct employees leave of absences in EIS</p>  | Don Peska, Dean of TCOM and Abdul Mohammad, Senior Director of Controller Operations | 3/1/2018                     | Open                  |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-403 HSC    | Governance and Regulatory Compliance | Texas College of Osteopathic Medicine Financial Review | UNTHSC                | <p>3. Inaccurate Recording of Leave of Absences in EIS</p> <p>Inaccurate recording of leave of absences from the HRM-64 Leave Request form to Enterprise Information System (EIS) PeopleSoft were identified in 7 out of 13 departments within TCOM resulting in overpayments of terminated employees and incorrect leave accrual balances for active employees. Internal audit tested a sample of 60 out of 307 (20%) benefits eligible employees from September 1, 2015 through August 31, 2016.</p> <p>TCOM utilizes departmental timekeepers to enter employees' leave from HRM-64 Leave Request form to EIS. During our review, we noted that for 10 employees leave was either entered incorrectly or not entered at all in EIS.</p> <p>Specifically,</p> <ul style="list-style-type: none"> <li>• For 6 terminated employees with approved leave request forms indicating that vacation time had been taken, vacation time was not recorded in EIS. As a result, the final vacation lump sum payout was not accurate due to overstatement of vacation leave accruals totaling \$8,918 in overpayment.</li> <li>• For 3 active employees, vacation leave and compensation time taken on HRM-64 forms were not recorded in EIS. Furthermore, for one of the three employees 16 hours of 'floating holiday' was requested; however it was recorded as 'vacation taken' in EIS.</li> <li>• For 1 active employee, 8 hours of compensation time earned reported on the HRM-64 form was recorded as 5 hours in EIS.</li> </ul> | High       | <p>Recommendations for the Dean of TCOM and Senior Director of Controller Operations:</p> <p>3.1.d. Ensure internal payroll records are corrected.</p>   | <p>1d. The payroll office shall be alerted to the final determinations and corrected entries and effect any further reporting either internally or to external agencies receiving payroll reports. Payroll, UNT System Controller Operations will ensure that the correcting entries are entered into EIS in a timely manner</p>  | Don Peska, Dean of TCOM and Abdul Mohammad, Senior Director of Controller Operations | 3/1/2018                     | Open                  |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-403 HSC    | Governance and Regulatory Compliance | Texas College of Osteopathic Medicine Financial Review | UNTHSC                | <p>4. Course Fees</p> <p>The current course fee structure and account set-up promotes comingling of course fee revenues and expenditures. Furthermore, there is no reconciliation process to ensure course fees collected are spent for course specific related cost. In addition, there is no course fee cost assessment process in place to review whether existing course fees charged to students reasonably reflect the actual cost to the University. Moreover, course fee rates for four primary care partnership courses were never submitted for approval and students were charged for the primary care partnership fee after the courses discontinued.</p> <p>In detail, TCOM has the following four course fee group accounts:</p> <ul style="list-style-type: none"> <li>• General Course Fee - this includes an annual fee for all four academic years that ranges from \$100 to \$650 depending on the academic year. The purpose of these fees are to cover simulation lab and technology materials, supplies and services related to TCOM's simulation patient program.</li> <li>• Course Fee-TCOM – this group encompasses fees associated with four specific course fee names (i.e. MEDE 7510, MEDE 7615, MEDE 7620, MEDE 8400) where the rate ranges from \$50 to \$250 depending on the course. The purpose of these fees are to cover materials, supplies and services associated with these courses.</li> <li>• Course Fee - this group includes fees associated with eleven</li> </ul> | High       | <p>Recommendations for the Dean of TCOM:</p> <p>4.1.a. Develop procedures to periodically conduct fee cost assessments to ensure that fees are set in accordance with the cost recovery nature of the fee.</p>  | <p>1a. The Dean of TCOM will meet with the Executive Director of Enrollment Services and the Senior Associate Dean for Academic Affairs in April of each year after finalization of the curriculum for the succeeding academic year. Determination of a final fee schedule will be made at that time.</p> | Don Peska, Dean of TCOM                   | 7/1/2018                     | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-403 HSC    | Governance and Regulatory Compliance | Texas College of Osteopathic Medicine Financial Review | UNTHSC                | <p>4. Course Fees</p> <p>The current course fee structure and account set-up promotes comingling of course fee revenues and expenditures. Furthermore, there is no reconciliation process to ensure course fees collected are spent for course specific related cost. In addition, there is no course fee cost assessment process in place to review whether existing course fees charged to students reasonably reflect the actual cost to the University. Moreover, course fee rates for four primary care partnership courses were never submitted for approval and students were charged for the primary care partnership fee after the courses discontinued.</p> <p>In detail, TCOM has the following four course fee group accounts:</p> <ul style="list-style-type: none"> <li>• General Course Fee - this includes an annual fee for all four academic years that ranges from \$100 to \$650 depending on the academic year. The purpose of these fees are to cover simulation lab and technology materials, supplies and services related to TCOM's simulation patient program.</li> <li>• Course Fee-TCOM – this group encompasses fees associated with four specific course fee names (i.e. MEDE 7510, MEDE 7615, MEDE 7620, MEDE 8400) where the rate ranges from \$50 to \$250 depending on the course. The purpose of these fees are to cover materials, supplies and services associated with these courses.</li> <li>• Course Fee - this group includes fees associated with eleven</li> </ul> | High       | <p>Recommendations for the Dean of TCOM:</p> <p>4.1.b. Work with the UNTHSC Enrollment Services and Provost to simplify the current course fee structure of TCOM. Consult with Office of General Counsel whether creating fees under TEC Section 55.16 will provide more flexibility and help eliminate the large number of course specific fees.</p> | <p>1b. TCOM will seek to adopt a consolidated fee schedule that is more appropriate for a cohort program.</p>   | Don Peska, Dean of TCOM                   | 7/1/2018                     | Open                  |



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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-403 HSC    | Governance and Regulatory Compliance | Texas College of Osteopathic Medicine Financial Review | UNTHSC                | <p>4. Course Fees</p> <p>The current course fee structure and account set-up promotes comingling of course fee revenues and expenditures. Furthermore, there is no reconciliation process to ensure course fees collected are spent for course specific related cost. In addition, there is no course fee cost assessment process in place to review whether existing course fees charged to students reasonably reflect the actual cost to the University. Moreover, course fee rates for four primary care partnership courses were never submitted for approval and students were charged for the primary care partnership fee after the courses discontinued.</p> <p>In detail, TCOM has the following four course fee group accounts:</p> <ul style="list-style-type: none"> <li>• General Course Fee - this includes an annual fee for all four academic years that ranges from \$100 to \$650 depending on the academic year. The purpose of these fees are to cover simulation lab and technology materials, supplies and services related to TCOM's simulation patient program.</li> <li>• Course Fee-TCOM – this group encompasses fees associated with four specific course fee names (i.e. MEDE 7510, MEDE 7615, MEDE 7620, MEDE 8400) where the rate ranges from \$50 to \$250 depending on the course. The purpose of these fees are to cover materials, supplies and services associated with these courses.</li> <li>• Course Fee - this group includes fees associated with eleven</li> </ul> | High       | <p>Recommendations for the Dean of TCOM:</p> <p>4.1.d. Ensure that Enrollment Services and UNT System Student Accounting are notified of any changes in curriculum prior to student enrollment for the academic year in order to ensure timely update of the University's Student Accounting System to avoid student overpayments.</p> | 1d. See 1a. then the Execute Director of Enrollment Services will communicate to UNT System Student Accounting of any changes to the curriculum that will require modification to the student fee schedule. | Don Peska, Dean of TCOM                   | 7/1/2018                     | Open                  |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-403 HSC    | Governance and Regulatory Compliance | Texas College of Osteopathic Medicine Financial Review | UNTHSC                | <p>4. Course Fees</p> <p>The current course fee structure and account set-up promotes comingling of course fee revenues and expenditures. Furthermore, there is no reconciliation process to ensure course fees collected are spent for course specific related cost. In addition, there is no course fee cost assessment process in place to review whether existing course fees charged to students reasonably reflect the actual cost to the University. Moreover, course fee rates for four primary care partnership courses were never submitted for approval and students were charged for the primary care partnership fee after the courses discontinued.</p> <p>In detail, TCOM has the following four course fee group accounts:</p> <ul style="list-style-type: none"> <li>• General Course Fee - this includes an annual fee for all four academic years that ranges from \$100 to \$650 depending on the academic year. The purpose of these fees are to cover simulation lab and technology materials, supplies and services related to TCOM's simulation patient program.</li> <li>• Course Fee-TCOM – this group encompasses fees associated with four specific course fee names (i.e. MEDE 7510, MEDE 7615, MEDE 7620, MEDE 8400) where the rate ranges from \$50 to \$250 depending on the course. The purpose of these fees are to cover materials, supplies and services associated with these courses.</li> <li>• Course Fee - this group includes fees associated with eleven</li> </ul> | High       | <p>Recommendations for the Dean of TCOM:</p> <p>4.1.e. Review course fee accumulated unexpended balances at least annually to ensure course fees are set in accordance with applicable laws and policies.</p>                 | <p>1e. Course fee balances are reviewed monthly by the TCOM Dean as part of budget reconciliation. Balances are occasionally allowed to accumulate in order to meet anticipated extraordinary expenditures that may occur less frequently than annually but are properly charged to these fees. This practice is in compliance with health science center policies and applicable statutes.</p> | Don Peska, Dean of TCOM   | 7/1/2018                     | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-403 HSC    | Governance and Regulatory Compliance | Texas College of Osteopathic Medicine Financial Review | UNTHSC                | <p>4. Course Fees</p> <p>The current course fee structure and account set-up promotes comingling of course fee revenues and expenditures. Furthermore, there is no reconciliation process to ensure course fees collected are spent for course specific related cost. In addition, there is no course fee cost assessment process in place to review whether existing course fees charged to students reasonably reflect the actual cost to the University. Moreover, course fee rates for four primary care partnership courses were never submitted for approval and students were charged for the primary care partnership fee after the courses discontinued.</p> <p>In detail, TCOM has the following four course fee group accounts:</p> <ul style="list-style-type: none"> <li>• General Course Fee - this includes an annual fee for all four academic years that ranges from \$100 to \$650 depending on the academic year. The purpose of these fees are to cover simulation lab and technology materials, supplies and services related to TCOM's simulation patient program.</li> <li>• Course Fee-TCOM – this group encompasses fees associated with four specific course fee names (i.e. MEDE 7510, MEDE 7615, MEDE 7620, MEDE 8400) where the rate ranges from \$50 to \$250 depending on the course. The purpose of these fees are to cover materials, supplies and services associated with these courses.</li> <li>• Course Fee - this group includes fees associated with eleven</li> </ul> | High       | <p>Recommendation for the Executive Director of Enrollment Services &amp; Registrar, Student Affairs:</p> <p>4.2.a. Ensure that all course fees assessed to students have been approved and retain support documentation.</p> | <p>2a. In the spring prior to each academic year, the Executive Director of Enrollment Services will meet with the Registrar's Office to verify that each requested course fee change contains the appropriate approvals and supporting documentation. These approved forms and documentation will be stored electronically in a dedicated directory maintained by the Registrar's Office.</p>  | A.J. Randolph, Executive Director, Enrollment Services & Registrar, Student Affairs | 5/1/2018                     | Open                  |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-403 HSC    | Governance and Regulatory Compliance | Texas College of Osteopathic Medicine Financial Review | UNTHSC                | <p>5. Service Teaching Assessments</p> <p>There was neither an agreement nor documentation in place that provided a basis for the rate used for Service Teaching Assessment (STA).</p> <p>STA is the redistribution of General Appropriation Act (GAA) funds to support collaborative teaching initiative of instructional services between Texas College of Osteopathic Medicine (TCOM), Graduate School of Biomedical Sciences (GSBS) and School of Health Professions (SHP).</p> <p>The GSBS has its roots in TCOM where basic science courses were taught by TCOM faculty. The STA began in 2000 when the past President, and Deans of TCOM and GSBS agreed to move the faculty, who taught basic science courses, out of TCOM into the GSBS. This collaborative initiative aimed to provide a better professional/research environment to basic science faculty by GSBS. The faculty in the basic science departments continued to contribute to the teaching of the pre-clinical part of TCOM's medical curriculum, interview prospective medical students, provide research opportunities for TCOM students and serve on TCOM's Committees. Similarly, another collaboration began where TCOM and GSBS faculty teach courses to School of Health Professions (SHP) students. The purpose of this collaborative initiative was to promote economies of scale and an efficient use of faculty resources by eliminating duplication of teaching efforts/</p> | High       | <p>Recommendations for the UNTHSC Executive Vice President for Finance &amp; Chief Financial Officer and Interim Provost:</p> <p>5.1.a. Review and assess options of administering Service Teaching Assessments and adopt a funding mechanism (e.g. based on determining cost of instruction) that best serves the University needs.</p> | 1a. An analysis of current reimbursement models for teaching across schools and colleges was conducted in the spring of 2017. Options for providing reimbursements were discussed with the deans of the five schools and colleges. | Claire Peel, Interim Provost              | 5/1/2018                     | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-403 HSC    | Governance and Regulatory Compliance | Texas College of Osteopathic Medicine Financial Review | UNTHSC                | <p>5. Service Teaching Assessments</p> <p>There was neither an agreement nor documentation in place that provided a basis for the rate used for Service Teaching Assessment (STA).</p> <p>STA is the redistribution of General Appropriation Act (GAA) funds to support collaborative teaching initiative of instructional services between Texas College of Osteopathic Medicine (TCOM), Graduate School of Biomedical Sciences (GSBS) and School of Health Professions (SHP).</p> <p>The GSBS has its roots in TCOM where basic science courses were taught by TCOM faculty. The STA began in 2000 when the past President, and Deans of TCOM and GSBS agreed to move the faculty, who taught basic science courses, out of TCOM into the GSBS. This collaborative initiative aimed to provide a better professional/research environment to basic science faculty by GSBS. The faculty in the basic science departments continued to contribute to the teaching of the pre-clinical part of TCOM's medical curriculum, interview prospective medical students, provide research opportunities for TCOM students and serve on TCOM's Committees. Similarly, another collaboration began where TCOM and GSBS faculty teach courses to School of Health Professions (SHP) students. The purpose of this collaborative initiative was to promote economies of scale and an efficient use of faculty resources by eliminating duplication of teaching efforts/</p> | High       | <p>Recommendations for the UNTHSC Executive Vice President for Finance &amp; Chief Financial Officer and Interim Provost:</p> <p>5.1.b. Develop policies and procedures to guide the administration of fund redistribution for Service Teaching Assessments within the institution.</p>  | 1b. Policies and procedures will be developed during FY2018 to guide reimbursement across schools and colleges for teaching services. The plan will be implemented for FY2019.   | Claire Peel, Interim Provost              | 5/1/2018                     | Open                  |



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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-403 HSC    | Governance and Regulatory Compliance | Texas College of Osteopathic Medicine Financial Review | UNTHSC                | <p>5. Service Teaching Assessments</p> <p>There was neither an agreement nor documentation in place that provided a basis for the rate used for Service Teaching Assessment (STA).</p> <p>STA is the redistribution of General Appropriation Act (GAA) funds to support collaborative teaching initiative of instructional services between Texas College of Osteopathic Medicine (TCOM), Graduate School of Biomedical Sciences (GSBS) and School of Health Professions (SHP).</p> <p>The GSBS has its roots in TCOM where basic science courses were taught by TCOM faculty. The STA began in 2000 when the past President, and Deans of TCOM and GSBS agreed to move the faculty, who taught basic science courses, out of TCOM into the GSBS. This collaborative initiative aimed to provide a better professional/research environment to basic science faculty by GSBS. The faculty in the basic science departments continued to contribute to the teaching of the pre-clinical part of TCOM's medical curriculum, interview prospective medical students, provide research opportunities for TCOM students and serve on TCOM's Committees. Similarly, another collaboration began where TCOM and GSBS faculty teach courses to School of Health Professions (SHP) students. The purpose of this collaborative initiative was to promote economies of scale and an efficient use of faculty resources by eliminating duplication of teaching efforts/</p> | High       | <p>Recommendations for the UNTHSC Executive Vice President for Finance &amp; Chief Financial Officer and Interim Provost:</p> <p>5.1.c. Communicate newly developed policies and procedures to the relevant parties.</p>   | 1c. The policies and procedures will be communicated to the Budget Office, Deans and other relevant parties in the spring of 2018.  | Claire Peel, Interim Provost   | 5/1/2018                     | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-403 HSC    | Governance and Regulatory Compliance | Texas College of Osteopathic Medicine Financial Review | UNTHSC                | <p>6. Prior Year Balance Roll Forward Error</p> <p>Prior year budget balance from FY2015 did not roll forward to FY2016. Specifically, a budget balance of \$200,000 at the end of FY2015, related to Department ID 79130-Ruch Endowment Fund, did not roll forward to FY2016. As a result, the FY2016 Q1 Quarterly Budget Report was understated by \$200,000. This is a restricted fund, therefore can only be utilized in accordance to provisions of the donor agreement. This balance was identified and addressed during this audit.</p>   | Moderate   | <p>Recommendation for the Vice President of Finance and Planning and UNT System Senior Associate Controller:</p> <p>6.1.a. Work with the UNT System Controller's Office to develop procedures to ensure budget balances at year-end are reconciled to the General Ledger and any discrepancies identified are addressed.</p> | 1a. The Budget Office of the Health Science Center will work with UNT System Controller's Office to develop procedures to reconcile the Commitment Control Ledger and the General Ledger. These procedures will include a mechanism for identifying discrepancies between the two ledgers and a process to align roll forward budget balances with their proper amount. | Geoffrey Scarpelli, Vice President of Finance and Planning and Paula Welch, Senior Associate Controller for UNTHSC | 10/31/2017                   | Open                  |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-403 HSC    | Governance and Regulatory Compliance | Texas College of Osteopathic Medicine Financial Review | UNTHSC                | <p>7.Standardized Budget Reporting Application</p> <p>There is no standardized budget reporting application utilized by the different departments within the institution. Specifically, it was identified some departments use eThority, while others use Cognos to review their budget balances. Departments contact the Office of Financial Planning and Budget (Budget Office) which grants access to eThority upon request and administers training; however, every department has access to Cognos.</p> | Moderate   | <p>Recommendations for the UNTHSC Executive Vice President for Finance &amp; Chief Financial Officer:</p> <p>7.1.a.Assess the reporting needs of different users across the institution.</p>                                       | 1a. Reporting needs will be assessed across the HSC.  | Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC | 5/1/2018                     | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-403 HSC    | Governance and Regulatory Compliance | Texas College of Osteopathic Medicine Financial Review | UNTHSC                | <p>7.Standardized Budget Reporting Application</p> <p>There is no standardized budget reporting application utilized by the different departments within the institution. Specifically, it was identified some departments use eThority, while others use Cognos to review their budget balances. Departments contact the Office of Financial Planning and Budget (Budget Office) which grants access to eThority upon request and administers training; however, every department has access to Cognos.</p> | Moderate   | <p>Recommendations for the UNTHSC Executive Vice President for Finance &amp; Chief Financial Officer:</p> <p>7.1.b.Determine which application will best deliver the right information touters, on time and at the right cost.</p> | 1b. Based on the needs identified, a cost effective application will be chosen that will best deliver timely and current information. | Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC | 5/1/2018                     | Open                  |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-403 HSC    | Governance and Regulatory Compliance | Texas College of Osteopathic Medicine Financial Review | UNTHSC                | <p>7. Standardized Budget Reporting Application</p> <p>There is no standardized budget reporting application utilized by the different departments within the institution. Specifically, it was identified some departments use eThority, while others use Cognos to review their budget balances. Departments contact the Office of Financial Planning and Budget (Budget Office) which grants access to eThority upon request and administers training; however, every department has access to Cognos.</p>   | Moderate   | <p>Recommendations for the UNTHSC Executive Vice President for Finance &amp; Chief Financial Officer:</p> <p>7.1.c. Provide access and thorough training to the users of the application.</p>  | 1c. Access and training will be provided to users to provide a thorough understanding of the application.   | Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC | 5/1/2018                     | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-401 HSC    | Governance and Regulatory Compliance | Graduate School of Biomedical Sciences Review          | UNTHSC                | <p>1. Budgeting Model</p> <p>Currently, UNTHSC utilizes an incremental budget model, in which budget allocations are based upon the funding levels of the previous years. However, the model is not sufficient to ensure allocated amounts are adequate based on business needs and to achieve institutional goals and initiatives.</p> <p>In addition, although UNTHSC has operating budget guidelines, there are no formalized principles. Budget principles help create overarching values for prioritization and resource allocation which management adhere to as the budget is developed. Furthermore, policies and procedures are not sufficiently developed to clarify and crystalize the intent behind how the University will manage its financial resources.</p> <p>We specifically noted that there were significant unspent balances in both FY2015 to FY2016. Specifically, Tobacco Funds had beginning budget balances of \$88,879 and \$73,750 and expenses of \$3,634 and \$391 during FY2015 and FY2016 respectively. Similarly, Designated Tuition funds and Designated Fee Funds categories received additional budget allocation in FY2016 and FY2016 despite having significant carryover amounts from prior years.</p> <p>This issue was also identified in School of Public Health (Unit Specific Management Control Review) Audit No. 16-022 HSC and in Texas College of Osteopathic Medicine Financial Review Audit No.</p> | High       | <p>Recommendations to the UNTHSC President and Executive Vice President for Finance &amp; Chief Financial Officer:</p> <p>1.1.a. Review and assess alternative budget models and adopt a model that aligns with institutional goals and initiatives.</p> | 1a. The Health Science Center (HSC) will establish a budget advisory committee to review and assess various ways to budget and to provide recommendations regarding the underlining principles and procedures to the President's cabinet. The President's cabinet will discuss and determine the best course of action in budgeting for HSC, with the implementation of the revised budget model occurring in FY 2018 for the FY 2019 budget process. This budgeting model will be completed by September 30, 2017. | Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC | 9/30/2017                    | Closed                |



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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-401 HSC    | Governance and Regulatory Compliance | Graduate School of Biomedical Sciences Review | UNTHSC                | <p>1. Budgeting Model</p> <p>Currently, UNTHSC utilizes an incremental budget model, in which budget allocations are based upon the funding levels of the previous years. However, the model is not sufficient to ensure allocated amounts are adequate based on business needs and to achieve institutional goals and initiatives.</p> <p>In addition, although UNTHSC has operating budget guidelines, there are no formalized principles. Budget principles help create overarching values for prioritization and resource allocation which management adhere to as the budget is developed. Furthermore, policies and procedures are not sufficiently developed to clarify and crystalize the intent behind how the University will manage its financial resources.</p> <p>We specifically noted that there were significant unspent balances in both FY2015 to FY2016. Specifically, Tobacco Funds had beginning budget balances of \$88,879 and \$73,750 and expenses of \$3,634 and \$391 during FY2015 and FY2016 respectively. Similarly, Designated Tuition funds and Designated Fee Funds categories received additional budget allocation in FY2016 and FY2016 despite having significant carryover amounts from prior years.</p> <p>This issue was also identified in School of Public Health (Unit Specific Management Control Review) Audit No. 16-022 HSC and in Texas College of Osteopathic Medicine Financial Review Audit No.</p> | High       | <p>Recommendations to the UNTHSC President and Executive Vice President for Finance &amp; Chief Financial Officer:</p> <p>1.1.b. Develop institutional principles, policies and procedures.</p>  | <p>1b. Based on the determination by the President's cabinet, budget principles, policy and procedures will be developed which support the accomplishment of the HSC objectives and initiatives consistent with the strategic plan. The proposed budget policy will be submitted to the Office of General Counsel (OGC) by October 5, 2017.</p> | Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC | 10/5/2017                    | Closed                |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-401 HSC    | Governance and Regulatory Compliance | Graduate School of Biomedical Sciences Review | UNTHSC                | <p>1. Budgeting Model</p> <p>Currently, UNTHSC utilizes an incremental budget model, in which budget allocations are based upon the funding levels of the previous years. However, the model is not sufficient to ensure allocated amounts are adequate based on business needs and to achieve institutional goals and initiatives.</p> <p>In addition, although UNTHSC has operating budget guidelines, there are no formalized principles. Budget principles help create overarching values for prioritization and resource allocation which management adhere to as the budget is developed. Furthermore, policies and procedures are not sufficiently developed to clarify and crystalize the intent behind how the University will manage its financial resources.</p> <p>We specifically noted that there were significant unspent balances in both FY2015 to FY2016. Specifically, Tobacco Funds had beginning budget balances of \$88,879 and \$73,750 and expenses of \$3,634 and \$391 during FY2015 and FY2016 respectively. Similarly, Designated Tuition funds and Designated Fee Funds categories received additional budget allocation in FY2016 and FY2016 despite having significant carryover amounts from prior years.</p> <p>This issue was also identified in School of Public Health (Unit Specific Management Control Review) Audit No. 16-022 HSC and in Texas College of Osteopathic Medicine Financial Review Audit No.</p> | High       | <p>Recommendations to the UNTHSC President and Executive Vice President for Finance &amp; Chief Financial Officer:</p> <p>1.1.c. Communicate newly developed principles, policies and procedures to pertinent employees. Management should consider posting these documents on the UNTHSC website.</p> | <p>1c. Once developed, the proposed budget policy will be submitted to OGC for approval by October 5, 2017 and once OGC approves, then the budget policy and procedures will be communicated to the employees and posted on the UNTHSC website.</p>   | Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC | 10/5/2017                    | Closed                |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-401 HSC    | Governance and Regulatory Compliance | Graduate School of Biomedical Sciences Review | UNTHSC                | <p>2. Inaccurate Recording of Leave of Absences in EIS</p> <p>Inaccurate recording of leave of absences from the HRM-64 Leave Request forms to Enterprise Information System (EIS) PeopleSoft were identified for 4 out of 59 active employees resulting in incorrect leave accrual balances for these employees from September 1, 2015 through August 31, 2016. Additionally, we noted that each department within GSBS had different procedures of Leave Request Form usage including departments where they either did not keep records of the HRM-64 Leave Request forms as required by UNTHSC Policy or HRM-64 Leave Request forms were not used. As a result, Internal Audit was unable to validate whether leave was recorded accurately in EIS for 25 of 59 employees who had leave in EIS.</p> <p>Specifically,</p> <ul style="list-style-type: none"> <li>• For 3 employees of the former department of Cell Biology &amp; Immunology, vacation and sick leave time taken on HRM-64 forms were not recorded in EIS.</li> <li>• 1 employee of the former department of Molecular and Medical Genetics notified Internal Audit that 40 hours of vacation leave taken were not recorded in EIS.</li> <li>• 25 employees who had leave of the former department of Molecular and Medical Genetics entered their leave directly in EIS and communicated leave either verbally or by e-mail to their</li> </ul> | High       | <p>Recommendations for the Dean of GSBS and Senior Director of Controller Operations:</p> <p>2.1.a. Use and retain appropriate approved support documents for leave requests as required by UNTHSC policies and Institutional procedures.</p>                        | <p>1a. The Graduate School of Biomedical Science (GSBS) will establish a committee consisting of key administrative staff (with prior experience with processing of HRM-64 Leave forms and faculty leaders (e.g., former Chairs and Institute Directors) to recommend a standard operating procedure by which supporting documentation for leave requests will be collected and archived, to be consistent with UNTHSC policies and procedures. These recommendations will be considered by the Dean of the GSBS, and in consultation with the Provost, adopted and disseminated to all faculty and staff within the GSBS. The Dean of the GSBS will communicate with all former staff whose responsibility included maintenance of HRM-64 forms to cross check that the information within the leave forms were accurately entered into EIS.</p> | Johnny He, Interim Dean of GSBS and Abdul Mohammad, Senior Director of Controller Operations | 9/1/2017<br>Rev. 12/31/2017  | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-401 HSC    | Governance and Regulatory Compliance | Graduate School of Biomedical Sciences Review | UNTHSC                | <p>2. Inaccurate Recording of Leave of Absences in EIS</p> <p>Inaccurate recording of leave of absences from the HRM-64 Leave Request forms to Enterprise Information System (EIS) PeopleSoft were identified for 4 out of 59 active employees resulting in incorrect leave accrual balances for these employees from September 1, 2015 through August 31, 2016. Additionally, we noted that each department within GSBS had different procedures of Leave Request Form usage including departments where they either did not keep records of the HRM-64 Leave Request forms as required by UNTHSC Policy or HRM-64 Leave Request forms were not used. As a result, Internal Audit was unable to validate whether leave was recorded accurately in EIS for 25 of 59 employees who had leave in EIS.</p> <p>Specifically,</p> <ul style="list-style-type: none"> <li>• For 3 employees of the former department of Cell Biology &amp; Immunology, vacation and sick leave time taken on HRM-64 forms were not recorded in EIS.</li> <li>• 1 employee of the former department of Molecular and Medical Genetics notified Internal Audit that 40 hours of vacation leave taken were not recorded in EIS.</li> <li>• 25 employees who had leave of the former department of Molecular and Medical Genetics entered their leave directly in EIS and communicated leave either verbally or by e-mail to their</li> </ul> | High       | <p>Recommendations for the Dean of GSBS and Senior Director of Controller Operations:</p> <p>2.1.b. Review all current and terminated employees within GSBS from September 2015 - August 2016 to ensure the HRM-64 Leave forms are accurately entered into EIS..</p> | <p>1b. The Dean of the GSBS will identify key staff members to review all current and terminated employees within the GSBS between September 2015 to August 2016 to ensure leave forms are accurately entered into EIS.</p>   | Johnny He, Interim Dean of GSBS and Abdul Mohammad, Senior Director of Controller Operations | 9/1/2017<br>Rev. 12/31/2017  | Open                  |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-401 HSC    | Governance and Regulatory Compliance | Graduate School of Biomedical Sciences Review | UNTHSC                | <p>2. Inaccurate Recording of Leave of Absences in EIS</p> <p>Inaccurate recording of leave of absences from the HRM-64 Leave Request forms to Enterprise Information System (EIS) PeopleSoft were identified for 4 out of 59 active employees resulting in incorrect leave accrual balances for these employees from September 1, 2015 through August 31, 2016. Additionally, we noted that each department within GSBS had different procedures of Leave Request Form usage including departments where they either did not keep records of the HRM-64 Leave Request forms as required by UNTHSC Policy or HRM-64 Leave Request forms were not used. As a result, Internal Audit was unable to validate whether leave was recorded accurately in EIS for 25 of 59 employees who had leave in EIS.</p> <p>Specifically,</p> <ul style="list-style-type: none"> <li>• For 3 employees of the former department of Cell Biology &amp; Immunology, vacation and sick leave time taken on HRM-64 forms were not recorded in EIS.</li> <li>• 1 employee of the former department of Molecular and Medical Genetics notified Internal Audit that 40 hours of vacation leave taken were not recorded in EIS.</li> <li>• 25 employees who had leave of the former department of Molecular and Medical Genetics entered their leave directly in EIS and communicated leave either verbally or by e-mail to their</li> </ul> | High       | <p>Recommendations for the Dean of GSBS and Senior Director of Controller Operations:</p> <p>2.1.c. Collaborate with UNT System Controller Operations to update employee's leave of absences in EIS to reflect the correct leave balances.</p> | 1c. Payroll, UNT System Controller Operations will take necessary actions to help GSBS to update and reflect correct employees leave of absences in EIS. GSBS will work with the Office of the CFO and the UNT System to coordinate any efforts to recover funds, should overpayment of employees be identified. Internal payroll records will be corrected as inconsistencies are identified. | Meharvan Singh, Dean of GSBS and Abdul Mohammad, Senior Director of Controller Operations | 1/31/2018                    | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-401 HSC    | Governance and Regulatory Compliance | Graduate School of Biomedical Sciences Review | UNTHSC                | <p>2. Inaccurate Recording of Leave of Absences in EIS</p> <p>Inaccurate recording of leave of absences from the HRM-64 Leave Request forms to Enterprise Information System (EIS) PeopleSoft were identified for 4 out of 59 active employees resulting in incorrect leave accrual balances for these employees from September 1, 2015 through August 31, 2016. Additionally, we noted that each department within GSBS had different procedures of Leave Request Form usage including departments where they either did not keep records of the HRM-64 Leave Request forms as required by UNTHSC Policy or HRM-64 Leave Request forms were not used. As a result, Internal Audit was unable to validate whether leave was recorded accurately in EIS for 25 of 59 employees who had leave in EIS.</p> <p>Specifically,</p> <ul style="list-style-type: none"> <li>• For 3 employees of the former department of Cell Biology &amp; Immunology, vacation and sick leave time taken on HRM-64 forms were not recorded in EIS.</li> <li>• 1 employee of the former department of Molecular and Medical Genetics notified Internal Audit that 40 hours of vacation leave taken were not recorded in EIS.</li> <li>• 25 employees who had leave of the former department of Molecular and Medical Genetics entered their leave directly in EIS and communicated leave either verbally or by e-mail to their</li> </ul> | High       | <p>Recommendations for the Dean of GSBS and Senior Director of Controller Operations:</p> <p>2.1.d. For those employees identified with overpayments, collaborate with UNT System Controller Operations department to recover funds.</p>       | 1d. Payroll General Accounting, UNT System Controller Operations will follow a standardized procedure in recovering overpayments from employees resulted due to the correcting actions taken in EIS.   | Meharvan Singh, Dean of GSBS and Abdul Mohammad, Senior Director of Controller Operations | 1/31/2018                    | Open                  |



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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-401 HSC    | Governance and Regulatory Compliance | Graduate School of Biomedical Sciences Review | UNTHSC                | <p>2. Inaccurate Recording of Leave of Absences in EIS</p> <p>Inaccurate recording of leave of absences from the HRM-64 Leave Request forms to Enterprise Information System (EIS) PeopleSoft were identified for 4 out of 59 active employees resulting in incorrect leave accrual balances for these employees from September 1, 2015 through August 31, 2016. Additionally, we noted that each department within GSBS had different procedures of Leave Request Form usage including departments where they either did not keep records of the HRM-64 Leave Request forms as required by UNTHSC Policy or HRM-64 Leave Request forms were not used. As a result, Internal Audit was unable to validate whether leave was recorded accurately in EIS for 25 of 59 employees who had leave in EIS.</p> <p>Specifically,</p> <ul style="list-style-type: none"> <li>• For 3 employees of the former department of Cell Biology &amp; Immunology, vacation and sick leave time taken on HRM-64 forms were not recorded in EIS.</li> <li>• 1 employee of the former department of Molecular and Medical Genetics notified Internal Audit that 40 hours of vacation leave taken were not recorded in EIS.</li> <li>• 25 employees who had leave of the former department of Molecular and Medical Genetics entered their leave directly in EIS and communicated leave either verbally or by e-mail to their</li> </ul>  | High       | <p>Recommendations for the Dean of GSBS and Senior Director of Controller Operations:</p> <p>2.1.e. Ensure internal payroll records are corrected.</p>   | <p>1e. Payroll, UNT System Controller Operations will ensure that the correcting entries are entered into EIS in a timely manner GSBS will work with the Office of the CFO and the UNT System to coordinate any efforts to recover funds, should overpayment of employees be identified. Internal payroll records will be corrected as inconsistencies are identified.</p>                                       | Meharvan Singh, Dean of GSBS and Abdul Mohammad, Senior Director of Controller Operations | 1/31/2018                    | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-401 HSC    | Governance and Regulatory Compliance | Graduate School of Biomedical Sciences Review | UNTHSC                | <p>3. Course Fees</p> <p>The current course fee account set-up promotes commingling of course fee revenues and expenditures. Furthermore, there is no reconciliation process to ensure course fees collected are spent for course specific related cost. In addition, there is no course fee cost assessment process in place to review whether existing course fees charged to students reasonably reflect the actual cost to the University. Moreover, one course fee rate did not have all necessary approvals.</p> <p>In detail, the following were noted:</p> <ul style="list-style-type: none"> <li>• Course fee revenues and expenditures are commingled in one chartstring. Although GSBS maintains a spreadsheet by academic semester with budgeted revenues/expenditures amounts per course fee, there is no fee reconciliation process in place to help ensure that each specific course fee is expended in proportion to fees collected within the time period the fees were collected (e.g. semester). Therefore, GSBS is unable to ensure that rates set for each course fee are in accordance with the cost recovery nature of incidental fees required by Texas Education Code Section 54.504.</li> <li>• GSBS does not have a process in place to utilize information from the spreadsheets in evaluating unexpended balances and fee rates per course. As a result, Internal Audit was unable to determine account balances on each course fee collected which had a total accumulated unexpended balance of \$145,291.</li> </ul> | High       | <p>Recommendations for the Dean of GSBS:</p> <p>3.1.a. Utilize course fee information tracked per semester and develop procedures to periodically conduct fee cost assessments to ensure that fees are set in accordance with the cost recovery nature of the fee.</p> | <p>1a. The Dean of the GSBS will work with Ms. Carla Lee Johnson, the Director of Student Success, who currently maintains a spreadsheet consisting of course fee information and distribution, to compare and reconcile anticipated "revenue" (i.e., that which was budgeted) with "actuals". Such differences will drive decisions to modify existing course fees, as needed and as supported by the data.</p> | Meharvan Singh, Dean of GSBS  | 2/28/2018                    | Open                  |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-401 HSC    | Governance and Regulatory Compliance | Graduate School of Biomedical Sciences Review | UNTHSC                | <p>3. Course Fees</p> <p>The current course fee account set-up promotes commingling of course fee revenues and expenditures. Furthermore, there is no reconciliation process to ensure course fees collected are spent for course specific related cost. In addition, there is no course fee cost assessment process in place to review whether existing course fees charged to students reasonably reflect the actual cost to the University. Moreover, one course fee rate did not have all necessary approvals.</p> <p>In detail, the following were noted:</p> <ul style="list-style-type: none"> <li>Course fee revenues and expenditures are commingled in one chartstring. Although GSBS maintains a spreadsheet by academic semester with budgeted revenues/expenditures amounts per course fee, there is no fee reconciliation process in place to help ensure that each specific course fee is expended in proportion to fees collected within the time period the fees were collected (e.g. semester). Therefore, GSBS is unable to ensure that rates set for each course fee are in accordance with the cost recovery nature of incidental fees required by Texas Education Code Section 54.504.</li> <li>GSBS does not have a process in place to utilize information from the spreadsheets in evaluating unexpended balances and fee rates per course. As a result, Internal Audit was unable to determine account balances on each course fee collected which had a total accumulated unexpended balance of \$145,291.</li> </ul> | High       | <p>Recommendations for the Dean of GSBS:</p> <p>3.1.c. Review course fee accumulated unexpended balances at least annually to ensure course fees are set in accordance with applicable laws and policies.</p>                                | <p>1c. The Dean of the GSBS will develop a common understanding and procedure with the Office of the CFO by which the GSBS communicates and justifies the need to carryover of unexpended balances.</p>   | Meharvan Singh, Dean of GSBS              | 2/28/2018                    | Open                  |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-401 HSC    | Governance and Regulatory Compliance | Graduate School of Biomedical Sciences Review | UNTHSC                | <p>3. Course Fees</p> <p>The current course fee account set-up promotes commingling of course fee revenues and expenditures. Furthermore, there is no reconciliation process to ensure course fees collected are spent for course specific related cost. In addition, there is no course fee cost assessment process in place to review whether existing course fees charged to students reasonably reflect the actual cost to the University. Moreover, one course fee rate did not have all necessary approvals.</p> <p>In detail, the following were noted:</p> <ul style="list-style-type: none"> <li>Course fee revenues and expenditures are commingled in one chartstring. Although GSBS maintains a spreadsheet by academic semester with budgeted revenues/expenditures amounts per course fee, there is no fee reconciliation process in place to help ensure that each specific course fee is expended in proportion to fees collected within the time period the fees were collected (e.g. semester). Therefore, GSBS is unable to ensure that rates set for each course fee are in accordance with the cost recovery nature of incidental fees required by Texas Education Code Section 54.504.</li> <li>GSBS does not have a process in place to utilize information from the spreadsheets in evaluating unexpended balances and fee rates per course. As a result, Internal Audit was unable to determine account balances on each course fee collected which had a total accumulated unexpended balance of \$145,291.</li> </ul> | High       | <p>Recommendation for the Vice President of Finance &amp; Planning:</p> <p>3.2.a. Establish an annual requirement for account holders to provide a formal justification or action plan for accumulated unexpended course fee balances over an established threshold.</p>   | <p>2a. During the annual budget process, the Budget Office of the Health Science Center will provide to each School or College that charges course fees a Course Fee Packet, containing the current available balance for each fee, the fee's estimated threshold amount, and a course fee form. The course fee form, which will detail the justification or action plan to be implemented if the course fee balance exceeds the established threshold amount, will be required to be submitted to the Budget Office as part of the Budget Review process.</p> | Jeff Scarpelli, Vice President of Finance and Planning | 6/1/2018                     | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-401 HSC    | Governance and Regulatory Compliance | Graduate School of Biomedical Sciences Review | UNTHSC                | <p>4. Service Teaching Assessments</p> <p>There was neither an agreement nor documentation in place that provided a basis for the rate used for Service Teaching Assessment (STA). This issue was reported in the Texas College of Osteopathic Medicine Financial Review, Audit No. 17-403 HSC report as issue #5.</p> <p>STA is the redistribution of General Appropriation Act (GAA) funds to support collaborative teaching initiative of instructional services between Texas College of Osteopathic Medicine (TCOM), Graduate School of Biomedical Sciences (GSBS) and School of Health Professions (SHP).</p> <p>The GSBS has its roots in TCOM where basic science courses were taught by TCOM faculty. The STA began in 2000 when the past President, and Deans of TCOM and GSBS agreed to move the faculty, who taught basic science courses, out of TCOM into the GSBS. This collaborative initiative aimed to provide a better professional/research environment to basic science faculty by GSBS. The faculty in the basic science departments continued to contribute to the teaching of the pre-clinical part of TCOM's medical curriculum, interview prospective medical students, provide research opportunities for TCOM students and serve on TCOM's Committees. Similarly, another collaboration began where TCOM and GSBS faculty teach courses to School of Health Professions (SHP) students. The purpose of this collaborative initiative was to promote economies of scale and an efficient use of</p>                   | High       | <p>Recommendations for the UNTHSC Executive Vice President for Finance &amp; Chief Financial Officer and Interim Provost:</p> <p>4.1.a. Review and assess options of administering Service Teaching Assessments and adopt a funding mechanism (e.g. based on determining cost of instruction) that best serves the University needs.</p> | <p>1a. An analysis of current reimbursement models for teaching across schools and colleges was conducted in the spring of 2017. Options for providing reimbursements were discussed with the deans of the five schools and colleges.</p>  | Claire Peel, Interim Provost                           | 5/1/2018                     | Open                  |



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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-401 HSC    | Governance and Regulatory Compliance | Graduate School of Biomedical Sciences Review | UNTHSC                | <p>4. Service Teaching Assessments</p> <p>There was neither an agreement nor documentation in place that provided a basis for the rate used for Service Teaching Assessment (STA). This issue was reported in the Texas College of Osteopathic Medicine Financial Review, Audit No. 17-403 HSC report as issue #5.</p> <p>STA is the redistribution of General Appropriation Act (GAA) funds to support collaborative teaching initiative of instructional services between Texas College of Osteopathic Medicine (TCOM), Graduate School of Biomedical Sciences (GSBS) and School of Health Professions (SHP).</p> <p>The GSBS has its roots in TCOM where basic science courses were taught by TCOM faculty. The STA began in 2000 when the past President, and Deans of TCOM and GSBS agreed to move the faculty, who taught basic science courses, out of TCOM into the GSBS. This collaborative initiative aimed to provide a better professional/research environment to basic science faculty by GSBS. The faculty in the basic science departments continued to contribute to the teaching of the pre-clinical part of TCOM's medical curriculum, interview prospective medical students, provide research opportunities for TCOM students and serve on TCOM's Committees. Similarly, another collaboration began where TCOM and GSBS faculty teach courses to School of Health Professions (SHP) students. The purpose of this collaborative initiative was to promote economies of scale and an efficient use of</p> | High       | <p>Recommendations for the UNTHSC Executive Vice President for Finance &amp; Chief Financial Officer and Interim Provost:</p> <p>4.1.c. Communicate newly developed policies and procedures to the relevant parties.</p>  | <p>1c. The policies and procedures will be communicated to the Budget Office, Deans and other relevant parties in the spring of 2018.</p>   | Claire Peel, Interim Provost              | 5/1/2018                     | Open                  |

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| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-401 HSC    | Governance and Regulatory Compliance | Graduate School of Biomedical Sciences Review | UNTHSC                | <p>5. Standardized Budget Reporting Application</p> <p>There is no standardized budget reporting application utilized by the different departments within the institution. Specifically, it was identified some departments use eThority while others use Cognos to review their budget balances. The Office of Financial Planning and Budget grants access to eThority upon request and administers training, however every department has access to Cognos.</p> | Moderate   | <p>Recommendations for the UNTHSC Executive Vice President for Finance &amp; Chief Financial Officer:</p> <p>5.1.a. Assess the reporting needs of different users across the institution.</p>  | 1a. Reporting needs will be assessed across the HSC.  | Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC | 5/1/2018                     | Open                  |
| Internal            | UNT System Internal Audit | Fiscal Year 2017              | 17-401 HSC    | Governance and Regulatory Compliance | Graduate School of Biomedical Sciences Review | UNTHSC                | <p>5. Standardized Budget Reporting Application</p> <p>There is no standardized budget reporting application utilized by the different departments within the institution. Specifically, it was identified some departments use eThority while others use Cognos to review their budget balances. The Office of Financial Planning and Budget grants access to eThority upon request and administers training, however every department has access to Cognos.</p> | Moderate   | <p>Recommendations for the UNTHSC Executive Vice President for Finance &amp; Chief Financial Officer:</p> <p>5.1.b. Determine which application will best deliver the right information to users, on time and at the right cost.</p> | 1b. Based on the needs identified, a cost effective application will be chosen that will best deliver timely and current information. | Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC | 5/1/2018                     | Open                  |

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| Internal              | UNT System Internal Audit | Fiscal Year 2017              | 17-401 HSC    | Governance and Regulatory Compliance | Graduate School of Biomedical Sciences Review | UNTHSC                | <p>5. Standardized Budget Reporting Application</p> <p>There is no standardized budget reporting application utilized by the different departments within the institution. Specifically, it was identified some departments use eThority while others use Cognos to review their budget balances. The Office of Financial Planning and Budget grants access to eThority upon request and administers training, however every department has access to Cognos.</p>   | Moderate   | <p>Recommendations for the UNTHSC Executive Vice President for Finance &amp; Chief Financial Officer:</p> <p>5.1.c. Provide access and thorough training to the users of the application.</p>   | 1c. Access and training will be provided to users to provide a thorough understanding of the application.  | Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC  | 5/1/2018                     | Open                  |
| Internal (Co-Sourced) | PwC                       | Fiscal Year 2017              | 16-303 UNT    | Governance and Regulatory Compliance | UNT Endowments Internal Audit                 | UNT                   | <p>Comment #1: Communication and Authority</p> <p>There are communication and information gaps between the UNT Foundation, Advancement, SFAS, and the Colleges/Departments; and there is not a clear delineation of responsibilities and authority for the management of university disbursement accounts.</p> <p>UNT has set up a taskforce to centralize the Scholarships process within the last year. However, during the course of fieldwork, IA noted several issues related to communication and responsibility, which has led to inconsistent disbursement processes across departments as well as a lack of sufficient information/training available for department personnel.</p> <p>Through interviews with Advancement, SFAS, and the sampled Colleges/Departments, IA identified several areas for improvement, including consistent communication between departments, as well as better defined authority and responsibilities in order to facilitate the related processes and help manage disbursement of endowment/scholarship funds appropriately.</p> <p>Refer to the following observations for further details:</p> <p>I. Management of Funds</p> <ul style="list-style-type: none"> <li>• There are disbursement accounts that have unusually high or increasing balances; however, they continue to receive</li> </ul> | NA         | <p>I. UNT should create a formal process for managing remaining balances in disbursement accounts and consider implementing a plan to cease distributions based on aging performed for each disbursement account's remaining balance. Additionally, UNT management should monitor the balances through the distribution of a university disbursement accounts report, addressed to the President of UNT, showing all disbursement account balances on a periodic basis.</p> | <p>I. Utilizing the new chart of accounts, UNT shall create a comprehensive report of all endowment/scholarship funds that shows the distribution of university disbursement account balances. Financial Aid and Scholarships will work in collaboration with Budget and Analytics, and Advancement, to develop the report. This report shall be generated monthly and distributed to the President, Divisional VP's, Deans and the Steering Committee. Each division and college shall designate a responsible party to review and reconcile the account balances. The Steering Committee (newly formed) shall monitor this activity, work to resolve issues, and escalate to division VP's and Deans as appropriate.</p> <p>I. The Division of Advancement has hired an Assistant Director of Donor Relations for Scholarship Stewardship and Compliance who will serve as a member of the university-wide team to create a formal process for managing balances in disbursement accounts.</p> | <p>Collaboration between Mike Mlinac, UNT Foundation President &amp; CEO; Finley Graves, Provost and Vice President for Academic Affairs; David Wolf, Vice President for Advancement; Shannon Goodman, Vice President for Enrollment; and Bob Brown, Vice President for Finance and Administration</p> | 12/22/2017                   | Open                  |



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| Internal (Co-Sourced) | PwC              | Fiscal Year 2017              | 16-303 UNT    | Governance and Regulatory Compliance | UNT Endowments Internal Audit | UNT                   | <p>Comment #1: Communication and Authority</p> <p>There are communication and information gaps between the UNT Foundation, Advancement, SFAS, and the Colleges/Departments; and there is not a clear delineation of responsibilities and authority for the management of university disbursement accounts.</p> <p>UNT has set up a taskforce to centralize the Scholarships process within the last year. However, during the course of fieldwork, IA noted several issues related to communication and responsibility, which has led to inconsistent disbursement processes across departments as well as a lack of sufficient information/training available for department personnel.</p> <p>Through interviews with Advancement, SFAS, and the sampled Colleges/Departments, IA identified several areas for improvement, including consistent communication between departments, as well as better defined authority and responsibilities in order to facilitate the related processes and help manage disbursement of endowment/scholarship funds appropriately.</p> <p>Refer to the following observations for further details:</p> <p>II. Sharing of Information</p> <ul style="list-style-type: none"> <li>• UNT Foundation provides confidential endowment account information to account-holders and their designated financial and</li> </ul> | NA         | <p>II. UNT should ensure that all disbursement account managers in addition to the respective Deans, are included in communications, reporting, and discussions involving related endowments and scholarships.</p>  | <p>II. The Division of Advancement, Enrollment, Academic Affairs, Finance and Administration, and the Foundation will work collaboratively with the university-wide team to ensure Deans and disbursement account managers receive appropriate communication regarding endowments and scholarships.</p>  | <p>Collaboration between Mike Mlinac, UNT Foundation President &amp; CEO; Finley Graves, Provost and Vice President for Academic Affairs; David Wolf, Vice President for Advancement; Shannon Goodman, Vice President for Enrollment; and Bob Brown, Vice President for Finance and Administration</p> | 12/22/2017                   | Open                  |
| Internal (Co-Sourced) | PwC              | Fiscal Year 2017              | 16-303 UNT    | Governance and Regulatory Compliance | UNT Endowments Internal Audit | UNT                   | <p>Comment #1: Communication and Authority</p> <p>There are communication and information gaps between the UNT Foundation, Advancement, SFAS, and the Colleges/Departments; and there is not a clear delineation of responsibilities and authority for the management of university disbursement accounts.</p> <p>UNT has set up a taskforce to centralize the Scholarships process within the last year. However, during the course of fieldwork, IA noted several issues related to communication and responsibility, which has led to inconsistent disbursement processes across departments as well as a lack of sufficient information/training available for department personnel.</p> <p>Through interviews with Advancement, SFAS, and the sampled Colleges/Departments, IA identified several areas for improvement, including consistent communication between departments, as well as better defined authority and responsibilities in order to facilitate the related processes and help manage disbursement of endowment/scholarship funds appropriately.</p> <p>Refer to the following observations for further details:</p> <p>III. Donor Compliance</p> <ul style="list-style-type: none"> <li>• IA identified one out of 14 endowments sampled that was not in compliance with the requirements documented within the</li> </ul>         | NA         | <p>III - V. UNT should create a steering committee responsible for determining and implementing policies, processes, authority, and responsibility for various aspects related to managing scholarship and endowment awards and disbursement accounts. Specifically, UNT should consider implementation of an annual account-holder MOU-compliance certification letter and establishment of procedures for requiring Scholarship Committee Meeting Minutes as well as performing continuous monitoring of scholarship selections through review of the Minutes to ensure that MOUs are being followed appropriately and in alignment with donor wishes. The steering committee would also be responsible for 1) enhancement and distribution of existing policies and procedures to personnel responsible for managing endowment funds, 2) creating additional policies and procedures for internal reporting, and time limits/thresholds for accumulated unspent endowment distributions, 3) developing a detailed process flow document for the entire endowments process to be distributed to Colleges/Departments, and 4) implementation of formal endowment disbursement account training for all Colleges/Departments.</p> <p>Additionally, UNT should consider the use of new or existing software to assist in recording/monitoring the endowments process. For example, UNT should assess whether PeopleSoft 9.2 can be used to monitor transactions and balances as well</p> | <p>III. The Division of Enrollment has appointed the Executive Director of Financial Aid and Scholarships and the Director of Scholarships to serve as members on the recommended steering committee.</p> <p>III. - V. The Division of Advancement has hired an Assistant Director of Donor Relations for Scholarship Stewardship and Compliance who will serve as a member of the recommended steering committee, along with the Director of Donor Relations and the Assistant Vice President for Donor Relations and Advancement Services.</p> | <p>Collaboration between Mike Mlinac, UNT Foundation President &amp; CEO; Finley Graves, Provost and Vice President for Academic Affairs; David Wolf, Vice President for Advancement; Shannon Goodman, Vice President for Enrollment; and Bob Brown, Vice President for Finance and Administration</p> | 12/22/2017                   | Open                  |

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|-----------------------|------------------|-------------------------------|---------------|--------------------------------------|---|-----------------------|---|------------|---|---|---|------------------------------|-----------------------|
| Internal (Co-Sourced) | PwC              | Fiscal Year 2017              | 16-303 UNT    | Governance and Regulatory Compliance | UNT Endowments Internal Audit                         | UNT                   | <p>Comment #2: Incorrect Gift Agreement</p> <p>One out of the 14 MOUs sampled did not include all of the appropriate criteria in the revised gift agreement updated by the Office of Advancement.</p> <p>Advancement, responsible for donor solicitation as well as donor stewardship, revised a donor gift agreement for one sampled endowment in the College of Information in order to bring the gift agreement in alignment with current policy as the donor is deceased. However, the revisions made to the agreement did not include all of the required donor criteria from the original agreement, including GPA and career path requirements. Furthermore, the personnel responsible for the related disbursement account in the College of Information did not receive the updated gift agreement from Advancement. As a result, a review or reconciliation of the original and updated donor agreements to ensure that all criteria were appropriately transferred could not be performed.</p> | NA         | The Office of Advancement should update the incorrect donor gift agreement for the endowment in the College of Information to include the correct criteria. Also, Advancement should consider formally documenting policies and procedures related to updating or changing MOUs and other gift agreements, including a review process to ensure all details of the updated memo are captured appropriately.               | The Director of Donor Relations is drafting a memo to address the conflicting documentation for the endowment in question and will formally document the correct spending criteria according to original donor intent. This memo will be distributed to all appropriate parties on campus for record keeping purposes. Additionally, a Gift Agreement Handbook is currently in draft form written by Donor Relations to outline procedures currently used for writing new gift agreements/ memos and amending existing fund documentation. This handbook will include applicable laws the University must follow in regard to scholarship criteria, as well as University and UNT System policies that must be complied with in regard to gift acceptance and naming. | Rachel Kimball, Director of Donor Relations                         | 12/22/2017                   | Open                  |
| Internal (Co-Sourced) | PwC              | Fiscal Year 2017              | 17-304 HSC    | Governance and Regulatory Compliance | THECB Faculty Development Center Grant Internal Audit | UNTHSC                | <p>1. Funding Source Not Accurately Set Up</p> <p>The funding source for the FDC grant was not accurately set up to include fringe benefits for FDC employees in accordance with the FDC State Grant Agreement. Specifically, the chart string field for fringe benefits was inaccurate, resulting in the designation of \$14,377.58 to the incorrect fund.</p>   | High       | 1.1.a. Correctly set up the FDC grant in upcoming appropriation years to ensure that fringe benefits are configured as expenses to be included in the grant total from the correct funding source (i.e. chart field string) and coordinate with appropriate management from the Office of Finance & Planning as well as the UNT System Controller's office to confirm that the accurate funding source is being utilized. | 1a. OGCM will coordinate with HSC Office of Finance & Planning and HSC System Controller's Office to ensure THECB appropriations for current and upcoming appropriation years are set up to indicate the correct funding source in the chart field string.  | LeAnn Forsberg, Assistant Vice President of Research Administration | 5/19/2017                    | Closed                |

UNTS Enterprise Audit Report Inventory

| Internal / External   | Reporting Agency | Fiscal Year Report was Issued | Report Number | Audit Category                       | Report Name   | Component Institution | Key Observations  | Risk Level | Recommendation Details   | Management Response   | Individual Responsible for Implementation   | Expected Implementation Date | Recommendation Status |
|-----------------------|------------------|-------------------------------|---------------|--------------------------------------|---|-----------------------|---|------------|--|---|---|------------------------------|-----------------------|
| Internal (Co-Sourced) | PwC              | Fiscal Year 2017              | 17-304 HSC    | Governance and Regulatory Compliance | THECB Faculty Development Center Grant Internal Audit | UNTHSC                | <p>2. Not All Grant Expenses Were Charged Accurately</p> <p>The THECB FDC grant expenditures were not always recorded accurately prior to the FDC grant Annual Financial Report (AFR) being submitted to the THECB. After the submission of the AFR to the THECB, the management of the FDC determined that \$8,364.32 in expenses charged to the grant were unallowable expenses, and \$8,730.55 in expenses charged to local/discretionary accounts were allowable expenses that could be funded by the grant. Internal Audit reviewed both the unallowable and allowable expenses.</p> | High       | 2.1.a. Initiate a cost transfer form for \$8,364.32 in unallowable expenses to be removed from .the THECB FDC grant as well as a cost transfer form for \$8,730.55 in allowable expenses from the local/discretionary account (300610) to be included on the THECB FDC grant and submit the form to the OGCM for review. | The TCOMOffice of Educational programs has initiated the recommended funds transfer in coordination with the OGCM.  | Lisa Nash, Senior Associate Dean of Educational Programs (TCOM), and Cynthia Passmore, Director of Faculty Development Center | NA                           | Closed                |
| Internal (Co-Sourced) | PwC              | Fiscal Year 2017              | 17-304 HSC    | Governance and Regulatory Compliance | THECB Faculty Development Center Grant Internal Audit | UNTHSC                | <p>2. Not All Grant Expenses Were Charged Accurately</p> <p>The THECB FDC grant expenditures were not always recorded accurately prior to the FDC grant Annual Financial Report (AFR) being submitted to the THECB. After the submission of the AFR to the THECB, the management of the FDC determined that \$8,364.32 in expenses charged to the grant were unallowable expenses, and \$8,730.55 in expenses charged to local/discretionary accounts were allowable expenses that could be funded by the grant. Internal Audit reviewed both the unallowable and allowable expenses.</p> | High       | 2.1.b. Work with OGCM to update the workflow approval routing to go through the Director of the FDC, who, as head of the FDC, has greater oversight and first-hand knowledge of activities performed to be able to sufficiently review and approve expenses for the grant.   | The Senior Associate Dean shall retain management oversight of the program and provide final approval of expenditures. Additionally, the Senior Associate Dean will provide guidance to participating staff, and an internal control/manual business process for the FDC Director to review expenses will be implemented. | Lisa Nash, Senior Associate Dean of Educational Programs (TCOM), and Cynthia Passmore, Director of Faculty Development Center | 8/31/2017                    | Closed                |



UNTS Enterprise Audit Report Inventory

| Internal / External   | Reporting Agency | Fiscal Year Report was Issued | Report Number | Audit Category                       | Report Name   | Component Institution | Key Observations  | Risk Level | Recommendation Details  | Management Response   | Individual Responsible for Implementation                           | Expected Implementation Date | Recommendation Status |
|-----------------------|------------------|-------------------------------|---------------|--------------------------------------|---|-----------------------|---|------------|---|---|---|------------------------------|-----------------------|
| Internal (Co-Sourced) | PwC              | Fiscal Year 2017              | 17-304 HSC    | Governance and Regulatory Compliance | THECB Faculty Development Center Grant Internal Audit | UNTHSC                | <p>2. Not All Grant Expenses Were Charged Accurately</p> <p>The THECB FDC grant expenditures were not always recorded accurately prior to the FDC grant Annual Financial Report (AFR) being submitted to the THECB. After the submission of the AFR to the THECB, the management of the FDC determined that \$8,364.32 in expenses charged to the grant were unallowable expenses, and \$8,730.55 in expenses charged to local/discretionary accounts were allowable expenses that could be funded by the grant. Internal Audit reviewed both the unallowable and allowable expenses.</p> | High       | 2.2.a. Review the expenses along with supporting documentation for appropriateness and provide approval to the UNT System Controller's office to post the transfer to the General Ledger. | OGCM has reviewed, approved and forwarded to the HSC System Controller's office the necessary cost transfers. | LeAnn Forsberg, Assistant Vice President of Research Administration | NA                           | Closed                |
| Internal (Co-Sourced) | PwC              | Fiscal Year 2017              | 17-304 HSC    | Governance and Regulatory Compliance | THECB Faculty Development Center Grant Internal Audit | UNTHSC                | <p>2. Not All Grant Expenses Were Charged Accurately</p> <p>The THECB FDC grant expenditures were not always recorded accurately prior to the FDC grant Annual Financial Report (AFR) being submitted to the THECB. After the submission of the AFR to the THECB, the management of the FDC determined that \$8,364.32 in expenses charged to the grant were unallowable expenses, and \$8,730.55 in expenses charged to local/discretionary accounts were allowable expenses that could be funded by the grant. Internal Audit reviewed both the unallowable and allowable expenses.</p> | High       | 2.2.b. Update the FDC grant AFR to appropriately reflect expenses charged to the grant and resubmit the AFR to the THECB.   | OGCM will complete the revised FDC grant AFR and will forward the revised AFR to the THECB.                   | LeAnn Forsberg, Assistant Vice President of Research Administration | 4/28/2017                    | Closed                |

UNTS Enterprise Audit Report Inventory

| Internal / External   | Reporting Agency | Fiscal Year Report was Issued | Report Number | Audit Category                       | Report Name   | Component Institution | Key Observations  | Risk Level | Recommendation Details   | Management Response  | Individual Responsible for Implementation                             | Expected Implementation Date | Recommendation Status |
|-----------------------|------------------|-------------------------------|---------------|--------------------------------------|---|-----------------------|---|------------|--|--|---|------------------------------|-----------------------|
| Internal (Co-Sourced) | PwC              | Fiscal Year 2017              | 17-304 HSC    | Governance and Regulatory Compliance | THECB Faculty Development Center Grant Internal Audit | UNTHSC                | <p>2. Not All Grant Expenses Were Charged Accurately</p> <p>The THECB FDC grant expenditures were not always recorded accurately prior to the FDC grant Annual Financial Report (AFR) being submitted to the THECB. After the submission of the AFR to the THECB, the management of the FDC determined that \$8,364.32 in expenses charged to the grant were unallowable expenses, and \$8,730.55 in expenses charged to local/discretionary accounts were allowable expenses that could be funded by the grant. Internal Audit reviewed both the unallowable and allowable expenses.</p> | High       | 2.2.c. Implement a follow-up process with the grantees for all grants on a periodic basis to ensure that all expenses are being charged correctly and establish an escalation procedure to notify appropriate personnel to ensure timely submission of expenses, supporting documentation, and the completed AFR.  | OGC will implement additional processes specifically for the FDC award and, where needed, additional TCOM awards through quarterly meetings to review award status and expenditures. The meetings and subsequent follow up will include escalation to management, as needed, to ensure proper grant oversight. Other grants will follow standard procedures of PIM meeting schedule, expenditure review and trainings.   | LeAnn Forsberg, Assistant Vice President of Research Administration   | 5/31/2017                    | Closed                |
| Internal (Co-Sourced) | PwC              | Fiscal Year 2017              | 17-304 HSC    | Governance and Regulatory Compliance | THECB Faculty Development Center Grant Internal Audit | UNTHSC                | <p>2. Not All Grant Expenses Were Charged Accurately</p> <p>The THECB FDC grant expenditures were not always recorded accurately prior to the FDC grant Annual Financial Report (AFR) being submitted to the THECB. After the submission of the AFR to the THECB, the management of the FDC determined that \$8,364.32 in expenses charged to the grant were unallowable expenses, and \$8,730.55 in expenses charged to local/discretionary accounts were allowable expenses that could be funded by the grant. Internal Audit reviewed both the unallowable and allowable expenses.</p> | High       | 2.3.a. Commit additional resources in TCOM and establish a transfer procedure in which personnel creates a journal worksheet with the cost transfer form, which is then routed to the OGCM for review and approval. Once it is approved, the OGCM will send the documentation to the UNT System Controller's office for posting to the General Ledger through a journal entry. | The Chief Financial Officer and the Dean of TCOM have committed to providing additional resources in TCOM by creating a new position embedded in TCOM to oversee business/accounting activity to ensure any financial reports are done correctly and timely. Additionally, a transfer procedure will be established in which personnel creates a journal worksheet with the cost transfer form to be routed to the OGCM for review & approval and posted by the Controller's Office. | Gregory Anderson, Chief Financial Officer and Don Peska, Dean of TCOM | 9/30/2017                    | Closed                |

UNTS Enterprise Audit Report Inventory

| Internal / External   | Reporting Agency | Fiscal Year Report was Issued | Report Number | Audit Category                       | Report Name   | Component Institution | Key Observations  | Risk Level | Recommendation Details   | Management Response  | Individual Responsible for Implementation                | Expected Implementation Date | Recommendation Status |
|-----------------------|------------------|-------------------------------|---------------|--------------------------------------|---|-----------------------|---|------------|--|--|--|------------------------------|-----------------------|
| Internal (Co-Sourced) | PwC              | Fiscal Year 2017              | 17-304 HSC    | Governance and Regulatory Compliance | THECB Faculty Development Center Grant Internal Audit | UNTHSC                | <p>3. Monitoring and Tracking of Grant Expenditures Was Insufficient</p> <p>The preparation of the FDC grant AFR was not performed in adherence with the FDC State Grant Agreement. The FDC grant AFR was not always supported by the sufficient level of documentation required to ensure accurate financial reporting, resulting in a delayed and inaccurate submission of the AFR.</p> | High       | 3.1.a. Establish a formal system (i.e. creating a spreadsheet, retaining invoices and receipts) of tracking and monitoring expenses throughout the appropriation year to be able to provide sufficient supporting documentation for the creation of the FDC grant AFR. | The Director of the Faculty Development Center will establish a formal system to track and monitor expenses as recommended.              | Cynthia Passmore, Director of Faculty Development Center | 8/31/2017                    | Closed                |
| Internal (Co-Sourced) | PwC              | Fiscal Year 2017              | 17-304 HSC    | Governance and Regulatory Compliance | THECB Faculty Development Center Grant Internal Audit | UNTHSC                | <p>3. Monitoring and Tracking of Grant Expenditures Was Insufficient</p> <p>The preparation of the FDC grant AFR was not performed in adherence with the FDC State Grant Agreement. The FDC grant AFR was not always supported by the sufficient level of documentation required to ensure accurate financial reporting, resulting in a delayed and inaccurate submission of the AFR.</p> | High       | 3.1.b. Perform quarterly reviews, at a minimum, of all expenditures on the FDC grant by reconciling all FDC grant expenses to what has been posted in the system to ensure expenses are appropriately charged to the grant based on the guidelines.                    | The Director of the Faculty Development Center will perform quarterly reconciliations to ensure FDC expenses are appropriately recorded. | Cynthia Passmore, Director of Faculty Development Center | 8/31/2017                    | Closed                |



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|---|---|----------------|
| Regulations of the University of North Texas System |   | Chapter 02     |
| <b>02.1000</b>                                      | <b>Compliance and Integrity Program</b> | Administration |

**02.1001      Regulation Statement.**

The University of North Texas System is committed to ethical and lawful conduct at every level of the organization; providing education and implementing practices that prevent and detect violations of the law and encourage all members of the System to conduct themselves lawfully, honestly and with integrity; and preventing retaliation against individuals who make good faith reports of suspected misconduct.

**02.1002      Application of Regulation.**    All employees and individuals acting on behalf of the UNT System or an Institution in the System.

**02.1003      Definitions.**

1. Compliance and Integrity Program. “Compliance and Integrity Program” means the structure and process designed to identify, assess, monitor, oversee and ensure officers and employees of the Institutions comply with applicable laws, Regents Rules, System Regulations and Institution policies.
2. Compliance Risk. “Compliance risk” means conduct (action and inaction), practices or circumstances that expose an Institution to legal or regulatory sanctions, including fines or penalties; or damage to an Institution’s reputation due to an officer’s, employee’s, agent’s or independent contractor’s failure to comply with applicable laws, Regents Rules, System Regulations or Institution policies.
3. Compliance Risk Assessment. “Compliance risk assessment” means the periodic identification and evaluation of conduct (action and inaction), practices, and circumstances that expose an Institution to sanctions or reputational harm.
4. Compliance Work Plan. “Compliance work plan” means a method or tool developed after completion of a risk assessment to focus compliance activities on an Institution’s highest compliance risks.

5. Good Faith Report. “Good faith report” means a reasonable belief that conduct violates law, Regents Rule, System Regulation or Institution policy based on the reporting individual’s training and experience.
6. Institution. “Institution” means an institution of higher education in the UNT System, including the System Administration.
7. Management Official. “Management official” means an individual who has supervisory responsibilities over one or more faculty or staff employees; exercises substantial discretionary authority when acting within the course and scope of employment; or acts as an agent on behalf of an Institution.
8. Mandatory Training. “Mandatory training” means regularly scheduled training related to federal and state laws, Regents Rules, System Regulations, Institution policies or specific operational practices that are essential to developing consistent ethical and compliant conduct.
9. Misconduct. “Misconduct” means wrongdoing as described in Regents Rule 04.1100, including any action or a knowing failure to act that results or has potential to result in fraud, waste, abuse, illegal activity, financial misstatements, accounting irregularities, or violations of federal or state laws, Regents Rules, System Regulations, or Institution policy.
10. Responsible Senior Official. “Responsible Senior Official” means the chief executive officer of the UNT System or an Institution.
11. Retaliation. “Retaliation” means any action, treatment or condition likely to dissuade a reasonable person from reporting or causing to report, or from participating in an investigation of suspected misconduct or a related proceeding, including an action that affects an individual’s enrollment or business relationship, or an employee’s compensation, promotion, transfer, work assignment, or performance evaluation.
12. Substantial Discretionary Authority. “Substantial discretionary authority” means authority to make discretionary decisions within the course and scope of employment that affect the financial, organizational or operational posture of the System or an Institution (e.g. set prices, negotiate contracts, etc.) regardless whether the authority is formally delegated in writing pursuant to state law, Regents Rules or Institution policy.

**02.1004**      **Responsibilities**

Institutions shall maintain policies and implement practices that encourage ethical conduct and the prevention and detection of misconduct, and establish a Compliance and Integrity Program that is consistent with the requirements set out in this regulation.

**02.1005**      **Components of Compliance and Integrity Program**

Compliance and Integrity Programs established pursuant to this regulation shall apply to all employees and individuals acting on behalf of the Institutions and include, at a minimum, the following:

1. Policies Related to Ethics and Standards of Conduct. Institutions shall adopt and maintain policies essential to establishing a culture of compliance through the detection and prevention of criminal activity, and that promote integrity, ethical behavior, and compliance with federal and state laws, Regents Rules, Institution policies and standards adopted by applicable accrediting bodies. These policies must include, at a minimum, those related to:
  - a. Ethics and standards of conduct;
  - b. Conflict of interest disclosure;
  - c. Background checks;
  - d. Dual employment and other outside activities;
  - e. Prohibition against sexual assault/sexual harassment;
  - f. Reporting suspected misconduct;
  - g. Rights and responsibilities of employees under the Compliance and Integrity program; and
  - h. Fraud.
  
2. Chief Compliance Officer. Institutions shall designate an individual to have full-time, day-to-day operational responsibility for the Compliance and Integrity Program. The Chief Compliance Officer shall have direct and unrestricted access to the Institution's Responsible Senior Official; administer the Compliance and Integrity Program reporting system; have unrestricted access to individuals and information throughout the System as necessary and consistent with applicable legal privileges; and be given adequate resources to develop and maintain an effective Compliance and Integrity Program, including resources necessary to conduct an annual compliance risk assessment and compliance work plan.
  
3. Background Checks. Institutions shall require criminal history background checks for all positions with financial or substantial discretionary authority, with proximity to minors, or in security sensitive positions upon hiring or upon



assumption of materially different responsibilities. Criminal history background, excluded-parties/persons, and debarment checks shall be conducted, as applicable, for all third parties conducting substantial business with the organizations and for all individuals acting on behalf of an Institution.

4. Mandatory Education and Training. The Compliance and Integrity Program will regularly communicate compliance standards and procedures to all employees by requiring participation in compliance education and training related to the policies identified in Section 02.105 and emerging compliance areas. Education and training also shall inform employees, students and other individuals of the ways to report suspected misconduct.
  - a. Mandatory Training. Each year employees shall participate in compliance education and training. At a minimum this training must cover each of the policies identified in section 02.105 and should include emerging compliance topics affecting the Institution.
  - b. Format of Annual Education and Training. Education and training required under this regulation may be delivered on multiple platforms or in-person, as determined by the Chief Compliance Officer.
  - c. Record and Notification of Education and Training. Institutions shall develop a system for verifying when each employee completes mandatory education and training. This verification must include confirming full compliance with these training requirements, the date of the training, and document the format by which training was delivered. Employees shall be notified of their obligations to complete mandatory training no less than 30 days before the date by which it must be completed.
  - d. Enforcement of Education and Training Responsibilities. An employee who fails to complete education and training required under this regulation shall not be eligible for salary increases of any type during the year in which the employee did not complete the training and is subject to disciplinary action, including termination. Institutions also may adopt additional measures to ensure compliance with this requirement, including denying access to information technology resources until training is completed.
5. Reporting System. The Compliance and Integrity Program shall administer and publicize a system for reporting suspected misconduct. The reporting system shall operate in coordination with the Compact with Texas.
  - a. Reporting System. The reporting system, at a minimum, shall allow for good faith anonymous reporting that protects the identity of individuals who make reports of suspected misconduct or who participate in a

compliance investigation, and for individuals who request guidance regarding reporting suspected misconduct.

- b. Publicizing Reporting System. Access to the reporting system must be prominently maintained on the home page of the Institution's webpage.
6. Informing the Chief Compliance Officer and Appropriate Officials of Compliance Concerns. Institutions shall develop processes for informing the Chief Compliance Officer, Responsible Senior Official, Chancellor, Vice Chancellor and General Counsel and Board of Regents of compliance concerns.
- a. Informing the Chief Compliance Officer. Individuals who investigate reports of suspected misconduct, except law enforcement officials, shall inform the Institution's Chief Compliance Officer each time an investigation is initiated and completed, of the findings of the investigation, and of any disciplinary sanction imposed or corrective action taken to address a finding of misconduct. Individuals who are required to inform the Chief Compliance Officer pursuant to this section shall do so in a reasonable time, as determined by the Chief Compliance Officer, and in manner that maintains confidentiality and any recognized privileges.
  - b. Informing the Responsible Senior Official. The Chief Compliance Officers, in consultation with the Chief Audit Executive, shall establish uniform criteria for informing each Responsible Senior Official and the Chancellor of reports of suspected misconduct received by the Compliance and Integrity Programs. At a minimum, the criteria shall be designed to inform the Responsible Senior Official and Chancellor (i) of all reports of suspected misconduct or potential criminal conduct by Management Officials and individuals with substantial discretionary authority, (ii) of all reports alleging potential criminal conduct, and (iii) when the estimated financial impact is in excess of \$25,000 or involves the potential loss of federal or state funds.
  - c. Informing the Board of Regents. The Chancellor shall inform the Board of Regents or the appropriate committee of the Board (i) of all reports of suspected misconduct or potential criminal conduct by Management Officials and individuals with substantial discretionary authority, (ii) of all reports alleging potential criminal conduct, (iii) when the estimated financial impact is in excess of \$25,000 or involves a potential loss of federal or state funds, or (iv) when there is a material violation of a Regents Rule.
  - d. Periodic Compliance Report. Each Chief Compliance Officer shall report to the Board of Regents or the appropriate committee of the Board a minimum of one time per quarter. The report shall include information

the Chief Compliance Officer, in consultation with the Chief Audit Executive or Vice Chancellor and General Counsel as appropriate, determines is necessary to promote an effective compliance program.

7. Reviewing and Investigating Reports of Misconduct. The Institutions shall establish processes for promptly reviewing reports of suspected misconduct to determine whether an investigation should be conducted and for conducting investigations as warranted by the circumstances.
  - a. Reviewing Reports. The Chief Compliance Officer shall review reports of suspected misconduct to determine whether an investigation should be conducted. The Chief Compliance Officer may consult representatives from Internal Audit, the Office of General Counsel and law enforcement to ensure the report is referred to the appropriate official for investigation.
  - b. Investigating Suspected Misconduct. An official responsible for investigating a report of suspected misconduct shall investigate the report promptly and document the investigation.
  - c. Reporting Findings to External Entities. Upon completion of an investigation and when applicable, the Office of General Counsel, in consultation with the Chief Compliance Officer, shall advise the appropriate Responsible Senior Official whether a finding of misconduct should be disclosed to a federal or state governmental entity. Any such disclosure must be reported timely to the Chair of the Board of Regents or to the Chair of the appropriate committee of the Board.
8. Protection against Unlawful Retaliation. Institutions shall prohibit the taking of adverse action against any individual who in good faith reports or causes to be reported suspected misconduct; participates in an investigation conducted under the Compliance and Integrity Program; or seeks guidance regarding any matter within the scope of the program.
  - a. Self-Reporting. An individual who reports suspected misconduct in which he or she was involved is subject to disciplinary action for engaging in the behavior, including termination of employment or business relationship. The fact that an individual voluntarily self-reported misconduct may be considered in mitigating any disciplinary action.
  - b. Sanctions. An individual who engages in retaliation is subject to disciplinary or administrative action, including termination of employment or termination of a business relationship.



9. Confidentiality and Protection of Information. Compliance and Integrity Programs shall be designed to protect against the disclosure of information and establish criteria for the lawful disclosure of information in accordance with this section.
- a. Confidential Information. As permitted under section 51.971 of the Texas Education Code, information is confidential and shall not be disclosed, except as authorized in this section, if it directly or indirectly reveals the identity of an individual who reports suspected misconduct, who participates in an investigation conducted under a Compliance and Integrity Program, or who seeks guidance from the program. In addition, information that directly or indirectly reveals the identity of an individual accused of suspected misconduct is confidential if a compliance investigation determines the accusation is unsubstantiated or without merit.
  - b. Non-confidential Information Protected from Disclosure. Information may be protected from disclosure even when it is not confidential when it is:
    - i. collected or produced pursuant to a compliance investigation and releasing the information would interfere with an ongoing compliance investigation; or
    - ii. collected or produced by an Institution official for the purpose of reviewing a compliance process.
  - c. Authorized Disclosure of Information. Confidential information and information protected from disclosure under this section may be released, upon request:
    - i. with the written and signed consent of the individual whose identity would be disclosed;
    - ii. to a law enforcement agency or prosecutor;
    - iii. to a governmental agency responsible for investigating the matter that is the subject of a compliance report, including state and federal equal opportunity agencies, in consultation with the Vice Chancellor and General Counsel; or
    - iv. to an officer or employee of the System Administration or an Institution who is responsible for a compliance investigation or for reviewing an investigation conducted under a Compliance and Integrity Program.
10. Compliance Assessment and Monitoring. Each Chief Compliance Officer shall regularly assess and monitor the Institution's policies and practices related to

detecting and preventing potential or actual misconduct and for evaluating the overall effectiveness of the program.

1. Assessment of Practices. Each year the Chief Compliance Officer shall conduct a compliance risk assessment and the measures implemented to control identified risks.
  2. Monitor Effectiveness of Compliance Policies and Practices. The Chief Compliance Officer shall regularly monitor the measures implemented to mitigate compliance risks identified in the annual assessment and, in consultation with the Chief Audit Executive, design uniform criteria for determining when risks are sufficiently mitigated and a process for informing the Responsible Senior Official when risks are mitigated.
11. Review of Compliance Program. Each Institution shall evaluate the effectiveness of its Compliance and Integrity Program after each finding of misconduct and on a periodic basis.
- a. Following a finding of misconduct, the evaluation shall, at a minimum:
    - i. assess whether individuals involved directly or indirectly in the misconduct were in compliance with training requirements;
    - ii. assess the level of enforcement and corrective action for any prior misconduct;
    - iii. assess the timeliness of the response to the report of suspected misconduct;
    - iv. assess the completion rate and timeliness of the annual compliance risk assessment for the area in which the misconduct occurred;
    - v. ascertain the number of any external regulatory enforcement actions related to the nature of the misconduct;
    - vi. prepare a work plan, with the assistance of the Chief Audit Executive where appropriate, to assess whether corrective actions were effectively implemented; and
    - vii. include anonymous surveys of individuals who access the compliance reporting system.
  - b. Annually, each Compliance and Integrity Program shall assess, at a minimum:
    - i. whether the Responsible Senior Official and senior management communicated support for the program;
    - ii. the Institution's compliance with education and training requirements;
    - iii. compliance committee participation;

- iv. the frequency of communication between the Chief Compliance Officer and Responsible Senior Official and any oversight committee(s);
  - v. the level of enforcement and corrective action for compliance violations across the Institution;
  - vi. the effectiveness of incentives or rewards offered for contributing to a culture of compliance;
  - vii. the Institution's response rate on the annual compliance risk assessment;
  - viii. the number and resolution of internal investigations, including timeliness;
  - ix. the number and resolution of external regulatory enforcement actions against the Institution; and
  - x. the satisfaction of individuals who access the compliance reporting system through the use of surveys, including anonymous surveys.
- c. The Chief Audit Executive shall periodically evaluate each Compliance and Integrity Program in the System.

**02.1006 Compliance Governance – Committees**

Each Institution shall establish an Executive Compliance Committee to provide leadership, oversight and direction for the Compliance and Integrity Program and to ensure the program has the necessary resources and support to fulfill its objectives.

1. System Executive Compliance Committee. The System Executive Compliance Committee shall consist of the Chancellor, the institution Presidents, the Chief Compliance Officers, the Chief Audit Executive and the Vice Chancellor and General Counsel, and may include the Chief Information Officer and any employee in the System that the Chancellor determines is necessary to fulfill the committee's oversight responsibilities. In addition to its general responsibilities, the committee shall:
  - a. Monitor the effectiveness of the compliance reporting system;
  - b. Review with the Chief Compliance Officers the status of compliance education and training and the results of other activities related to the Compliance and Integrity Program; and
  - c. Review each Institution's annual compliance work plan.
2. Institution Executive Compliance Committees. Each Institution shall establish an Executive Compliance Committee comprised of the Responsible Senior Official, the Vice Chancellors/Vice Presidents, the Chief Compliance Officer



and any other individual the Responsible Senior Official determines is necessary to fulfill the responsibilities of the committee. In addition to its general responsibilities, the committee may:

- a. review the annual compliance risk assessment and the Institution's compliance risks;
  - b. review the annual compliance work plan prior to approval by the Board of Regents;
  - c. review the effectiveness of the Compliance and Integrity Program, including the reporting system and education and training program;
  - d. review the resolution of compliance investigations and any enforcement and corrective measures imposed for violations; and
  - e. recommend incentives to comply with the Institution's Compliance and Integrity Program.
3. Compliance Workgroup. The Institutions may establish a Compliance Workgroup comprised of individuals who report directly to members of the Executive Compliance Committee and who have expertise in operational or compliance areas. The Compliance Workgroup is responsible for assisting and supporting the Chief Compliance Officer. In addition to its general responsibilities, the workgroup may:
- a. provide advice to the Chief Compliance Officer concerning specific education and training;
  - b. assist in identifying compliance risks and controls to mitigate those risks;
  - c. review results of the annual compliance risk assessment before it is submitted to the Executive Compliance Committee; and
  - d. assist in reviewing the annual compliance work plan before adoption.

#### **2.1007 Enforcement and Corrective Action**

The Institutions shall take immediate action to correct misconduct and address retaliation once detected, including taking disciplinary action when appropriate and modifying their Compliance and Integrity Programs to improve effectiveness. When taking corrective action, every effort shall be made to protect the confidentiality of individuals who report or participate in compliance investigations and to protect these individuals against retaliation.

1. Corrective Action. Corrective action includes remediating any harm resulting from misconduct and considering whether the misconduct must be voluntarily disclosed to federal or state governmental entities.
2. Disciplinary Sanctions. Individuals found to have engaged in misconduct or retaliation are subject to immediate disciplinary or administrative action, including termination of employment, termination of authority to act on behalf of the Institution or termination of business relationship or affiliation. In determining the disciplinary sanction, the official taking the action shall consider:
  - a. the nature and seriousness of the misconduct;
  - b. whether the individual is in a position with financial or substantial discretionary authority;
  - c. whether the individual has engaged in prior misconduct;
  - d. whether the proposed sanction is sufficient to enforce a culture of compliance or discourage others from future misconduct;
  - e. the disciplinary sanctions imposed by the Institution for similar acts of misconduct; and
  - f. whether the individual self-reported the misconduct and cooperated in any related investigation(s).

## **2.1008 False Reporting**

An individual who knowingly makes a false report of suspected misconduct or who provides false information during a compliance investigation is subject to disciplinary action, including termination of employment, termination of authority to act on behalf of the Institution, or termination of business relationship or affiliation.

### **References and Cross-references.**

Federal Sentencing Guidelines for Organizations, USSG §8A1.2  
Texas Education Code §51.971  
Texas Government Code §572.051  
Texas Education Code §51.9337(b)(2)  
Regents Rule 04.1100 – Reporting Suspected Wrongdoing  
Regents Rule 04.500 – Audit and Compliance  
Regents Rule 10.700 – Fraud Policy

Approved: October 6, 2017  
Effective: October 6, 2017  
Revised:



# Background Report



Committee: Audit

Date Filed: October 6, 2017

**Title:** UNT System Consolidated Annual Compliance Report, September 2016 through August 2017

## Background:

This report represents the compliance actions for the University of North Texas System Administration, University of North Texas, University of North Texas Health Science Center and the University of North Texas at Dallas from September 1, 2016 through August 31, 2017. Regular reporting of compliance actions to the UNT System Board of Regents is required by the United States Sentencing Commission's Federal Guidelines §8B2.1(b)(2)(A).

This annual report has been consolidated to reflect the compliance actions for all UNT System institutions. This report reflects the actions that management and each compliance function has taken to manage their highest risks.

## Financial Analysis/History:

This is a report item only.

Janet  
Waldron

Vice Chancellor for Finance

Digitally signed by Janet Waldron  
DN: cn=Janet Waldron, o=UNT System,  
ou=Vice Chancellor for Finance,  
email=janet.waldron@untssystem.edu, c=US  
Date: 2017.10.30 16:18:01 -05'00'

## Legal Review:

This item has been reviewed by General Counsel.

Nancy S. Footer

Vice Chancellor/General Counsel

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DN: cn=Nancy S. Footer, ou=University of North Texas System,  
ou=Office of General Counsel,  
email=nancy.footer@untssystem.edu, c=US  
Date: 2017.11.02 09:02:29 -05'00'

## Schedule: N/A

No action required. Information only. Submitted by:

Steven A. Hill I

UNT System Compliance Officer

Tracy C.  
Grunig

Chief Audit Executive

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DN: cn=Tracy C. Grunig, ou=University of  
North Texas System, ou=Internal Audit,  
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Lesla B. Roe

Chancellor

Digitally signed by Lesla B. Roe  
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Chancellor, email=chancellor@untssystem.edu, c=US  
Date: 2017.11.02 16:11:56 -05'00'

Attachments Filed Electronically:

- UNT System Consolidated Annual Compliance Report  
September 2016 through August 2017

# UNT | SYSTEM™

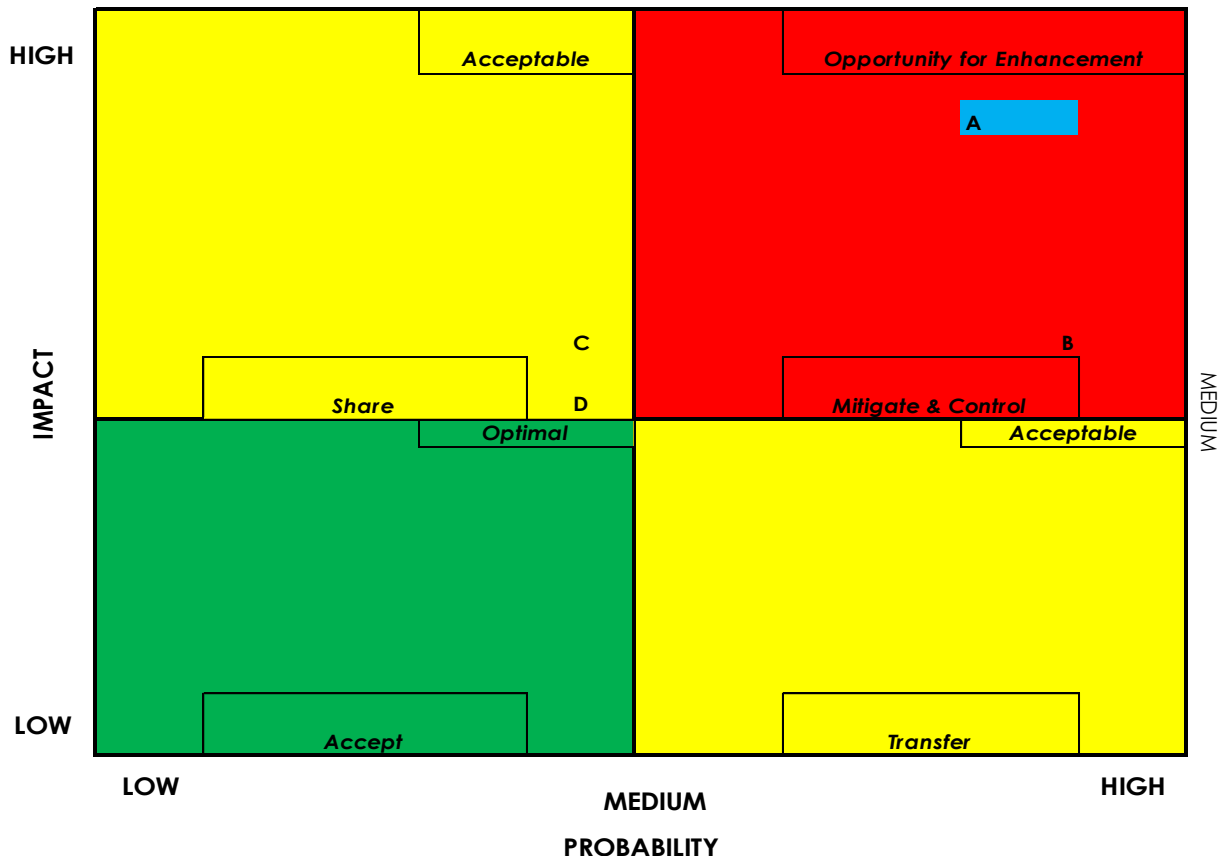
## Section I. Organizational Actions

There were no significant organizational actions that affected the Compliance program for this fourth quarter reporting period (June 1 through August 31, 2017).

## Section II. Compliance Risks

The following information represents the status of the University of North Texas System fiscal year 2017 Compliance Risks and management's efforts to implement adequate controls for the risks indicated, each risk's impact (severity) and probability (frequency) valuation, and the on-going risk mitigation strategy for each risk. The following information is provided to enhance the UNT System Board of Regent's ability to meet its compliance oversight responsibilities.

**Chart #1:** Reflects UNT System's "Compliance" (Statutory) Risks. This chart reflects the impact and probability of each risk and the on-going risk reduction effort that has been adopted to manage each risk.





August 31, 2017

September 1, 2016

| Reference | Reference                            | Impact | Probability | Impact | Probability |
|-----------|--------------------------------------|--------|-------------|--------|-------------|
| A         | Electronic Information Mis-Handling  | H      | H           | M      | M           |
| B         | Required Compliance Related Training | M      | H           | M      | M           |
| C         | Records Management and Retention     | M      | M           | M      | M           |
| D         | I-9 Compliance                       | M      | M           | M      | M           |

Highest risks appear in the top right corner of the chart.

Blue lettering indicates a risk that may be monitored permanently based on the nature of the risk, even with adequate controls in place.

Figure # 1.

|  |  |
|--|--|
| <b>Mitigate &amp; Control</b><br>(Lessens risk, sets standards, measures performance, and takes corrective action) | Requires quarterly compliance reviews by System and/or Institutional Compliance and reporting to the Board.  |
| <b>Share</b><br>(Adequate controls in place, continued monitoring and reporting is required)                       | Requires quarterly monitoring and reporting.   |
| <b>Transfer</b><br>(Adequate controls in place, but not a controlled risk)   | Transfer of monitoring responsibility from System and/or Institutional Compliance to campus management.  |
| <b>Accept</b>  | It appears that all actions have been taken to resolve this risk, with monitoring and reporting reduced from quarterly to annually or every two years depending on the nature of the risk. |

**Chart #2:** Reflects the same UNT System "Compliance" (Statutory) risks as the previous chart, but reflects the status of management's efforts to appropriately address each risk along with a summary of the specific on-going risk reduction effort still required.

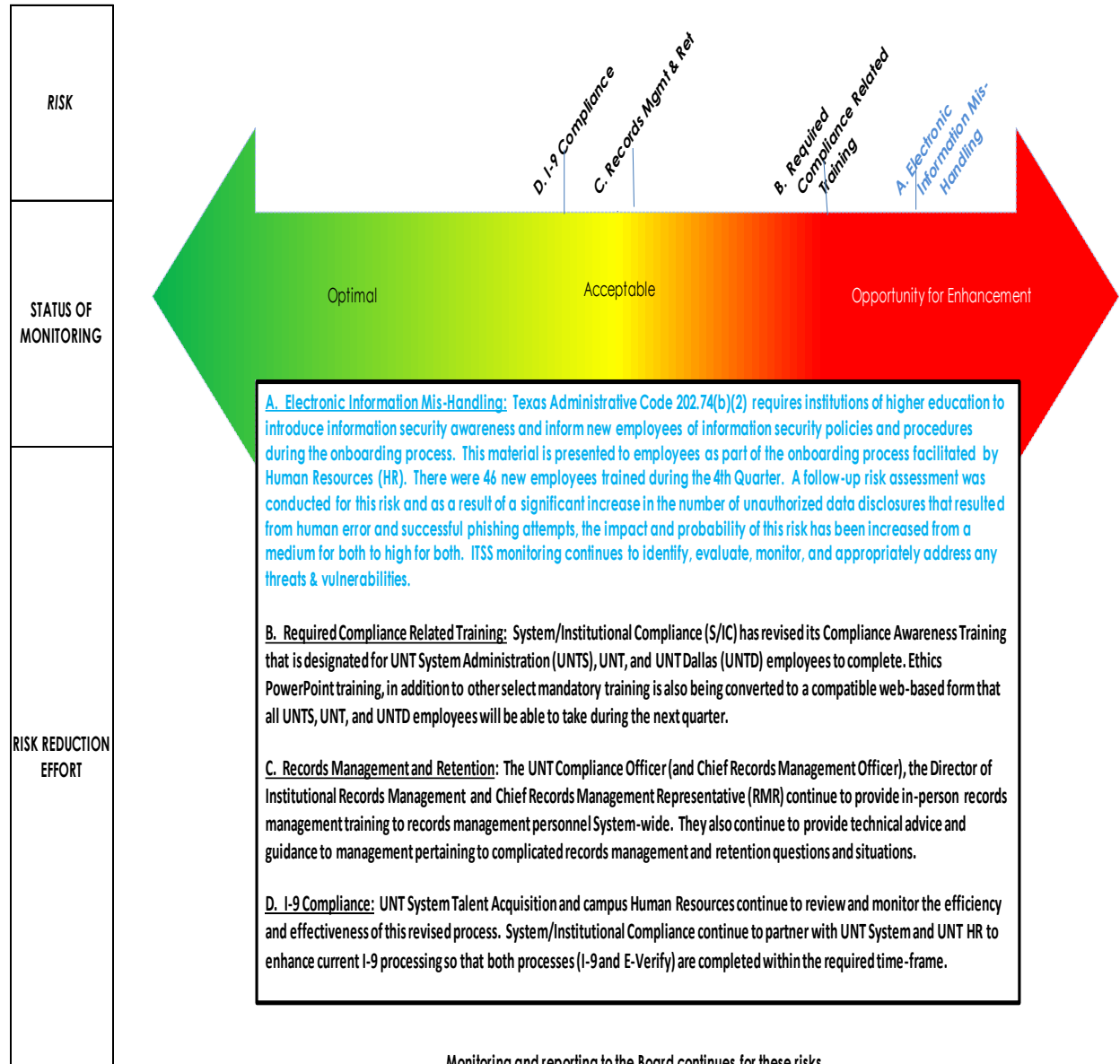
The three categories reflected in the arrow chart below are defined as:

**Opportunity for Enhancement** indicates there are opportunities to enhance the controls in place for risks in this category, which will continue the quarterly Compliance monitoring and reporting process.

UNT System Annual Compliance Report

**Acceptable** presents two options, both options indicate that adequate controls are in place, however, **Share** recommends that quarterly Compliance monitoring and reporting continue and **Transfer** recommends that quarterly Compliance monitoring could be transferred to management for completion.

**Optimal** indicates that this risk is now considered to be a Controlled risk, which means that all controls appear to be in place for this risk and monitoring could be reduced from quarterly to annually or every two years, depending on the nature of the risk to ensure that adequate controls remain in place.



Monitoring and reporting to the Board continues for these risks .

Risk reduction effort appears immediately below the arrow directly under the risk.

Highest risks appear on the right side of the red arrow.

Blue lettering indicates a risk that may be monitored permanently based on the nature of the risk, even with adequate controls in place.

### **Section III. Compliance Training**

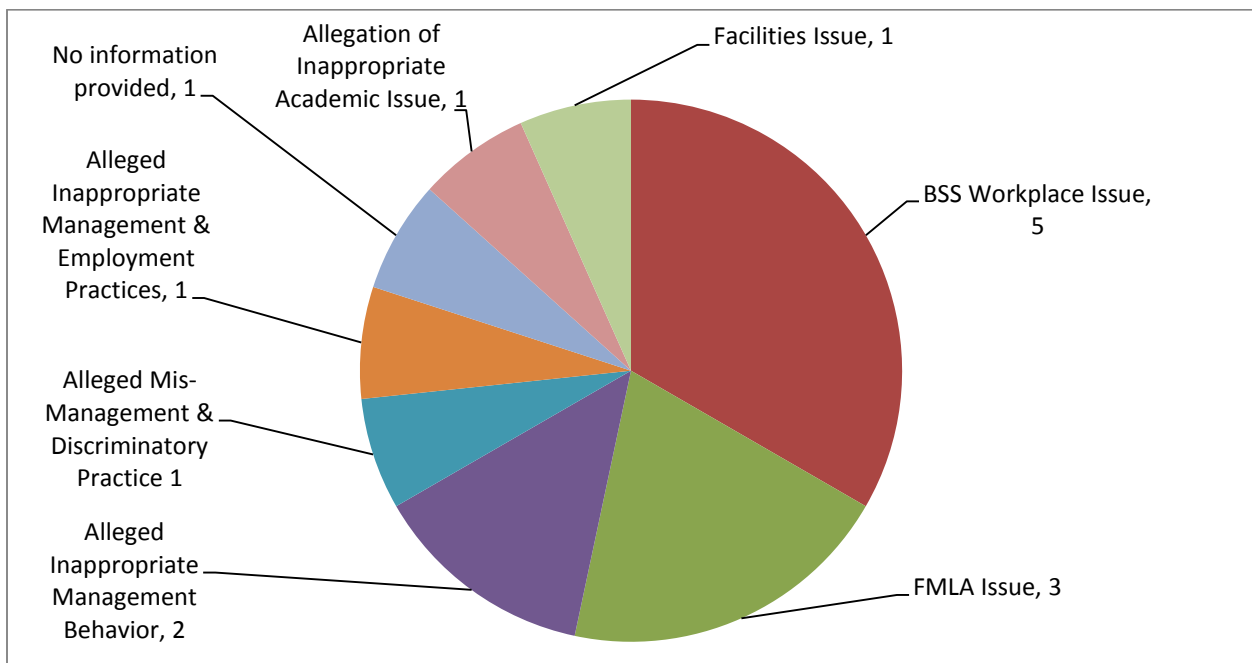
System/Institutional Compliance (S/IC) has revised its Compliance Awareness Training that is designed for UNT System Administration (UNTS), UNT, and UNT Dallas (UNTD) employees to complete. Ethics PowerPoint training, in addition to other select mandatory training is also being converted to a compatible web-based format that all UNTS, UNT, and UNTD employees will be able to take during the next quarter.

### **Section IV. Confidential and Other Complaint/Concern Reporting for UNT System**

UNT System maintains a web-based Compliance Hotline reporting system that allows anonymous and confidential reporting as required by the U.S. Sentencing Guidelines. System and Institutional Compliance also receives complaints by telephone, email, appointment, and walk-ins.

- An analysis of the **ten (10) reports (10 hotline)** received during the **fourth quarter** by UNT System revealed the following breakdown of complaints:
  - There were **five (5) hotline reports** received pertaining to Business Service Support workplace issues. These reports are being addressed by Institutional Compliance.
  - There were **three (3) hotline reports** received pertaining to FMLA workplace issues. These reports are being addressed by Institutional Compliance.
  - There was **one (1) hotline report** pertaining to a **facilities issue**. Risk Management Services and Facilities addressed this report.
  - There was **one (1) hotline report** received with no information provided. This report was closed upon receipt

There were **fifteen (15) reports** received by UNT System during **fiscal year 2017** as compared to the **thirty-two (32) reports** received in **fiscal year 2016** and **twenty-five (25) reports received during fiscal year 2015**, with **fiscal year 2017** summarized below:







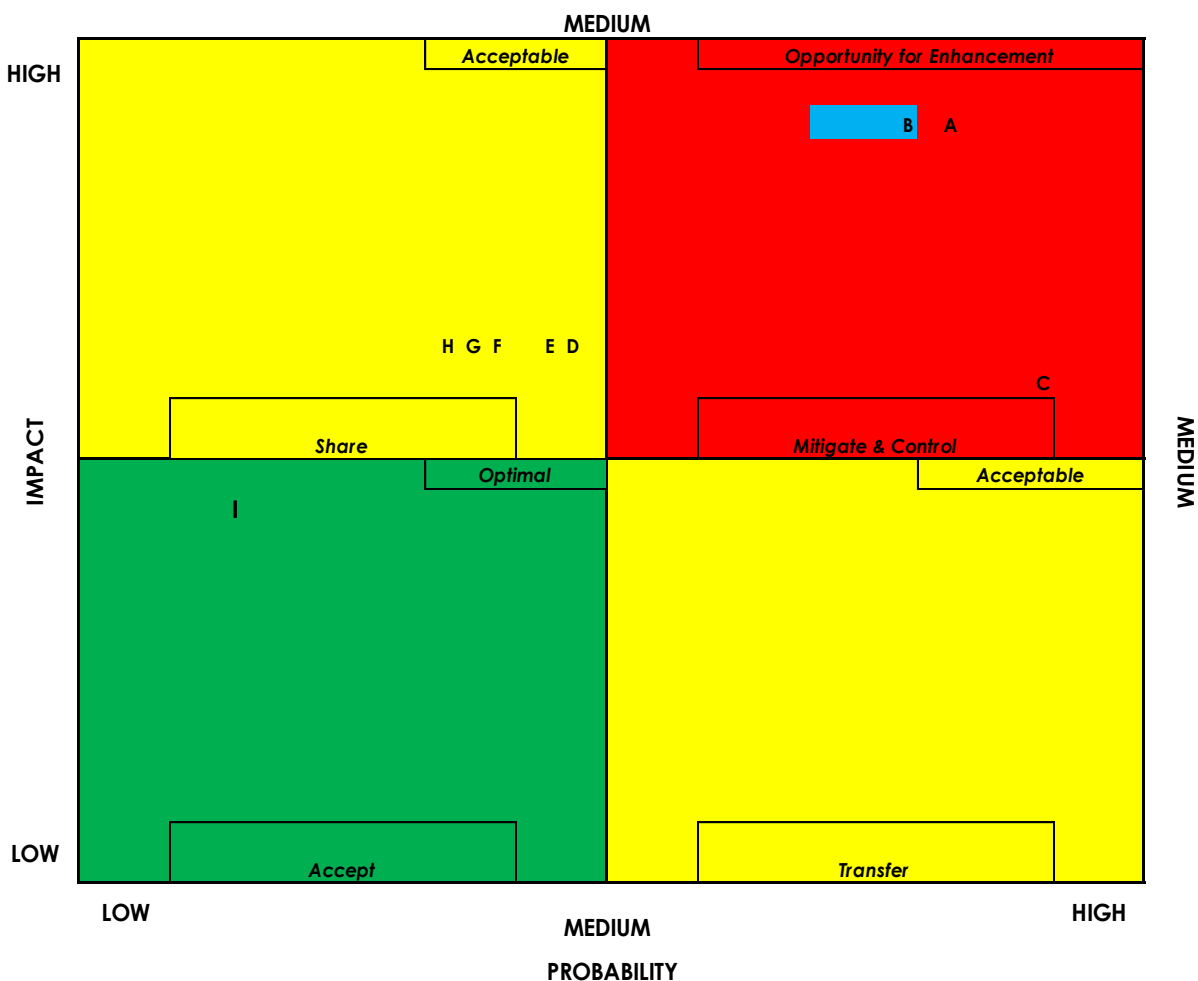
### Section I. Organizational Actions

There were no significant organizational actions that affected the Compliance program for this fourth quarter reporting period (June 1 through August 31, 2017).

### Section II. Compliance Risks

The following information represents the status of the University of North Texas fiscal year 2017 Compliance Risks and management's efforts to implement adequate controls for the risks indicated, each risk's impact (severity) and probability (frequency) valuation, and the on-going risk mitigation strategy for each risk. The following information is provided to enhance the UNT System Board of Regent's ability to meet its compliance oversight responsibilities.

**Chart #3:** reflects UNT's "Compliance" (Statutory) Risks. This chart reflects the impact and probability of each risk and the on-going risk reduction effort that has been adopted to manage each risk.



| Reference | Risk  | Impact | Probability | Impact | Probability |
|-----------|---|--------|-------------|--------|-------------|
| A         | Protecting Minors Participating in UNT Related Activities | H      | H           | M      | M           |
| B         | Electronic Information Mis-Handling                       | H      | H           | M      | M           |
| C         | Hazardous Waste Management                                | M      | H           | N/A    | N/A         |
| D         | HIPAA Compliance  | M      | M           | M      | M           |
| E         | Lab Inspections and Follow-Up                             | M      | M           | M      | M           |
| F         | Business Continuity                                       | M      | M           | M      | M           |
| G         | Waste Water Management                                    | M      | M           | M      | M           |
| H         | Radiation Safety  | M      | M           | M      | M           |
| I         | Emergency Planning & Preparedness                         | M      | L           | M      | L           |

Highest risks appear in the top right corner of the chart.

Blue lettering indicates a risk that may be monitored permanently based on the nature of the risk, even with adequate controls in place.

Figure #3.

|  |  |
|--|--|
| <b>Mitigate &amp; Control</b><br>(Lessens risk, sets standards, measures performance, and takes corrective action) | Requires quarterly compliance reviews by System and/or Institutional Compliance and reporting to the Board.  |
| <b>Share</b><br>(Adequate controls in place, continued monitoring and reporting is required)                       | Requires quarterly monitoring and reporting.   |
| <b>Transfer</b><br>(Adequate controls in place, but not a controlled risk)   | Transfer of monitoring responsibility from System and/or Institutional Compliance to campus management.  |
| <b>Accept</b>  | It appears that all actions have been taken to resolve this risk, with monitoring and reporting reduced from quarterly to annually or every two years depending on the nature of the risk. |

**Chart #4:** Reflects the same UNT "Compliance" (Statutory) risks as the previous chart, but reflects the status of management's efforts to appropriately address each risk along with a summary of the specific on-going risk reduction effort still required.

The three categories reflected in the arrow chart below are defined as:

**Opportunity for Enhancement** indicates there are opportunities to enhance the controls in place for risks in this category, which will continue the quarterly Compliance monitoring and reporting process.

**Acceptable** presents two options, both options indicate that adequate controls are in place, however, **Share** recommends that quarterly Compliance monitoring and reporting continue and

**Transfer** recommends that quarterly Compliance monitoring could be transferred to management for completion.

**Optimal** indicates that this risk is now considered to be a Controlled risk, which means that all controls appear to be in place for this risk and monitoring could be reduced from quarterly to annually or every two years, depending on the nature of the risk to ensure that adequate controls remain in place.

|   |  |   |  |
|---|--|---|--|
| RISK  |  |   |  |
| STATUS OF MONITORING  |  |   |  |
| RISK REDUCTION EFFORT   | <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>E. Laboratory Inspections and Follow-up:</b><br/>RMS has acquired hardware and inspection software to improve efficiency communication, documentation, tracking, and professionalism associated with laboratory inspections. Implementation of the new software and laboratory inspection procedures are underway.</p> <p><b>F. Business Continuity:</b><br/>New software is being acquired to streamline the process of continuity plan development. Current plans are being updated and enhanced. The COOP plan will be established and implemented by December 2017. Following the implementation of the COOP plan, a multi-year exercise strategy will be maintained in order to test, evaluate, and continually improve the plans.</p> <p><b>G. Waste Water Management:</b><br/>This risk was created from renaming the Environmental Compliance risk. RMS continues to work with risk partners System-wide to prevent exceeding Resource Conservation and Recovery Act (RCRA) metals and other applicable environmental thresholds.</p> <p><b>H. Radiation Safety:</b><br/>In response to a request filed in the 2nd quarter, UNT was granted an exemption to the State hiring freeze and hired a full-time Radiation Safety Officer (RSO). The RSO is familiarizing themselves with the UNT program, with an emphasis on radioactive materials compliance and training.</p> <p><b>I. Emergency Planning &amp; Preparedness:</b><br/>New software has been acquired to improve hazard communication compliance, efficiency, and correspondence with local first responders relating to hazardous materials incident preparedness. New personal protective equipment and spill materials have been acquired to improve RMS's ability to support campus operations.</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>A. Protecting Minors Participating in UNT Related Activities:</b><br/>Internal Audit, Risk Management Services, Institutional Compliance, and an academic unit are working to resolve a criminal history background check non-compliance issue. The source of the issue was found and corrective action is underway.</p> <p><b>B. Electronic Information Mis-Handling:</b><br/>Texas Admin Code 202.74(b)(2) requires institutions of higher education to introduce information security awareness and inform new employees of information security policies and procedures during the onboarding process. This material is presented to new employees as part of the online onboarding process facilitated by Human Resources (HR). There were 1,883 new employees trained during the fourth quarter.</p> <p><b>C. Hazardous Waste Management:</b><br/>A follow-up risk assessment was conducted for this risk and as a result of a significant increase in the number of unauthorized data disclosures that resulted from human error and successful phishing attempts, the impact and probability of this risk has been increased from a medium for both to high for both. ITSS monitoring continues to identify, evaluate, monitor, and appropriately address any threats &amp; vulnerabilities.</p> <p><b>D. HIPAA Compliance:</b><br/>Institutional Compliance continues to work with UNT System Administration, UNT, and UNT Dallas units to ensure that all applicable units are designated as a health care provider, with other applicable units identified as having to comply with other privacy protections in accordance with applicable HIPAA and Health Information Technology for Economic and Clinical Health (HITECH) Act requirements.</p> </td> </tr> </table> | <p><b>E. Laboratory Inspections and Follow-up:</b><br/>RMS has acquired hardware and inspection software to improve efficiency communication, documentation, tracking, and professionalism associated with laboratory inspections. Implementation of the new software and laboratory inspection procedures are underway.</p> <p><b>F. Business Continuity:</b><br/>New software is being acquired to streamline the process of continuity plan development. Current plans are being updated and enhanced. The COOP plan will be established and implemented by December 2017. Following the implementation of the COOP plan, a multi-year exercise strategy will be maintained in order to test, evaluate, and continually improve the plans.</p> <p><b>G. Waste Water Management:</b><br/>This risk was created from renaming the Environmental Compliance risk. RMS continues to work with risk partners System-wide to prevent exceeding Resource Conservation and Recovery Act (RCRA) metals and other applicable environmental thresholds.</p> <p><b>H. Radiation Safety:</b><br/>In response to a request filed in the 2nd quarter, UNT was granted an exemption to the State hiring freeze and hired a full-time Radiation Safety Officer (RSO). The RSO is familiarizing themselves with the UNT program, with an emphasis on radioactive materials compliance and training.</p> <p><b>I. Emergency Planning &amp; Preparedness:</b><br/>New software has been acquired to improve hazard communication compliance, efficiency, and correspondence with local first responders relating to hazardous materials incident preparedness. New personal protective equipment and spill materials have been acquired to improve RMS's ability to support campus operations.</p> | <p><b>A. Protecting Minors Participating in UNT Related Activities:</b><br/>Internal Audit, Risk Management Services, Institutional Compliance, and an academic unit are working to resolve a criminal history background check non-compliance issue. The source of the issue was found and corrective action is underway.</p> <p><b>B. Electronic Information Mis-Handling:</b><br/>Texas Admin Code 202.74(b)(2) requires institutions of higher education to introduce information security awareness and inform new employees of information security policies and procedures during the onboarding process. This material is presented to new employees as part of the online onboarding process facilitated by Human Resources (HR). There were 1,883 new employees trained during the fourth quarter.</p> <p><b>C. Hazardous Waste Management:</b><br/>A follow-up risk assessment was conducted for this risk and as a result of a significant increase in the number of unauthorized data disclosures that resulted from human error and successful phishing attempts, the impact and probability of this risk has been increased from a medium for both to high for both. ITSS monitoring continues to identify, evaluate, monitor, and appropriately address any threats &amp; vulnerabilities.</p> <p><b>D. HIPAA Compliance:</b><br/>Institutional Compliance continues to work with UNT System Administration, UNT, and UNT Dallas units to ensure that all applicable units are designated as a health care provider, with other applicable units identified as having to comply with other privacy protections in accordance with applicable HIPAA and Health Information Technology for Economic and Clinical Health (HITECH) Act requirements.</p> |
| <p><b>E. Laboratory Inspections and Follow-up:</b><br/>RMS has acquired hardware and inspection software to improve efficiency communication, documentation, tracking, and professionalism associated with laboratory inspections. Implementation of the new software and laboratory inspection procedures are underway.</p> <p><b>F. Business Continuity:</b><br/>New software is being acquired to streamline the process of continuity plan development. Current plans are being updated and enhanced. The COOP plan will be established and implemented by December 2017. Following the implementation of the COOP plan, a multi-year exercise strategy will be maintained in order to test, evaluate, and continually improve the plans.</p> <p><b>G. Waste Water Management:</b><br/>This risk was created from renaming the Environmental Compliance risk. RMS continues to work with risk partners System-wide to prevent exceeding Resource Conservation and Recovery Act (RCRA) metals and other applicable environmental thresholds.</p> <p><b>H. Radiation Safety:</b><br/>In response to a request filed in the 2nd quarter, UNT was granted an exemption to the State hiring freeze and hired a full-time Radiation Safety Officer (RSO). The RSO is familiarizing themselves with the UNT program, with an emphasis on radioactive materials compliance and training.</p> <p><b>I. Emergency Planning &amp; Preparedness:</b><br/>New software has been acquired to improve hazard communication compliance, efficiency, and correspondence with local first responders relating to hazardous materials incident preparedness. New personal protective equipment and spill materials have been acquired to improve RMS's ability to support campus operations.</p> | <p><b>A. Protecting Minors Participating in UNT Related Activities:</b><br/>Internal Audit, Risk Management Services, Institutional Compliance, and an academic unit are working to resolve a criminal history background check non-compliance issue. The source of the issue was found and corrective action is underway.</p> <p><b>B. Electronic Information Mis-Handling:</b><br/>Texas Admin Code 202.74(b)(2) requires institutions of higher education to introduce information security awareness and inform new employees of information security policies and procedures during the onboarding process. This material is presented to new employees as part of the online onboarding process facilitated by Human Resources (HR). There were 1,883 new employees trained during the fourth quarter.</p> <p><b>C. Hazardous Waste Management:</b><br/>A follow-up risk assessment was conducted for this risk and as a result of a significant increase in the number of unauthorized data disclosures that resulted from human error and successful phishing attempts, the impact and probability of this risk has been increased from a medium for both to high for both. ITSS monitoring continues to identify, evaluate, monitor, and appropriately address any threats &amp; vulnerabilities.</p> <p><b>D. HIPAA Compliance:</b><br/>Institutional Compliance continues to work with UNT System Administration, UNT, and UNT Dallas units to ensure that all applicable units are designated as a health care provider, with other applicable units identified as having to comply with other privacy protections in accordance with applicable HIPAA and Health Information Technology for Economic and Clinical Health (HITECH) Act requirements.</p>   |   |  |

Continue quarterly monitoring and reporting to the Board

Risk reduction effort appears immediately below the arrow directly under the risk.

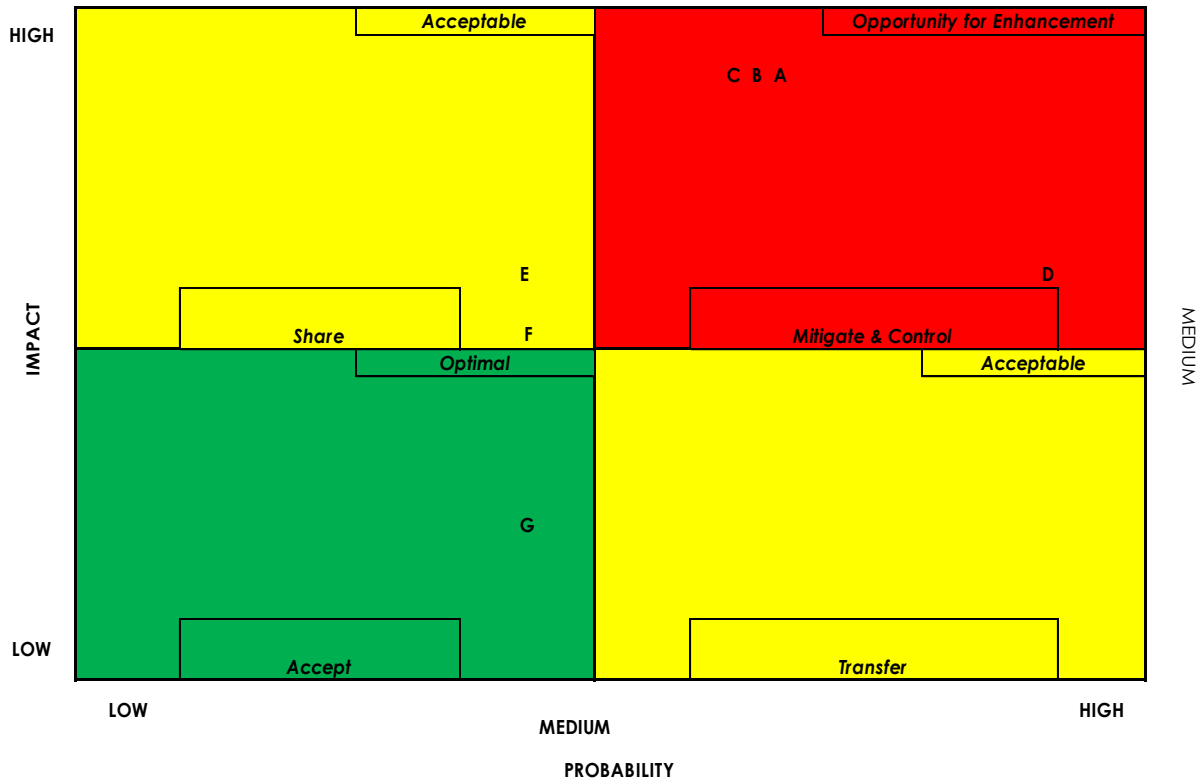
Highest risks appear on the right side of the red arrow.

Blue lettering indicates a risk that may be monitored permanently based on the nature of the risk, even with adequate controls in place.



**Chart # 5:** Reflects the remaining UNT "Compliance" (Statutory) risks. This chart reflects the impact and probability of each risk and the on-going risk reduction effort that has been adopted to manage each risk.

**UNT - Compliance (Statutory) Risks (Continued)**



| Reference | Risk                                 | August 31, 2017 |             | September 1, 2016 |             |
|-----------|--------------------------------------|-----------------|-------------|-------------------|-------------|
|           |                                      | Impact          | Probability | Impact            | Probability |
| A         | Time and Effort Reporting            | H               | M           | L                 | L           |
| B         | Grants Management                    | H               | M           | M                 | M           |
| C         | Research Conflict of Interest        | H               | M           | M                 | M           |
| D         | Required Compliance Related Training | M               | H           | M                 | M           |
| E         | Records Management & Retention       | M               | M           | M                 | M           |
| F         | I-9 Compliance                       | M               | M           | M                 | M           |
| G         | Individual Conflict of Interest      | L               | M           | M                 | M           |

Highest risks appear in the top right corner of the chart.

Figure #5.

|  |  |
|--|--|
| <b>Mitigate &amp; Control</b><br>(Lessens risk, sets standards, measures performance, and takes corrective action) | Requires quarterly compliance reviews by System and/or Institutional Compliance and reporting to the Board.  |
| <b>Share</b><br>(Adequate controls in place, continued monitoring and reporting is required)                       | Requires quarterly monitoring and reporting.   |
| <b>Transfer</b><br>(Adequate controls in place, but not a controlled risk)   | Transfer of monitoring responsibility from System and/or Institutional Compliance to campus management.  |
| <b>Accept</b>  | It appears that all actions have been taken to resolve this risk, with monitoring and reporting reduced from quarterly to annually or every two years depending on the nature of the risk. |

**Chart #6:** Reflects the same UNT "Compliance" (Statutory) risks as the previous chart, but reflects the status of management's efforts to appropriately address each risk along with a summary of the specific on-going risk reduction effort still required.

The three categories reflected in the arrow chart below are defined as:

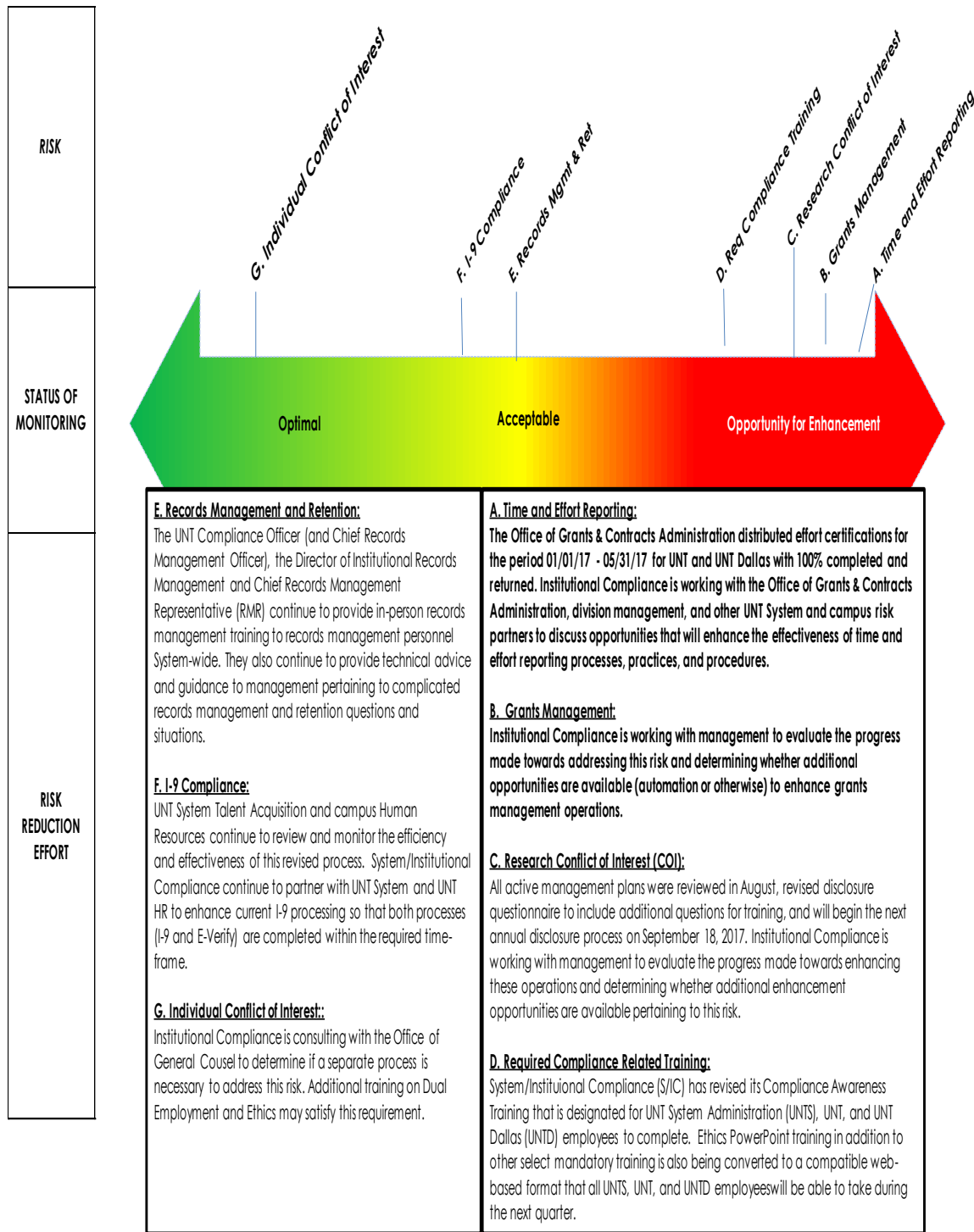
**Opportunity for Enhancement** indicates there are opportunities to enhance the controls in place for risks in this category, which will continue the quarterly Compliance monitoring and reporting process.

**Acceptable** presents two options, both options indicate that adequate controls are in place, however, **Share** recommends that quarterly Compliance monitoring and reporting continue and **Transfer** recommends that quarterly Compliance monitoring could be transferred to management for completion.

**Optimal** indicates that this risk is now considered to be a Controlled risk, which means that all controls appear to be in place for this risk and monitoring could be reduced from quarterly to annually or every two years, depending on the nature of the risk to ensure that adequate controls remain in place.

Chart #6.

UNT - Compliance (Statutory) Risks (Continued)



Continue monitoring and reporting to the Board.

Risk reduction effort appears immediately below the arrow directly under the risk.

Highest risks appear on the right side of the red arrow.



### **Section III. Compliance Related and Ethics Training**

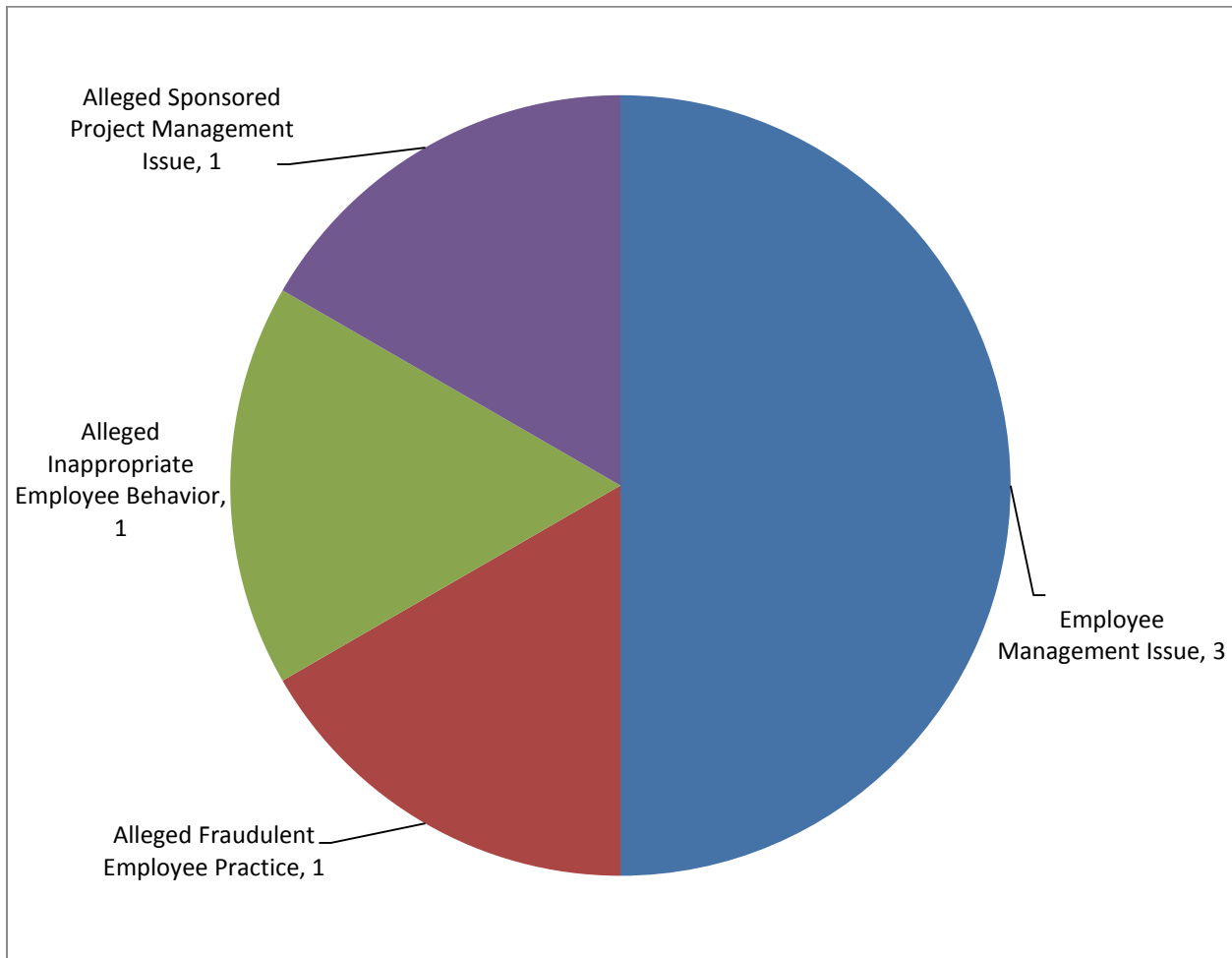
System/Institutional Compliance (S/IC) has revised its Compliance Awareness Training that is designed for UNT System Administration (UNTS), UNT, and UNT Dallas (UNTLD) employees to complete. Ethics PowerPoint training, in addition to other select mandatory training is also being converted to a compatible web-based format that all UNTS, UNT, and UNTLD employees will be able to take during the next quarter.

### **Section IV. Confidential and Other Complaint/Concern Reporting**

UNT maintains a web-based Compliance Hotline reporting system that allows anonymous and confidential reporting as required by the U.S. Sentencing Guidelines. System and Institutional Compliance also receives complaints by telephone, email, appointment, and walk-ins.

- There were no reports received during the **fourth quarter** by UNT.

There were a total of **six (6) hotline reports** received by UNT during **fiscal year 2017** as compared to **twenty (20) reports** received by UNT during **fiscal year 2016** and **twenty (20) reports during fiscal year 2015**, with **fiscal year 2017** summarized below:



## **Section I. Organizational Actions**

In February, 2017 a new Chief Compliance Officer was hired. She is currently in the process of restructuring the Office of Institutional Compliance and Records Information Management as well as realigning the Clinical Risk Services. New positions have been added and current positions are being re-evaluated.

## **Section II. Risk Assessment Monitoring Activities Conducted by Individual Compliance Divisions**

The Institutional Compliance Office receives quarterly reports from the Compliance Divisions on all low, medium and high risks identified during the fiscal year 2016 -17 risk assessment. The Fourth Quarter actions taken by the UNT Health Science Center (UNTHSC) to address the UNTHSC Compliance high risks are below:

### **High-Risk #1: Billing and Coding in Compliance with State and Federal Law (Clinical Division)**

*Description: Review of sample medical records of Medicare and Medicaid patients to confirm that the documentation supports the bill.*

#### **Action Taken by Management:**

- UNT Health performed internal reviews and provided education for medical billing and documentation audits for many years. That process was continued through the first half of fiscal year 2017. The use of an outside vendor was reassessed with changes to the UNT Health leadership; therefore, the audit function of physician documentation and billing will be conducted by the Office of Institutional Compliance to provide appropriate education and monitoring.

### **High-Risk #2: Unauthorized Access to Protected Institutional Data/HIPAA Privacy and Security (Information Resources Technology Division)**

*Description: UNTHSC monitors actions taken to protect and prevent unauthorized access to Institutional Data and Protected Health Information ("PHI"), including data within UNTHSC's information technology systems.*

#### **Action Taken by Management:**

- Institutional Laptop Encryption Project – The laptop encryption rollout efforts will be completed by the end of the calendar year.
  - ITS with support from Institutional Compliance, Facilities Management and Campus Police have contacted individuals and their supervisors to recover all laptops that have not been encrypted or laptops that must be replaced because of age.
  - Information Security Training continues to be monitored by Institutional Compliance and Human Resources. The HIPAA training module has been modified by the vendor for 2017 training to reflect updates by the Office of Civil Rights. HIPAA training should commence in late 2017- early 2018 to the campus. Students seeing patients in the clinical areas have already been trained for the 2018 Fiscal Year.

### **High-Risk #3: Non-Compliance with Center for Medicaid and Medicare Services (“CMS”) 1115 Waiver Requirements (Strategy Division)**

*Description: The CMS 1115 waiver projects are Medicaid incentive payment programs designed to improve access to and quality of medical care for Medicaid and indigent patients. Incentive payments are awarded based upon meeting target results of selected quality measures. UNTHSC monitors compliance with 1115 waiver requirements.*

#### **Action Taken by Management:**

- UNTHSC continues to submit timely measurement data to the Texas HHSC.

#### **Action Taken by Compliance:**

- The Institutional Compliance Office works closely with the Executive Director of Strategic Alignment to provide support for compliance activities as needed. The Chief Compliance Officer meets with the Executive Director of Strategic Planning to discuss any potential compliance concerns that arise during the audits prior to submission

### **High-Risk #4: Title IX Compliance (Student Affairs Division) (This risk will be reduced to “Medium” for the next FY.)**

- *Description: Title IX of the U.S. Education Amendments of 1972 protects people from discrimination based upon sex in education programs or activities that receive financial assistance. UNTHSC monitors compliance with Title IX requirements.*

#### **Action Taken by Management:**

- Title IX training was launched for the incoming class in addition to on-going Title IX training as required of all faculty, staff and students.

#### **Action Taken by Compliance:**

- The Institutional Compliance Office ensures that Title IX training is updated and launched. Additionally, the Chief Compliance Officer will work closely with the Executive Director for Student Services and Title IX Coordinator to review and implement the Department of Education's new interim guidance on how schools are to investigate and adjudicate allegations of campus sexual misconduct under federal law.

### **High-Risk #5: Distance Education (Academic Affairs Division)**

*Description: Distance Education is highly regulated by state and federal law. UNTHSC monitors compliance with regulatory requirements.*

#### **Action Taken by Management:**

- The UNTHSC continues to adhere to rules and notification procedures established by the Texas Higher Education Coordinating Board (THECB) for the conduct and approval of distance education including the *THECB Principles of Good Practice for Academic Degree and Certificate Programs and Credit Courses Offered Electronically and Approval of Distance Education, including Off-Campus Course and Programs.*
- Access to DE materials continues to be restricted to properly enrolled students who possess a unique login identifier which has been assigned to them by the UNTHSC.



**Action Taken by Compliance:**

- The Institutional Compliance Office works closely with Center for Innovative Learning to provide support for compliance activities as needed.

**High-Risk #6: Human Resources (“HR”) Policy Project (This risk will be reduced to “Medium” for the next FY.)**

*Description: UNTHSC HR campus policies are undergoing review and revision to support and outline HR best practices. UNTHSC monitors status of HR’s policy project.*

**Action Taken by Management:**

- Human Resources policies continued to be reviewed on an on-going basis in collaboration with the Office of General Counsel. Additionally policies continue to be approved and posted.

**Action Taken by Compliance:**

- The Institutional Compliance Office works closely with the Director of Human Resources to provide support for compliance activities as needed.

**High-Risk #7: Time and Effort Reporting (Research Grants and Contracts)**

*Description: Time and Effort Reporting certification is required to substantiate salaries and benefits charged to sponsored grants and research by UNTHSC. UNTHSC monitors compliance with regulatory requirements.*

**Action Taken by Management:**

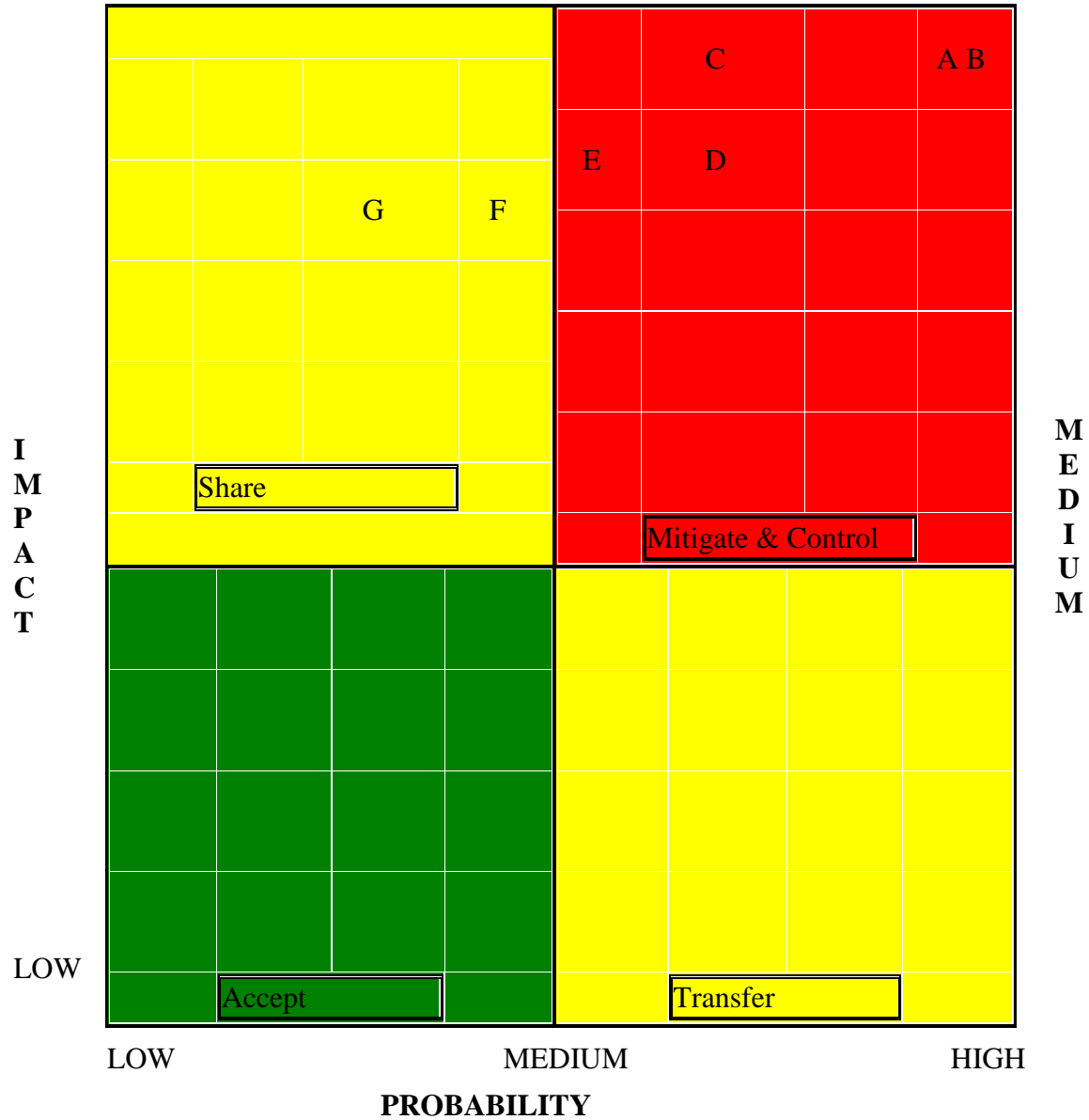
- UNTHSC has worked with the Office of General Counsel (“OGC”) to address discrepancies in time and effort reporting.
- The Office of Grants and Contracts Management (“OGCM”) continues comprehensive, annual mandatory sponsored project compliance training for key employees involved in any aspect of research and provides mandatory one-on-one training on federal and state regulatory requirements, specific sponsor processes, terms and conditions, and refresher training on roles and responsibilities for specific awards prior to approving a sponsored project.
- The Office of Grants and Contracts Management is currently reviewing and updating all policies to ensure that the information is in alignment with any recent federal changes.
- The Office of Grants and Contracts sends a monthly bulletin highlighting points of interest as it relates to compliance, federal and NIH updates.
- Fall and Spring Time and Effort Certifications have been completed

**Action Taken by Compliance:**

- The Institutional Compliance Office is working closely with the Office of Grants and Contracts Management in their efforts to update policies
- The Chief Compliance Officer received the certification from the Assistant Vice President for Research Administration for the Fall and Spring Time and Effort activities.

**Chart #7:** Reflects UNT Health Science Center "Compliance" (Statutory) risks. This chart reflects the impact (severity) and probability (frequency) of each risk and the on-going risk reduction effort that has been adopted to manage each risk.

**Chart #7**                      **UNT Health Science Center – Compliance Risks**



## Key to Chart

|   |  |
|---|--|
| <b>Mitigate &amp; Control</b> Lessens risk, sets standards, measures performance, and takes corrective action | Requires quarterly monitoring and reporting by executive management.   |
| <b>Share</b> Adequate controls in place, continued monitoring based on nature of risk                         | Requires quarterly monitoring and reporting.   |
| <b>Transfer</b> Adequate controls in place, but not a controlled risk   | Transfer of monitoring responsibilities to campus management.  |
| <b>Accept</b>   | All actions have been taken to resolve this risk, with monitoring and reporting reduced from quarterly to annually or every two years depending on the nature of the risk. |

## Chart #7 – Continued

| Reference | Risk   | Division | Aug - 17 |             | Sep - 16 |             |
|-----------|--|----------|----------|-------------|----------|-------------|
|           |  |          | Impact   | Probability | Impact   | Probability |
| A         | Billing and Coding in Compliance                 | CL       | H        | H           | *        | *           |
| B         | HR Outdated Policies                             | HR       | H        | H           | *        | *           |
| C         | Unauthorized Access to Protected Data/HIPAA      | ITS      | H        | M           | H        | M           |
| D         | Time and Effort Reporting                        | RE       | H        | M           | L        | L           |
| E         | Distance Education Compliance                    | CL       | H        | M           | *        | *           |
| F         | Non-compliance with CMS 1115 Waiver requirements | AA       | H        | M           | *        | *           |
| G         | Title IX Compliance                              | SA       | H        | L           | H        | L           |

Clinical (CL); Human Resources (HR); Infrastructure and Security (ITS); Research (RE); Academic Affairs (AA); Student Affairs (SA)



### **Section III. Compliance Training and Additional Monitoring**

#### **New Employee and Student Compliance Training:**

- Code of Ethics/Standard of Conduct training continues to be assigned to new employees for onboarding
- HIPAA Privacy and Security training was launched to students prior to clinical activity.
- Minors on Campus training continues to be assigned to new students and employees. Additionally, training is assigned to all appropriate personnel having interaction with minors during summer activities on campus
- Fraud and Waste training mandated by the Center for Medicare and Medicaid Services (CMS) will be assigned to the appropriate clinical staff as required by payers.

#### **Annual Employee Compliance Training:**

- Annual Compliance training will be launched within the fiscal year to allow the Office of Institutional Compliance (a) launch all training from one Learning Management System (2) hire a Learning and Development Manager to review and update the training (3) work with all stakeholders to have a centralized launch of training through the Office of Institutional Compliance

#### **Additional Monitoring:**

Additional monitoring of clinical documentation was reviewed and completed for due diligence based on compliance findings.

#### **Provider Trust Monitoring:**

*Description: Provider Trust provides software that helps UNTHSC monitor whether employees are on the Office of Inspector General ("OIG") list of excluded individuals for federally funded healthcare programs as well as General Services Administration Excluded Parties List System (GSA-EPLS) and System for Award Management (SAM) exclusion list. UNTHSC runs the names of all UNTHSC employees through the software on a monthly basis.*

- UNT Health employees continue to be monitored through Provider Trust on a monthly basis

#### **Timely Reimbursement of Unused Title IV Funding: Fourth Quarter**

*Description: The Financial Aid Office (FAO), and the Student Finance Office (SFO) are responsible for authorizing, disbursing and delivering Title IV funding to students. The Accounting Office (AO) is responsible for returning unused funds back to the Department of Education electronically and in a timely manner.*

- There are no ongoing issues at this time and the Financial Aid Office continues to monitor

#### **Disabling Access to UNTHSC Computers/Systems Upon Employee's Termination:**

*Description: The Accounts Administrator in ITSS is responsible for disabling faculty, staff and contract worker accounts upon termination.*

- Terminations are monitored and disabled by ITSS in collaboration with Human Resources
- One (1) account disabled due to inappropriate activity by a volunteer

### **UNTHSC Annual Compliance Report**

## **Clinical Trials Monitoring: Fourth Quarter**

*Description: Clinical Trials are required to have Institutional Review Board (IRB) approval or a waiver. Applicable Clinical Trials must be registered on clinicaltrials.gov website. "Applicable Clinical Trials" include (a) trials of drugs and biologics –controlled clinical investigations (other than phase 1) of drugs or biological products subject to FDA regulation and (b) trials of devices – controlled trials with health outcomes of devices subject to FDA regulation (other than small feasibility studies) and pediatric post market surveillance required by the FDA.*

- No updates at this time. The Director for Clinical Trials consults with the Chief Compliance Officer on any issues/concerns

## **Credit Balances/UNT Health:**

*Description: Quarterly reviews of credit balances on patients' bills are conducted to identify third party overpayments and to confirm that overpayments are being processed in an accurate and timely manner according to Medicare and Medicaid guidelines or payer contracts. Overpayments from Medicare and Medicaid programs must be reimbursed within sixty (60) days of identification.*

- Credit balance summaries are reviewed monthly by the Compliance, Billing and Revenue Committee. The balances fluctuate monthly but are being worked and reduced based on payer. UNT Health continues to stay under the industry standard of 2%

## **Section IV. Compliance Reports**

UNTHSC maintains a Compliance Hotline system with a third party vendor that allows a person to report a compliance matter or file a complaint anonymously and confidentially. The Compliance Hotline is managed by the Institutional Compliance Office. In addition, the Institutional Compliance Office receives complaints or becomes aware of compliance matters through email, by telephone or in person.

The Ethics Hotline information, which includes the hotline telephone number and information on how to report a violation, is posted on Institutional Compliance Office's website, UNTHSC's website and on signs through-out the campus. The Institutional Compliance Office provides Ethics Hotline handouts to new employees through the Human Resources orientation process.

100% of Hotline reports were dispatched to the appropriate division within 24 hours of notification. Measure of Success is within 48 hours.

### **Patient Care/Customer Relations (6)-Resolved**

- Based on an issue with the patient complaint line six (6) issues were routed to the Ethics Hotline. These issues were triaged to the appropriate Clinical Director for resolution.

### **Student Affairs (1)-Pending resolution**

- Caller states that diploma has not yet been received. Caller states all exams and tuition payments have been completed. Incident forwarded to Assistant Director, Enrollment & Records. Issue is under investigation.

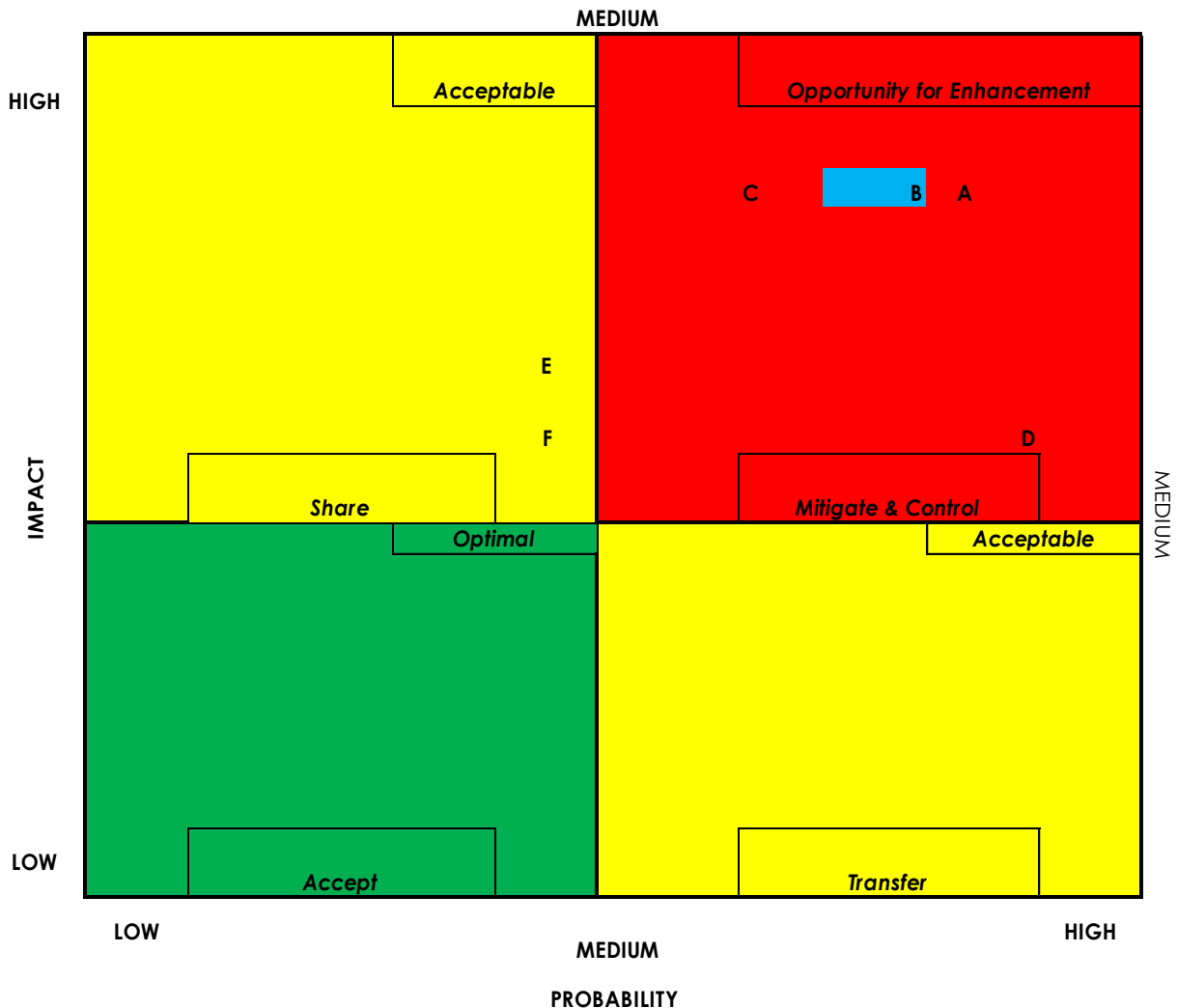
## Section I. Organizational Actions

There were no significant organizational actions that affected the Compliance program for this fourth quarter reporting period (June 1 through August 31, 2017).

## Section II. Compliance Risks

The following information represents the status of the University of North Texas at Dallas fiscal year 2017 Compliance Risks and management's efforts to implement adequate controls for the risks indicated, each risk's impact (severity) and probability (frequency) valuation, and the on-going risk mitigation strategy for each risk. The following information is provided to enhance the UNT System Board of Regent's ability to meet its compliance oversight responsibilities.

**Chart #8:** Reflects UNT Dallas' "Compliance" (Statutory) Risks. This chart reflects the impact and probability of each risk and the on-going risk reduction effort that has been adopted to manage each risk.



August 31, 2017

September 1, 2016

| Reference | Reference  | Impact | Probability | Impact | Probability |
|-----------|--|--------|-------------|--------|-------------|
| A         | Protecting Minors Participating in UNT Dallas Related Activities | H      | H           | M      | M           |
| B         | Electronic Information Mis-Handling                              | H      | H           | M      | M           |
| C         | Grants Management  | H      | M           | M      | M           |
| D         | Required Compliance Related Training                             | M      | H           | M      | M           |
| E         | Emergency Planning, Preparedness, and Business Continuity        | M      | M           | M      | L           |
| F         | Records Management and Retention                                 | M      | M           | M      | M           |

Highest risks appear in the top right corner of the chart.

Blue lettering indicates a risk that may be monitored permanently based on the nature of the risk, even with adequate controls in place.

Figure # 8.

|  |  |
|--|--|
| <b>Mitigate &amp; Control</b><br>(Lessens risk, sets standards, measures performance, and takes corrective action) | Requires quarterly compliance reviews by System and/or Institutional Compliance and reporting to the Board.  |
| <b>Share</b><br>(Adequate controls in place, continued monitoring and reporting is required)                       | Requires quarterly monitoring and reporting.   |
| <b>Transfer</b><br>(Adequate controls in place, but not a controlled risk)   | Transfer of monitoring responsibility from System and/or Institutional Compliance to campus management.  |
| <b>Accept</b>  | It appears that all actions have been taken to resolve this risk, with monitoring and reporting reduced from quarterly to annually or every two years depending on the nature of the risk. |



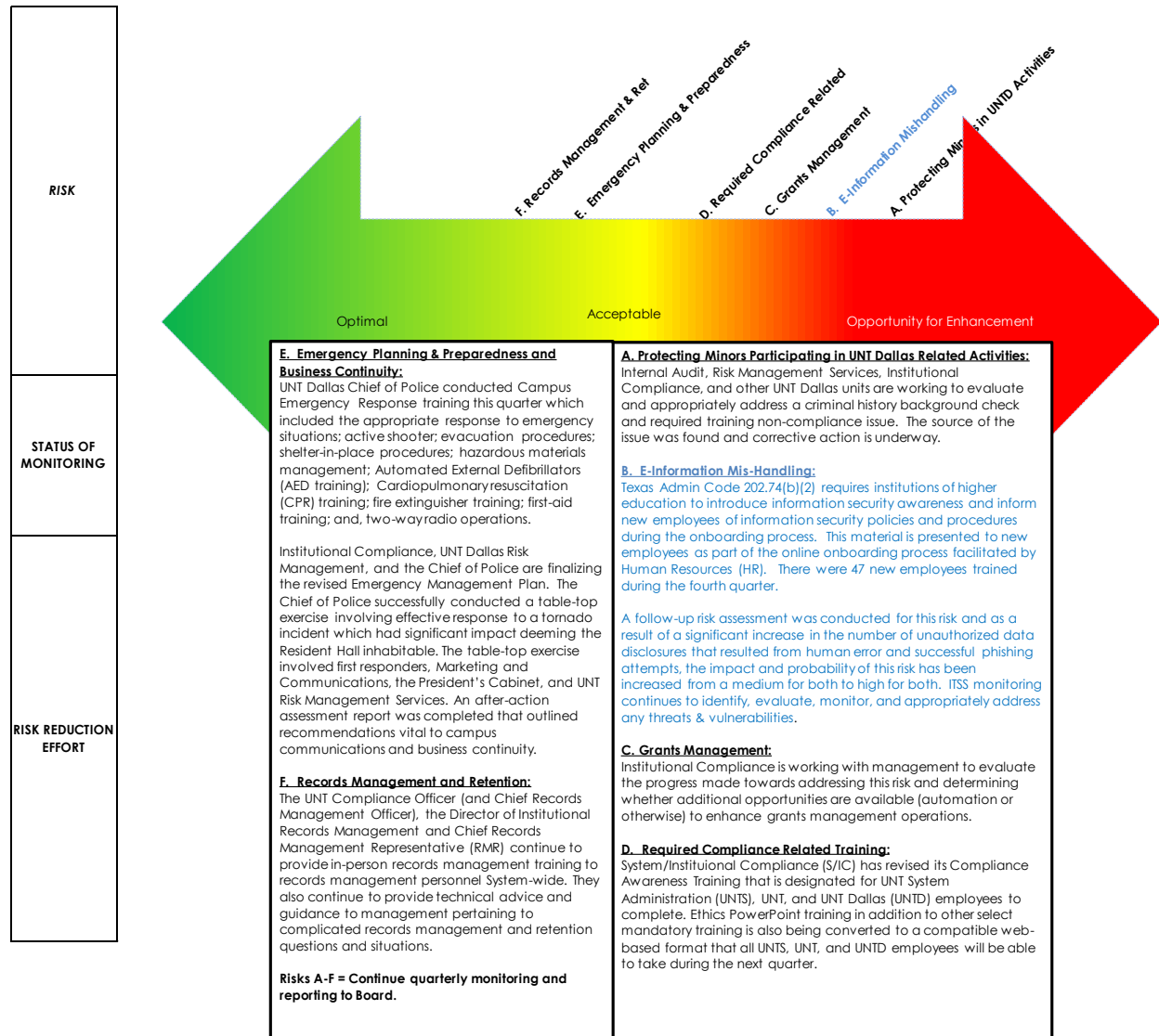
**Chart # 9:** Reflects the same UNT Dallas “Compliance” (Statutory) risks as the previous chart, but reflects the status of management’s efforts to appropriately address each risk along with a summary of the specific on-going risk reduction effort still required.

The three categories reflected in the arrow chart below are defined as:

**Opportunity for Enhancement** indicates there are opportunities to enhance the controls in place for risks in this category, which will continue the quarterly Compliance monitoring and reporting process.

**Acceptable** presents two options, both options indicate that adequate controls are in place, however, **Share** recommends that quarterly Compliance monitoring and reporting continue and **Transfer** recommends that quarterly Compliance monitoring could be transferred to management for completion.

**Optimal** indicates that this risk is now considered to be a Controlled risk, which means that all controls appear to be in place for this risk and monitoring should be reduced from quarterly to annually or every two years, depending on the nature of the risk to ensure that adequate controls remain in place.



Risk reduction effort appears immediately below the arrow directly under the risk.

Highest risks appear on the right side of the red arrow.

Blue lettering indicates a risk that may be monitored permanently based on the nature of the risk, even with adequate controls in place.

### **Section III. Compliance Related and Ethics Training**

System/Institutional Compliance (S/IC) has revised its Compliance Awareness Training that is designed for UNT System Administration (UNTS), UNT, and UNT Dallas (UNTD) employees to complete. Ethics PowerPoint training, in addition to other select mandatory training is also being converted to a compatible web-based format that all UNTS, UNT, and UNTD employees will be able to take during the next quarter.

### **Section IV. Confidential and Other Complaint/Concern Reporting for UNT Dallas**

UNT Dallas maintains a web-based Compliance Hotline reporting system that allows anonymous and confidential reporting as required by the U.S. Sentencing Guidelines. System and Institutional Compliance also receive complaints by telephone, email, appointment, and walk-ins.

- There were no reports received during the **fourth quarter** by UNT Dallas.
- There were **four (4) reports** received by UNT Dallas during **fiscal year 2017** as compared to the **ten (10) reports** received by UNT Dallas during **fiscal year 2016** and the **three (3) reports received during fiscal year 2015, with fiscal year 2017** summarized below:

