



Chartered Professional Accountants of Ontario  
130 King Street West Suite 3400  
PO Box 358  
Toronto ON M5X 1E1  
T. 416.962.1841 Toll free 1 800 387.0735  
[cpaontario.ca](http://cpaontario.ca)

## Action Plan

P.I. No.:

This Action Plan will form part of the inspection documentation forwarded to the Practice Inspection Committee; accordingly, **please ensure that no identifying names of your firm, clients or staff are included.**

Notwithstanding whether reportable deficiencies with respect to quality control (QC) have been raised in a practice inspection report, offices/firms are expected to assess their QC policies and procedures with a view to identifying and remedying shortcomings in their design and/or implementation.

Do the Reportable Deficiencies indicate that an inappropriate auditor's/accountant's report might have been issued or procedures were omitted during the performance of an engagement, and prompt corrective action is required?

YES                      NO

If **YES**, the following are the File Reference Number(s) and a description of the action(s) taken:

P.I. No.:

I/We have identified an action(s) for each of the Reportable Deficiencies raised on the firm's last practice inspection. My/Our actions are included in the table below.

<b>Reportable Deficiency Reference</b> (e.g. FS1, AU1, RE1, QC1)	File Reference(s) (e.g. 1, 2, 3)	<b>Specific Actions to Address Reportable Deficiencies</b> (e.g. addressing deficiency in current <sup>1</sup> or subsequent year's engagement documentation, communicating deficiency to partner or staff)	<b>QC Actions<sup>2</sup> to Prevent Subsequent Recurrence</b> (e.g. professional development, staff training, updating checklists, obtaining reference materials, increasing review/supervision, requiring second partner review and/or EQCR)

P.I. No.:

<b>Reportable Deficiency Reference</b> (e.g. FS1, AU1, RE1, QC1)	File Reference(s) (e.g. 1, 2, 3)	<b>Specific Actions to Address Reportable Deficiencies</b> (e.g. addressing deficiency in current <sup>1</sup> or subsequent year's engagement documentation, communicating deficiency to partner or staff)	<b>QC Actions<sup>2</sup> to Prevent Subsequent Recurrence</b> (e.g. professional development, staff training, updating checklists, obtaining reference materials, increasing review/supervision, requiring second partner review and/or EQCR)

P.I. No.:

<b>Reportable Deficiency Reference</b> (e.g. FS1, AU1, RE1, QC1)	File Reference(s) (e.g. 1, 2, 3)	<b>Specific Actions to Address Reportable Deficiencies</b> (e.g. addressing deficiency in current <sup>1</sup> or subsequent year's engagement documentation, communicating deficiency to partner or staff)	<b>QC Actions<sup>2</sup> to Prevent Subsequent Recurrence</b> (e.g. professional development, staff training, updating checklists, obtaining reference materials, increasing review/supervision, requiring second partner review and/or EQCR)

P.I. No.:

<b>Reportable Deficiency Reference</b> (e.g. FS1, AU1, RE1, QC1)	File Reference(s) (e.g. 1, 2, 3)	<b>Specific Actions to Address Reportable Deficiencies</b> (e.g. addressing deficiency in current <sup>1</sup> or subsequent year's engagement documentation, communicating deficiency to partner or staff)	<b>QC Actions<sup>2</sup> to Prevent Subsequent Recurrence</b> (e.g. professional development, staff training, updating checklists, obtaining reference materials, increasing review/supervision, requiring second partner review and/or EQCR)

<b>Reportable Deficiency Reference</b> (e.g. FS1, AU1, RE1, QC1)	File Reference(s) (e.g. 1, 2, 3)	<b>Specific Actions to Address Reportable Deficiencies</b> (e.g. addressing deficiency in current <sup>1</sup> or subsequent year's engagement documentation, communicating deficiency to partner or staff)	<b>QC Actions<sup>2</sup> to Prevent Subsequent Recurrence</b> (e.g. professional development, staff training, updating checklists, obtaining reference materials, increasing review/supervision, requiring second partner review and/or EQCR)

- 1 Practitioners should note that documentation added or amended after the assembly (or lock-down) of a previously completed engagement must be dated currently. A conclusion should be included as to whether any documentation so added or amended would impact the content of the engagement report originally issued.
- 2 The QC Actions suggested here do not comprise an all-inclusive listing of such possible actions, nor will they all be relevant to every practice. Actions to prevent recurrence of the Reportable Deficiencies should be those selected by each practice to be relevant and best workable in the context of criteria such as the nature of clientele, the practice's staffing and the tools already available within the practice to support a strong culture of quality control.