Performing System Reviews at a Location
Other Than the Reviewed Firm’s Office

Paragraph .08 of the standards states that the majority of the procedures in a System Review should be performed at the reviewed firm’s office.

**Interpretation**—If the review can reasonably be performed at the reviewed firm’s office, it should be. Although certain planning procedures may be performed at the peer reviewer’s office, it is expected that a majority of the peer review procedures, including the review of engagements, testing of functional areas, interviews, and concluding procedures should be performed at the reviewed firm’s office. However, it is recognized that there are some situations that make an on-site peer review cost prohibitive or extremely difficult to arrange, or both. In these situations, if the firm and reviewer mutually agree on the appropriateness and efficiency of an approach to the peer review such that it can be performed at a location other than the reviewed firm’s office, then the reviewer can request the administering entity’s approval to perform the review at a location other than the reviewed firm’s office. This request should be made prior to the commencement of fieldwork.

**Instructions:** Please fill out the following information related to the request to perform a peer review at a location other than the firm’s office. Please provide as much information as possible to assist the Committee (or administering entity). Decisions will be based on Interpretation 8-1 of the Peer Review Standards.

<table>
<thead>
<tr>
<th>Reviewed Firm’s Name:</th>
<th>Firm number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reviewer’s Name:</td>
<td>Review Number:</td>
</tr>
<tr>
<td>Due Date:</td>
<td>Commencement Date:</td>
</tr>
</tbody>
</table>

1. Is the request related to the availability of peer reviewers qualified to review the firm? Why is the firm unable to find a qualified reviewer? ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

2. If the review is conducted at another agreed-upon location, please use the following space to explain how the objectives of a System Review can still be achieved: ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. Size of the reviewed firm:
   a. Number of personnel: ___________________________________________
   b. Location personnel perform their work: __________________________
4. Number of engagements covered by:
   a. Statement on Auditing Standards: ________________________________
   b. Government Auditing Standards: ________________________________
   c. Examinations of prospective financial statements under SSAEs: __________________
   d. Audits of non-SEC issuers pursuant to PCAOB standards: __________________

5. Does the reviewer and the reviewed firm have the ability to hold one or more effective meetings by telephone to discuss the firm’s responses to the quality control policies and procedures questionnaire and other practice aid questionnaires, Engagement Review results, the reviewers conclusions on the peer review, and any recommended corrective actions? Please use the following space for comments: __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

6. Prior type of peer review report: ___ System ___ Engagement ___ Report ___ N/A (First review)
   Rating or prior peer review report: __________________________________________

7. Will the reviewed firm be able to effectively comply with the reviewer’s requests for materials prior to the review? __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

Reviewer Name: __________________________
Reviewer Signature: __________________________ Date: __________________________
Reviewer Phone #: __________________________ Reviewer Email: __________________________

Committee Member Name (or designee): __________________________
Committee Member Signature (or designee): __________________________

Approved: _______ Denied: _______ Date: ________________