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PECB ISO-IEC-27001-Lead-Auditor Exam Syllabus Topics:

Section	Objectives
Fundamentals of Information Security Auditing	- Audit principles based on ISO 19011 • 1. Integrity, fair presentation, due professional care • 2. Confidentiality and independence
Planning and Initiating an Audit	- Audit program and planning activities • 1. Defining audit objectives, scope, and criteria • 2. Audit team selection
Information Security Management System (ISMS) based on ISO/IEC 27001	- ISO/IEC 27001 requirements (Clauses 4–10) • 1. Support and resources • 2. Operation and controls • 3. Performance evaluation • 4. Context of the organization • 5. Planning and risk management • 6. Improvement and corrective actions • 7. Leadership and commitment
Conducting an Audit	- Audit execution • 1. Evidence collection and verification • 2. Interviewing techniques • 3. Nonconformity identification

	- Audit reporting and follow-up
Closing the Audit	• 1. Corrective action review • 2. Audit report preparation

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PECB Certified ISO/IEC 27001 Lead Auditor exam Sample Questions (Q258-Q263):

NEW QUESTION # 258
You are performing an ISMS audit at a residential nursing home that provides healthcare services and are reviewing the Software Code Management (SCM) system. You found a total of 10 user accounts on the SCM.
You confirm that one of the users, Scott, resigned 9-months
ago. The SCM System Administrator confirmed Scott's last check-out of the source code was found 1 month ago. He was using one of the uthorized desktops from the local network in a secure area.
You check with the user de-registration procedure which states "Managers have to make sure of deregistration of the user account and authorisation immediately from the relevant ICT system and/or equipment after resignation approval." There was no deregistration record for user Scott.
The IT Security Manager explains that Scott still comes back to the office every month after he resigned to provide support on source code maintenance. That's why his account on SCM still exists.
You would like to investigate other areas further to collect more audit evidence. Select three options that would not be valid audit trails.

- A. Collect more evidence on how the transition of Scott from full-time to part-time employment was managed (relevant to control A.6.5)
- B. Collect more evidence of why Scott resigned and whether his re-engagement represents a conflict of interest. (relevant to control A.5.3)
- C. Collect more evidence from Scott's background verification checks performed by the human resource department under the new employment relationship. (Relevant to control A.6.1)
- D. Collect more evidence on how Scott can access the employee's desktop and local network. (Relevant to control A.5.15)
- E. Collect more evidence on how the organization pays for Scott's source code maintenance support service. (Relevant to control A.6.2)
- F. Collect more evidence on how access controls are periodically reviewed to maintain security (Relevant to control A.5.35)
- G. Collect more evidence on where Scott kept the source code that he checked out and how it was secured. (Relevant to control A.8.4)
- H. Collect more evidence on how Scott can access the secure area. (Relevant to control A.8.4)

Answer: A,B,E

Explanation:
The options B, D, and G are not valid audit trails because they are not directly related to the ISMS requirements or the audit criteria. They are more relevant to the human resource management or the contractual arrangements of the organization, which are outside the scope of the ISMS audit. The other options are valid audit trails because they can provide evidence of how the organization implements and maintains the ISMS controls related to access control, secure areas, and information security aspects of business continuity management. References:
* PECB Candidate Handbook ISO/IEC 27001 Lead Auditor, page 16, section 4.2.1
* ISO/IEC 27001:2013, clauses A.5.3, A.5.15, A.5.35, A.6.1, A.6.2, A.6.5, A.8.4, A.17.1

* ISO 19011:2018, clause 6.2.2

NEW QUESTION # 259
What is meant by the term 'Corrective Action'? Select one

- A. Action is taken by management to respond to a nonconformity
- B. Action is taken to eliminate the cause(s) of a nonconformity or an incident
- C. Action is taken to fix a nonconformity or an incident
- D. Action is taken to prevent a nonconformity or an incident from occurring

Answer: B

Explanation:
Corrective action is a process of identifying and eliminating the root causes of nonconformities or incidents that have occurred or could potentially occur, in order to prevent their recurrence or occurrence. Corrective action is part of the improvement requirement of ISO 27001 and follows a standard workflow of identification, evaluation, implementation, review and documentation of corrections and corrective actions.
References: Procedure for Corrective Action, Nonconformity & Corrective Action For ISO 27001 Requirement 10.1, PECB Candidate Handbook ISO 27001 Lead Auditor (page 12)

NEW QUESTION # 260
During a Stage 1 audit opening meeting, the Management System Representative (MSR) asks to extend the audit scope to include a new site overseas which they have expanded into since the certification application was made.
Select two options for how the auditor should respond.

- A. Advise the MSR that the audit scope has been determined based on their initial application so the audit has to proceed as planned
- B. Confirm that the auditor will advise the auditee that the audit scope will be revised to include the new work area
- C. Advise the MSR that, within the existing scope, the new work area can be included without any problem
- D. Advise the MSR that an extension of the scope may be incorporated but will have to go through established procedures
- E. Suggest that the MSR cancels the audit contract and reapplies for the new situation
- F. Determine whether the Management System covers the processes at the new site and, if so, proceed with the audit

Answer: D,F

Explanation:
Explanation
The correct options for how the auditor should respond are:
* A. Advise the MSR that an extension of the scope may be incorporated but will have to go through established procedures
* D. Determine whether the Management System covers the processes at the new site and, if so, proceed with the audit These options are consistent with the ISO/IEC 27006:2015 standard, which states that any changes to the scope of certification should be notified by the client to the certification body, and that the certification body should evaluate and decide on these changes in accordance with its procedures1. The auditor should also verify that the ISMS is implemented and maintained at all sites included in the scope of certification1.
The other options are not appropriate for how the auditor should respond, because:
* B. Advise the MSR that the audit scope has been determined based on their initial application so the audit has to proceed as planned: This option is too rigid and does not allow for any flexibility or adaptation to the client's situation. The auditor should be open to consider any changes to the scope of certification that may have occurred since the initial application, as long as they are properly notified and evaluated by the certification body.
* C. Suggest that the MSR cancels the audit contract and reapplies for the new situation: This option is too
* drastic and unnecessary, as it would cause delays and costs for both the client and the certification body.
The auditor should not suggest that the client cancels the audit contract, but rather that they follow the established procedures for requesting and approving an extension of the scope of certification.
* E. Advise the MSR that, within the existing scope, the new work area can be included without any problem: This option is too lenient and does not ensure that the new work area meets the requirements of ISO/IEC 27001 and the ISMS. The auditor should not assume that the new work area can be included within the existing scope without any problem, but rather that they need to verify that the ISMS is implemented and maintained at the new site, and that any changes to the scope of certification are approved by the certification body.
* F. Confirm that the auditor will advise the auditee that the audit scope will be revised to include the new work area: This option is

too presumptuous and does not respect the authority of the certification body.
The auditor should not confirm that they will revise the audit scope to include the new work area, but rather that they will advise the certification body of the client's request for an extension of the scope of certification, and wait for their decision.

NEW QUESTION # 261
Which one of the following statements best describes the purpose of conducting a document review?

- A. To determine the conformity of the management system, as far as documented, with audit criteria and to gather information to support the on-site audit activities
- B. To decide about the conformity of the documented management system with audit standards and to gather findings to support the audit process
- C. To reveal whether the documented management system is nonconforming with audit criteria and to gather evidence to support the audit report
- D. To detect any nonconformity of the management system, if documented, with audit criteria and to identify information to support the audit plan

Answer: A

Explanation:
A document review is a process of examining the documented information related to the management system before the on-site audit activities. The purpose of a document review is to: 12 Determine the conformity of the management system, as far as documented, with audit criteria, i.e., to check whether the documents are consistent, complete, and compliant with the requirements of ISO/IEC 27001 and any other applicable standards or regulations.
Gather information to support the on-site audit activities, i.e., to identify the scope, objectives, processes, controls, risks, and opportunities of the management system, and to plan the audit methods, techniques, and resources accordingly.
The other statements are not accurate, because:
A document review does not reveal or decide about the conformity or nonconformity of the management system as a whole, but only of the documented information. The conformity or nonconformity of the management system is determined by the on-site audit activities, which include interviews, observations, and tests12 A document review does not gather evidence or findings to support the audit report or process, but information to support the on-site audit activities. The evidence or findings are collected during the on-site audit activities, which are then documented and reported12 A document review does not detect any nonconformity of the management system, if documented, but determines the conformity of the documented information. The nonconformity of the management system is detected by the on-site audit activities, which evaluate the performance and effectiveness of the management system12 A document review does not identify information to support the audit plan, but gathers information to support the on-site audit activities. The audit plan is prepared before the document review, based on the audit scope, objectives, criteria, and program. The document review is part of the audit plan implementation12 References:
1: ISO/IEC 27001:2022 Lead Auditor (Information Security Management Systems) Course by CQI and IRCA Certified Training 1
2: ISO/IEC 27001 Lead Auditor Training Course by PECB 2

NEW QUESTION # 262
Scenario 6: Cyber ACrypt is a cybersecurity company that provides endpoint protection by offering anti- malware and device security, asset life cycle management, and device encryption. To validate its ISMS against ISO/IEC 27001 and demonstrate its commitment to cybersecurity excellence, the company underwent a meticulous audit process led by John, the appointed audit team leader.
Upon accepting the audit mandate, John promptly organized a meeting to outline the audit plan and team roles This phase was crucial for aligning the team with the audit's objectives and scope However, the initial presentation to Cyber ACrypt's staff revealed a significant gap in understanding the audit's scope and objectives, indicating potential readiness challenges within the company As the stage 1 audit commenced, the team prepared for on-site activities. They reviewed Cyber ACrypt's documented information, including the information security policy and operational procedures ensuring each piece conformed to and was standardized in format with author identification, production date, version number, and approval date Additionally, the audit team ensured that each document contained the information required by the respective clause of the standard This phase revealed that a detailed audit of the documentation describing task execution was unnecessary, streamlining the process and focusing the team's efforts on critical areas During the phase of conducting on-site activities, the team evaluated management responsibility for the Cyber Acrypt's policies This thorough examination aimed to ascertain continual improvement and adherence to ISMS requirements Subsequently, in the document, the stage 1 audit outputs phase, the audit team meticulously documented their findings, underscoring their conclusions regarding the fulfillment of the stage 1 objectives. This documentation was vital for the audit team and Cyber ACrypt to understand the preliminary audit outcomes and areas requiring attention.
The audit team also decided to conduct interviews with key interested parties. This decision was motivated by the objective of

collecting robust audit evidence to validate the management system's compliance with ISO /IEC 27001 requirements. Engaging with interested parties across various levels of Cyber ACrypt provided the audit team with invaluable perspectives and an understanding of the ISMS's implementation and effectiveness.
The stage 1 audit report unveiled critical areas of concern. The Statement of Applicability (SoA) and the ISMS policy were found to be lacking in several respects, including insufficient risk assessment, inadequate access controls, and lack of regular policy reviews. This prompted Cyber ACrypt to take immediate action to address these shortcomings. Their prompt response and modifications to the strategic documents reflected a strong commitment to achieving compliance.
The technical expertise introduced to bridge the audit team's cybersecurity knowledge gap played a pivotal role in identifying shortcomings in the risk assessment methodology and reviewing network architecture. This included evaluating firewalls, intrusion detection and prevention systems, and other network security measures, as well as assessing how Cyber ACrypt detects, responds to, and recovers from external and internal threats. Under John's supervision, the technical expert communicated the audit findings to the representatives of Cyber ACrypt. However, the audit team observed that the expert s objectivity might have been compromised due to receiving consultancy fees from the auditee. Considering the behavior of the technical expert during the audit, the audit team leader decided to discuss this concern with the certification body.
Based on the scenario above, answer the following question:
Question:
According to Scenario 6, Cyber ACrypt modified the SoA and the ISMS policy after the Stage 1 audit report.
How do you define this situation?

- A. Acceptable, minor modifications to the SoA and ISMS policy can be made until the submission of the final audit report
- B. Unacceptable, once the external audit passes Stage 1, the SoA and the ISMS policy cannot be modified
- C. Acceptable, situations that lead to major nonconformities during the Stage 2 audit should be corrected

Answer: C

Explanation:
Comprehensive and Detailed In-Depth Explanation:
* B. Correct Answer:
* Stage 1 audits identify gaps and allow the organization to correct major nonconformities before Stage 2 certification.
* ISO/IEC 27006 requires organizations to address major nonconformities before proceeding to Stage 2.
* A. Incorrect:
* Organizations are allowed to correct nonconformities identified in Stage 1.
* C. Incorrect:
* Major changes must be addressed, not just minor modifications.
Relevant Standard Reference:
* ISO/IEC 27006:2020 Clause 9.2.3 (Stage 1 and Stage 2 Audit Process)

NEW QUESTION # 263
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