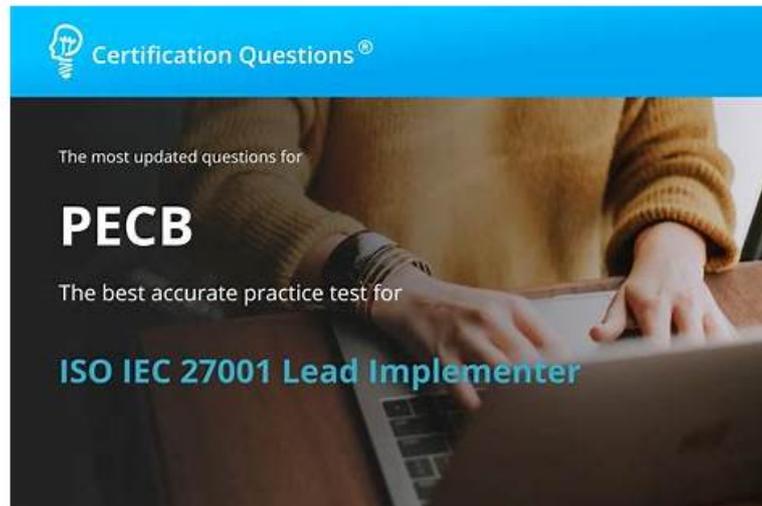


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PECB Certified ISO/IEC 27001 Lead Auditor exam Sample Questions (Q180-Q185):

NEW QUESTION # 180

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

Answer: C,D,G

Explanation:

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 # 181

You have a hard copy of a customer design document that you want to dispose off. What would you do

- A. Be environment friendly and reuse it for writing
- B. Shred it using a shredder
- C. Throw it in any dustbin
- D. Give it to the office boy to reuse it for other purposes

Answer: B

Explanation:

The best way to dispose of a hard copy of a customer design document is to shred it using a shredder. This is because shredding ensures that the document is destroyed and cannot be reconstructed or accessed by unauthorized persons. A customer design document may contain sensitive or confidential information that could cause harm or damage to the customer or the organization if disclosed. Therefore, it is important to protect the confidentiality and integrity of the document until it is securely disposed of. Throwing it in any dustbin, giving it to the office boy to reuse it for other purposes, or reusing it for writing are not secure ways of disposing of the document, as they could expose the document to unauthorized access, theft, loss or damage. ISO/IEC 27001:2022 requires the organization to implement procedures for the secure disposal of media containing information (see clause A.8.3.2). References: CQI & IRCA Certified ISO/IEC 27001:2022 Lead Auditor Training Course, ISO/IEC 27001:2022 Information technology - Security techniques - Information security management systems - Requirements, What is Secure Disposal?

NEW QUESTION # 182

You are an experienced ISMS auditor, currently providing support to an ISMS auditor in training who is carrying out her first initial certification audit. She asks you what she should be verifying when auditing an organisation's Information Security objectives. You ask her what she has included in her audit checklist and she provides the following replies.

Which three of these responses would you cause you concern in relation to conformity with ISO/IEC 27001:2022?

- A. I am going to check that the Information Security objectives are written down on paper so that everyone is clear on what needs to be achieved, how it will be achieved, and by when it will be achieved
- B. I am going to check that all the Information Security objectives are measurable. If they are not measurable the organisation will not be able to track progress against them
- C. I am going to check that there is a process in place to periodically revisit Information Security objectives, with a view to amending or cancelling them if circumstances necessitate this
- D. I am going to check that the necessary budget, manpower and materials to achieve each objective has been determined
- E. I am going to check that a completion date has been set for each objective and that there are no objectives with missing 'achieve by' dates
- F. I am going to check how each Information Security objective has been communicated to those who need to be aware of it in order for the objective to be achieved
- G. I am going to check that top management have determined the Information Security objectives for the current year. If not, I will check that this task has been programmed to be completed

Answer: A,E,G

Explanation:

Explanation

According to ISO/IEC 27001:2022, which specifies the requirements for establishing, implementing, maintaining and continually improving an information security management system (ISMS), clause 6.2 requires an organization to establish information security objectives at relevant functions and levels¹. The objectives should be consistent with the information security policy; measurable (if practicable) or capable of being evaluated; monitored; communicated; updated as appropriate¹. Therefore, when auditing an organization's information security objectives, an ISMS auditor should verify these aspects in accordance with the audit criteria.

Three responses from the ISMS auditor in training that would cause concern in relation to conformity with ISO/IEC 27001:2022 are:

* I am going to check that top management have determined the Information Security objectives for the

* current year. If not, I will check that this task has been programmed to be completed: This response would cause concern because it implies that the auditor in training is not aware of the requirement to establish information security objectives at relevant functions and levels, not just at the top management level. It also implies that the auditor in training is willing to accept a delay or postponement in determining the information security objectives, which may affect the ISMS performance and effectiveness.

* I am going to check that the Information Security objectives are written down on paper so that everyone is clear on what needs to be achieved, how it will be achieved, and by when it will be achieved: This response would cause concern because it implies that the auditor in training is not aware of the requirement to establish information security objectives that are measurable (if practicable) or capable of being evaluated, not just written down on paper. It also implies that the auditor in training is not aware of the flexibility and suitability of different media or formats for documenting and communicating information security objectives, such as electronic or digital records, posters, newsletters, etc.

* I am going to check that a completion date has been set for each objective and that there are no objectives with missing 'achieve by' dates: This response would cause concern because it implies that the auditor in training is not aware of the requirement to establish information security objectives that are monitored, not just completed by a certain date. It also implies that the auditor in training is not aware of the possibility and necessity of updating information security objectives as appropriate, such as when changes occur in the internal or external context of the organization, or when new risks or opportunities arise.

The other responses from the ISMS auditor in training are acceptable and do not cause concern in relation to conformity with ISO/IEC 27001:2022. For example, checking how each Information Security objective has been communicated to those who need to be aware of it in order for the objective to be achieved is relevant to verifying the communication aspect of clause 6.2; checking that there is a process in place to periodically revisit Information Security objectives, with a view to amending or cancelling them if circumstances necessitate this is relevant to verifying the updating aspect of clause 6.2; checking that the necessary budget, manpower and materials to achieve each objective has been determined is relevant to verifying the planning aspect of clause 6.2; checking that all the Information Security objectives are measurable. If they are not measurable the organisation will not be able to track progress against them is relevant to verifying the measurability aspect of clause 6.2. References: ISO/IEC 27001:2022 - Information technology - Security techniques - Information security management systems - Requirements

NEW QUESTION # 183

You are performing an ISMS audit at a residential nursing home that provides healthcare services. The next step in your audit plan is to verify the information security incident management process. The IT Security Manager presents the information security incident management procedure and explains that the process is based on ISO/IEC 27035-1:2016.

You review the document and notice a statement "any information security weakness, event, and incident should be reported to the Point of Contact (PoC) within 1 hour after identification". When interviewing staff, you found that there were differences in the understanding of the meaning of "weakness, event, and incident".

You sample incident report records from the event tracking system for the last 6 months with summarized results in the following table.

Type of report	Description	Resolution/Recovery Actions	Resolution/Recovery Time
Information security weakness, report ID: 056	The human resources manager's mobile phone was hacked by ransomware, asking for \$1000 to unlock (decrypt) the data	IT department suggests the person shall pay the ransom to unlock the phone. No further action is needed.	24 hours
Information security weakness, report ID: 078	The medical staff's company mobile phone (with patient data) was hacked by ransomware, asking for \$5000 to unlock (decrypt) the data	IT department suggests the company shall pay the ransom to unlock the company phone. No further action is needed.	24 hours
Information security event, report ID: 090	The cloud server does not respond and healthcare monitoring stops for 8 hours.	IT department reboots the cloud server remotely. No further action is needed.	24 hours
Information security incident, report ID: 012	The cloud server does not respond and healthcare monitoring stops for 48 hours.	IT department reboots the cloud server remotely. No further action is needed.	24 hours

You would like to further investigate other areas to collect more audit evidence. Select two options that will not be in your audit trail.

- A. Collect more evidence on how the organisation determined the incident recovery time. (Relevant to control A.5.27)
- B. Collect more evidence on how and when the Human Resources manager pays the ransom fee to unlock personal mobile data, i.e., credit card, and bank transfer. (Relevant to control A.5.26)
- C. Collect more evidence on how and when the company pays the ransom fee to unlock the company's mobile phone and data, i.e., credit card, and bank transfer. (Relevant to control A.5.26)
- D. Collect more evidence on the incident recovery procedures. (Relevant to control A.5.26)
- E. Collect more evidence by interviewing more staff about their understanding of the reporting process. (Relevant to control A.6.8)
- F. Collect more evidence on what the service requirements of healthcare monitoring are. (Relevant to clause 4.2)
- G. Collect more evidence on how the organization determined no further action was needed after the incident. (Relevant to control A.5.26)

Answer: C,F

Explanation:

According to ISO/IEC 27001:2022, which specifies the requirements for establishing, implementing, maintaining and continually improving an information security management system (ISMS), clause 4.2 requires an organization to determine the needs and expectations of interested parties that are relevant to its ISMS. This includes identifying the legal, regulatory, contractual and other requirements that apply to its information security activities. Therefore, collecting more evidence on what the service requirements of healthcare monitoring are may not be relevant to verifying the information security incident management process, as it is not directly related to the audit objective or criteria. This option will not be in the audit trail.

NEW QUESTION # 184

What is meant by the term 'Corrective Action'? Select one

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

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. Reference: Procedure for Corrective Action, Nonconformity & Corrective Action For ISO

NEW QUESTION # 185

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