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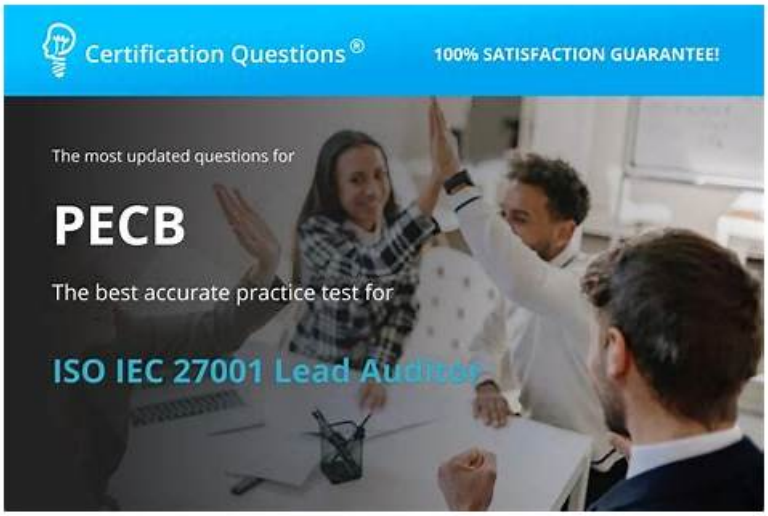

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PECB Certified ISO/IEC 27001 Lead Auditor exam Sample Questions (Q20-Q25):

NEW QUESTION # 20
You are an experienced ISMS audit team leader guiding an auditor in training. She asks you about the grading of nonconformities in audit reports. You decide to test her knowledge by asking her which four of the following statements are true.

- A. Several minor nonconformities can be grouped into a major nonconformity

- B. Nonconformities must be graded only using the terms 'major' or 'minor'
- C. The auditee is always responsible for determining the criteria for grading nonconformities
- D. Major nonconformities may be subject to on-site follow up
- E. Very minor nonconformities should be re-graded as opportunities for improvement
- F. The action taken to address major nonconformities is typically more substantial than the action taken to address minor nonconformities
- G. The grading of nonconformities must be explained to the auditee at the opening meeting
- H. Nonconformities may be graded to indicate their significance

Answer: A,D,F,H

Explanation:
Explanation
The four statements that are true are:
*Major nonconformities may be subject to on-site follow up
*The action taken to address major nonconformities is typically more substantial than the action taken to address minor nonconformities
*Several minor nonconformities can be grouped into a major nonconformity
*Nonconformities may be graded to indicate their significance
According to ISO 19011:2018, a nonconformity is the non-fulfilment of a requirement1. Nonconformities may be graded to indicate their significance, based on the criteria established by the audit programme or the audit client2. The grading of nonconformities may use different terms or levels, such as major, minor, critical, etc., depending on the nature and context of the audit3. However, some common definitions of major and minor nonconformities are:
*A major nonconformity is a nonconformity that affects the ability of the management system to achieve its intended results, or that represents a significant breakdown of the management system4. Major nonconformities may require immediate corrective action and on-site follow up by the auditor to verify their closure5.
*A minor nonconformity is a nonconformity that does not affect the ability of the management system to achieve its intended results, or that represents an isolated lapse of the management system4. Minor nonconformities may require corrective action within a specified time frame and off-site verification by the auditor to confirm their closure5.
The action taken to address nonconformities depends on the severity and impact of the nonconformity, and the risk of recurrence or escalation. Typically, the action taken to address major nonconformities is more substantial than the action taken to address minor nonconformities, as it may involve identifying and eliminating the root cause of the problem, implementing preventive measures, and monitoring the effectiveness of the solution.
Several minor nonconformities can be grouped into a major nonconformity if they are related to the same requirement, process, or area, and if they indicate a systemic failure or a significant risk to the management system. The auditor should use professional judgment and evidence-based approach to decide whether to group or report nonconformities individually.
The other statements are false, based on the guidance of ISO 19011:2018. For example:
*Option B is false, because nonconformities can be graded using different terms or levels, depending on the criteria established by the audit programme or the audit client2. The terms 'major' and 'minor' are not mandatory or universal, but rather examples of possible grading levels3.
*Option D is false, because very minor nonconformities should not be re-graded as opportunities for improvement, but rather reported as nonconformities, as they still represent a non-fulfilment of a requirement1. An opportunity for improvement is a suggestion for enhancing the performance or effectiveness of the management system, but it is not a nonconformity or a requirement.
*Option F is false, because the grading of nonconformities does not have to be explained to the auditee at the opening meeting, but rather at the closing meeting, where the audit findings and conclusions are presented and discussed. The opening meeting is intended to provide an overview of the audit objectives, scope, criteria, and methods, and to confirm the audit arrangements and logistics.
*Option G is false, because the auditee is not always responsible for determining the criteria for grading nonconformities, but rather the audit programme or the audit client, in consultation with the auditee and other relevant parties2. The auditee is responsible for taking corrective action to address the nonconformities, and for providing evidence of their completion and effectiveness.
References: 1: ISO 19011:2018, 3.13; 2: ISO 19011:2018, 6.6.2; 3: ISO 19011:2018, 6.6.3; 4: ISO Audit Findings :Non-conformance - AUVA Certification1; 5: Annex III: Nonconformity grading - FSSC2; : ISO
27001 Certification - Major vs. Minor Nonconformities - Advisera3; : GUIDANCE FOR ADDRESSING AND CLEARING NONCONFORMITIES - SADCAS4; : ISO 19011:2018, 6.2; : ISO 19011:2018, 3.14; :
ISO 19011:2018, 6.7; : ISO 19011:2018, 6.4; : ISO 19011:2018, 6.7.2; : ISO 19011:2018; : ISO 19011:2018; :
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NEW QUESTION # 21
Scenario 7: Lawsy is a leading law firm with offices in New Jersey and New York City. It has over 50 attorneys offering sophisticated legal services to clients in business and commercial law, intellectual property, banking, and financial services. They

believe they have a comfortable position in the market thanks to their commitment to implement information security best practices and remain up to date with technological developments.
Lawsy has implemented, evaluated, and conducted internal audits for an ISMS rigorously for two years now.
Now, they have applied for ISO/IEC 27001 certification to ISMA, a well-known and trusted certification body.
During stage 1 audit, the audit team reviewed all the ISMS documents created during the implementation.
They also reviewed and evaluated the records from management reviews and internal audits.
Lawsy submitted records of evidence that corrective actions on nonconformities were performed when necessary, so the audit team interviewed the internal auditor. The interview validated the adequacy and frequency of the internal audits by providing detailed insight into the internal audit plan and procedures.
The audit team continued with the verification of strategic documents, including the information security policy and risk evaluation criteria. During the information security policy review, the team noticed inconsistencies between the documented information describing governance framework (i.e., the information security policy) and the procedures.
Although the employees were allowed to take the laptops outside the workplace, Lawsy did not have procedures in place regarding the use of laptops in such cases. The policy only provided general information about the use of laptops. The company relied on employees' common knowledge to protect the confidentiality and integrity of information stored in the laptops. This issue was documented in the stage 1 audit report.
Upon completing stage 1 audit, the audit team leader prepared the audit plan, which addressed the audit objectives, scope, criteria, and procedures.
During stage 2 audit, the audit team interviewed the information security manager, who drafted the information security policy. He justified the Issue identified in stage 1 by stating that Lawsy conducts mandatory information security training and awareness sessions every three months.
Following the interview, the audit team examined 15 employee training records (out of 50) and concluded that Lawsy meets requirements of ISO/IEC 27001 related to training and awareness. To support this conclusion, they photocopied the examined employee training records.
Based on the scenario above, answer the following question:
The audit team concluded that Lawsy meets the ISO/IEC 27001's requirements related to training and awareness by examining 15 out of 50 employee training records, as provided in scenario 7. This is a risk or error related to:

- A. The auditor
- B. Sampling
- C. The sample size

Answer: C

Explanation:
This scenario presents a risk related to the sample size. Examining only 15 out of 50 employee training records may not provide a fully representative view of the entire organization's adherence to the training and awareness requirements of ISO/IEC 27001. There is a risk that this sample size is not sufficient to justify a general conclusion about the entire organization.
References: ISO 19011:2018, Guidelines for auditing management systems

NEW QUESTION # 22
Scenario 5: Cobt. an insurance company in London, offers various commercial, industrial, and life insurance solutions. In recent years, the number of Cobt's clients has increased enormously. Having a huge amount of data to process, the company decided that certifying against ISO/IEC 27001 would bring many benefits to securing information and show its commitment to continual improvement. While the company was well- versed in conducting regular risk assessments, implementing an ISMS brought major changes to its daily operations. During the risk assessment process, a risk was identified where significant defects occurred without being detected or prevented by the organizations internal control mechanisms.
The company followed a methodology to implement the ISMS and had an operational ISMS in place after only a few months After successfully implementing the ISMS, Cobt applied for ISO/IEC 27001 certification Sarah, an experienced auditor, was assigned to the audit Upon thoroughly analyzing the audit offer, Sarah accepted her responsibilities as an audit team leader and immediately started to obtain general information about Cobt She established the audit criteria and objective, planned the audit, and assigned the audit team members' responsibilities.
Sarah acknowledged that although Cobt has expanded significantly by offering diverse commercial and insurance solutions, it still relies on some manual processes Therefore, her initial focus was to gather information on how the company manages its information security risks Sarah contacted Cobt's representatives to request access to information related to risk management for the off-site review, as initially agreed upon for part of the audit However, Cobt later refused, claiming that such information is too sensitive to be accessed outside of the company This refusal raised concerns about the audit's feasibility, particularly regarding the availability and cooperation of the auditee and access to evidence Moreover, Cobt raised concerns about the audit schedule, stating that it does not properly reflect the recent changes the company made It pointed out that the actions to be performed during the audit apply only to the initial scope and do not encompass the latest changes made in the audit scope Sarah also evaluated the materiality of the

situation, considering the significance of the information denied for the audit objectives. In this case, the refusal by Cobt raised questions about the completeness of the audit and its ability to provide reasonable assurance. Following these situations, Sarah decided to withdraw from the audit before a certification agreement was signed and communicated her decision to Cobt and the certification body. This decision was made to ensure adherence to audit principles and maintain transparency, highlighting her commitment to consistently upholding these principles.
Based on the scenario above, answer the following question:
Question:
What type of risk did Cobt identify during the last risk assessment?

- A. Inherent risk
- B. Control risk
- C. Detection risk

Answer: C

Explanation:
Comprehensive and Detailed In-Depth Explanation:
* Detection Risk (Correct Answer) - Detection risk occurs when control mechanisms fail to identify significant defects or errors. Cobt identified that major defects were not detected or prevented by internal controls, making detection risk the correct answer.
* Inherent Risk refers to the likelihood of a security event occurring without considering any controls.
The scenario mentions control failures, not natural risks, so this is incorrect.
* Control Risk is the risk of controls failing to prevent a risk. However, the scenario specifically mentions that the defects were not detected, making detection risk the more precise answer.
Relevant Standard Reference:
* ISO/IEC 27001:2022 Clause 6.1.2 (Information Security Risk Assessment Process)

NEW QUESTION # 23
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:
Which criteria for evaluating documented information was NOT validated by the audit team? (Refer to Scenario 6)

- A. Content of the documented information
- B. Procedure for managing the documented information
- C. Format of the documented information

Answer: B

Explanation:
Comprehensive and Detailed In-Depth Explanation:
* C. Correct Answer:
* Scenario 6 states that the audit team reviewed the content and format of the documents but does not mention an evaluation of the document management procedure.
* ISO/IEC 27001 requires that procedures for managing documented information be reviewed.
* A. Incorrect:
* The content of documents was reviewed for compliance with ISO/IEC 27001 clauses.
* B. Incorrect:
* The audit team confirmed that all documents were in a standardized format.
Relevant Standard Reference:
* ISO/IEC 27001:2022 Clause 7.5 (Documented Information Requirements)

NEW QUESTION # 24
Scenario 3: Rebuildy is a construction company located in Bangkok.. Thailand, that specializes in designing, building, and maintaining residential buildings. To ensure the security of sensitive project data and client information, Rebuildy decided to implement an ISMS based on ISO/IEC 27001. This included a comprehensive understanding of information security risks, a defined continual improvement approach, and robust business solutions.
The ISMS implementation outcomes are presented below
*Information security is achieved by applying a set of security controls and establishing policies, processes, and procedures.
*Security controls are implemented based on risk assessment and aim to eliminate or reduce risks to an acceptable level.
*All processes ensure the continual improvement of the ISMS based on the plan-do-check-act (PDCA) model.
*The information security policy is part of a security manual drafted based on best security practices Therefore, it is not a stand-alone document.
*Information security roles and responsibilities have been clearly stated in every employees job description
*Management reviews of the ISMS are conducted at planned intervals.
Rebuildy applied for certification after two midterm management reviews and one annual internal audit Before the certification audit one of Rebuildy's former employees approached one of the audit team members to tell them that Rebuildy has several security problems that the company is trying to conceal. The former employee presented the documented evidence to the audit team member Electra, a key client of Rebuildy, also submitted evidence on the same issues, and the auditor determined to retain this evidence instead of the former employee's. The audit team member remained in contact with Electra until the audit was completed, discussing the nonconformities found during the audit. Electra provided additional evidence to support these findings.
At the beginning of the audit, the audit team interviewed the company's top management They discussed, among other things, the top management's commitment to the ISMS implementation. The evidence obtained from these discussions was documented in written confirmation, which was used to determine Rebuildy's conformity to several clauses of ISO/IEC 27001 The documented evidence obtained from Electra was attached to the audit report, along with the nonconformities report. Among others, the following nonconformities were detected:
*An instance of improper user access control settings was detected within the company's financial reporting system.
*A stand-alone information security policy has not been established. Instead, the company uses a security manual drafted based on best security practices.
After receiving these documents from the audit team, the team leader met Rebuildy's top management to present the audit findings. The audit team reported the findings related to the financial reporting system and the lack of a stand-alone information security policy. The top management expressed dissatisfaction with the findings and suggested that the audit team leader's conduct was unprofessional, implying they might request a replacement. Under pressure, the audit team leader decided to cooperate with top management to downplay the significance of the detected nonconformities. Consequently, the audit team leader adjusted the report to present a more favorable view, thus misrepresenting the true extent of Rebuildy's compliance issues.
Based on the scenario above, answer the following question:
Question:
Is it acceptable for the auditor to prioritize keeping the evidence provided by Electra over the evidence provided by the former employee?

- A. Yes, because evidence from a client is considered more reliable due to their independent status
- B. No, both sources of evidence should be retained and evaluated equally
- C. No, because evidence from a former employee is always more reliable than that from a client

Answer: B

Explanation:
Comprehensive and Detailed In-Depth Explanation:
* B. Correct Answer: ISO 19011:2018 (Guidelines for Auditing Management Systems) states that all evidence must be treated equally and evaluated based on relevance, credibility, and objectivity.
* Both sources should have been retained, reviewed, and verified rather than selectively prioritizing one over the other.
* A. Incorrect:
* A former employee may have insider knowledge, but their credibility must be verified-it is not inherently more reliable.
* C. Incorrect:
* While a client is independent, their evidence is not automatically more credible than a former employee's.
Relevant Standard Reference:
* ISO 19011:2018 Clause 6.4.7 (Collecting and Verifying Information)

NEW QUESTION # 25
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