**Peer Review Tool Kit**

**December 2021 (Peer Review Guide)**



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# External Peer Review Process



# Engagement Letter/Document Request

*(Peer review teams may use this document as a template for requesting documents or information from the Reviewed Organization. The information or documents requested should be adjusted based on what the Reviewed Organization has previously provided as required by the Guide. The peer review team does not have to send a formal request in the form of a letter. Wording from this template may be used for an e-mail request.)*

Inspector General (Reviewed Organization)

Address - City, State Zip

Dear X Inspector General,

The Council of the Inspectors General on Integrity and Efficiency (CIGIE) Peer Review Schedule indicates that the (Name of Reviewing Organization) Office of Inspector General (OIG) is responsible for conducting a peer review of the (Reviewed Organization) OIG’s inspection and evaluation (I&E) function. This review will cover the three-year period ended Month DD, 20XX.

The peer review will be conducted based on the CIGIE Guide for Conducting External Peer Reviews of Inspection and Evaluation Organizations of Federal Offices of Inspector General (December 2021). Based on a preliminary review of your office’s semi-annual reports covering the appropriate period, it appears that (Reviewed Organization) OIG completed # I&E engagements. Accordingly, the peer review to be performed will be an external peer review. The peer review process has several steps, including, but not limited to, planning, an entrance conference, execution, an exit conference, draft report, receipt of management comments, and final report.

I am requesting the following documents on or before Month DD, 20XX. Please indicate if you do not have any of the document(s) requested. Whenever possible, I would prefer to receive electronic copies of documentation.

1. A list of all I&E reports, grouped by types issued during the 3 years prior to the start of the peer review;
2. A copy of the most recently issued Peer Review Report and, if issued, the Letter of Comment;
3. A crosswalk of the organization’s internal policies and procedures relative to the December 2020 Blue Book standards, if available;
4. Relevant policies, procedures, guidelines, handbooks and/or manuals related to processes the organization followed in conducting, reporting, and ensuring the quality of I&E projects;
5. OIG Strategic Plan;
6. I&E work plan(s) for the period of review;
7. Internal Quality Assurance Review Reports for the period of review, if applicable;
8. An organization chart, including POCs for relevant processes, such as follow up, IT help desk, and software technical help;
9. A written description of corrective action(s) taken in response to the prior peer review recommendations, the status of any open recommendations or corrective actions, and an explanation for the open status; and
10. The Reviewed Organization or OIG policies and procedures for contracting out I&E work.

The team lead for this review is Name. He/She may be reached at email or at XXX-XXX-XXXX. Thank you and we look forward to working with you and your team.

Sincerely,

Name - Inspector General - Reviewing Organization

# Entrance Conference Agenda

# Project Title:

# OIG Project No:

# Date:

**Team Members**

Add all project team members

**Objective**

To conduct a Peer Review of X OIG to ensure compliance with appliable Blue Book standards.

**Scope and Methodology**

OIGs are assessed on their compliance with the December 2020 Blue Book standards. The OIG assigned to conduct the external peer review, called the Reviewing OIG, determines whether an OIG’s internal policies and procedures are consistent with each Blue Book standard, and whether the reviewed reports generally complied with the Blue Book standards and followed internal policies and procedures. The peer review covers reports that state the work was conducted in accordance with the Blue Book and that were issued by an OIG within the 3-year period.

**OIG Operating Procedures**

In this section the peer review team should describe the process agreed-to with the Reviewed Organization’s POC. The I&E Peer Review Guide requires the Reviewed Organization to designate primary and secondary points of contact who are responsible for administrative and logistic arrangements and coordination within the Reviewed Organization.

**Inspection/Evaluation Process**

The Reviewing OIG typically selects a representative sample of reports issued by the Reviewed Organization covering the 1-year period prior to the start of the peer review. Reviewing the most recently issued reports provides the Reviewed Organization timely, useful information. However, the peer review covers reports issued during the applicable 3-year period. The Reviewing OIG may decide to select reports issued in the other 2 years to obtain a representative sample of reports. Considerations in report selection could include different categories or types of reports; reports with varying topics, lengths, or methodologies; or reports issued by different teams, divisions, components, or groups in the Reviewed Organization.

**Peer Review Report**

The Peer Review Report will provide the peer review team’s overall conclusions as to the Reviewed Organization’s general compliance with the Blue Book standards, and specific findings and recommendations, if any. The report includes findings that are significant non-compliances with one or more of the Blue Book standards.

# Exit Conference Agenda

# Project Title:

# OIG Project No:

# Date:

**Team Members**

Add all project team members

**Objective**

To conduct a Peer Review of X OIG to ensure compliance with appliable Blue Book standards.

**Scope and Methodology**

OIGs are assessed on their compliance with the December 2020 Blue Book standards. The OIG assigned to assess compliance, called the Reviewing OIG, determines whether an OIG’s internal policies and procedures address each standard, and whether the reviewed reports generally complied with Blue Book standards and followed internal policies and procedures. The peer review covers reports that state the work was conducted in accordance with the Blue Book and that were issued by an OIG within the 3-year period.

**Inspection/Evaluation Review**

* Outline the reports included as part of the peer Review

**Report Findings**

* Outline any findings resulting from the review.
* The Peer Review Report will provide the peer review team’s overall conclusions as to the Reviewed Organization’s general compliance with the Blue Book standards, and specific findings and recommendations, if any. The report includes findings that are significant non-compliances with one or more of the Blue Book standards.

**Findings Discussion/Addressing Areas of Disagreement**

The Reviewing OIG and the Reviewed Organization are encouraged to resolve areas of disagreement prior to issuing the final Peer Review Report (and Letter of Comment, if issued). The Reviewing OIG and the Reviewed Organization may seek technical clarification, Blue Book interpretations, or general Blue Book assistance from subject matter experts on the Blue Book Working Group (bbwg@cigie.gov), as needed. If disputes remain unresolved at the working level, they should be elevated first to the respective Assistant IGs or equivalent executives and then to the respective IGs for resolution. If both OIGs are still unable to resolve areas of disagreement, one or both IGs may submit the dispute to the Chairs of the I&E Committee. The I&E Committee will review the areas of disagreement and recommend an appropriate course of action to facilitate resolution of the dispute. If either OIG disagrees with the I&E Committee’s recommendation, that OIG may appeal the I&E Committee’s recommendation to the CIGIE Executive Council for mediation and final decision.

# Appendix A: Peer Review Report Template

**(Reviewing OIG Letterhead)**

External **[Replace with “External Modified,” if appropriate]** Peer Review Report **[Insert “Draft,” if applicable]**

**(Date)[Date the report is made final and delivered to the Reviewed Office of Inspector General (OIG). Put “TBD” on draft version]**

To **(Name)**, Inspector General **[Or name and title of head of the Reviewed Organization’s Inspection and Evaluation (I&E) Organization]**

**(Name of Agency)**

This required external **[Replace with “external modified,” if applicable]** peer review was conducted in accordance with the Council of the Inspectors General on Integrity and Efficiency (CIGIE) Inspection and Evaluation Committee guidance as contained in the CIGIE *Guide for Conducting External Peer Reviews of Inspection and Evaluation Organizations of Federal Offices of Inspector General (date of the Guide)*. The peer review was conducted from **[Insert date of entrance meeting]** through **[Insert date of final report]**.

The Reviewing OIG assessed the extent to which **[Insert Name of Reviewed Organization]** complied with the CIGIE *Quality Standards for Inspection and Evaluation*, December 2020 (Blue Book). This assessment included a review of the **[Insert Name of Reviewed Organization]**’s internal policies and procedures **[Insert issuance date and any other identifying information, such as title]** implementing the Blue Book standards. It also included a review of selected inspection and evaluation reports issued between **[Insert Date]** and **[Insert Date]** to determine whether the reports complied with the Blue Book standards and the **[Insert Name of Reviewed Organization]**’s internal policies and procedures. **[Do not include this sentence for an external modified peer review.]**

**Overall Conclusion**

The Reviewing OIG determined that the **[Name of Reviewed Organization]**’s policies and procedures generally **[Insert either “were consistent with,” “were not consistent with,” or “were consistent with XX (Insert appropriate number) of]** the Blue Book standards addressed in the external peer review. **[List the Blue Book standard(s) or requirement(s) that the internal policies and procedures were generally not consistent with.]** Of the **XX** **[Insert number of reports reviewed]** reports reviewed, **XX** **[Insert appropriate number of reports]** generally complied with **[Replace with “did not comply with,” when appropriate]** the Blue Book standards. **[List the Blue Book standard(s) or requirement(s) that the report(s) were generally not consistent with.] [Do not include the last sentence for external modified peer review.]**

**Descriptions of Significant Noncompliance(s) [Insert when one or more significant noncompliances are identified]**

We noted the following significant noncompliance(s) during our review:

**[Describe each significant noncompliance identified in terms of the applicable Blue Book standard(s) and noncompliance with the Reviewed Organization’s internal policies and procedures, when applicable.]**

**[Example provided below]**

1. Noncompliance – Reporting Standard. We identified significant errors in two of four I&E reports reviewed that affected the factual accuracy of the reports. Each of the two I&E divisions reviewed issued one of the reports. Requirement 5.2 of the Blue Book Reporting Standard states that inspectors must base report findings, conclusions, and recommendations on the evidence collected and the analysis conducted during the inspections. The **[Insert Reviewed Organization’s name]** internal policies and procedures adequately addressed implementation of the Reporting Standard requirements by requiring a quality control as part of its quality control system as required by Requirement 7.1 of the Quality Control Standard. However, the I&E division did not adequately implement the internally required quality control procedure. The errors found, and the impact the errors had on the factual accuracy of the reports, are summarized below:
* Report No. XX, Title (Date). The report stated that the actions taken by the program office were in noncompliance with Departmental Regulation No. XX Title. The evidence in the project documentation shows that the program office was in compliance with the regulation as it existed at the time the program office took the action. However, the change to the regulation that lowered the threshold for requiring the specific action that was the basis for citing the noncompliance was not effective until 6 months later. Therefore, the report finding was inaccurate, and the recommendation was not applicable. The internal policies and procedures require an independent reference review of all reports to verify the factual accuracy prior to issuance. Due to time constraints, the independent reference review was not performed.

Recommendation – **[Insert Reviewed Organization’s name]** OIG should implement a quality control check to verify that the required independent reference review is performed on all reports.

Views of Responsible Official. Agree. The OIG will review its current process for tracking completed independent reference reviews and identify and implement an appropriate control.

* Report No. XX, Title (Date). The report stated that the responsible management official had taken the appropriate actions needed to ensure that a certain activity related to the health and safety of a work force had occurred. The evidence supporting the finding and conclusion in the report was a statement from the responsible management official explaining what steps had been taken and concluding that the activity had occurred with the expected result. The inspector did not verify the information in the management official’s statement as required by the inspection plan. Therefore, the report finding was inaccurate and incorrectly provided stakeholders assurance that the work force was adequately protected from a specific threat. The required supervisory review of the

project documentation or the report was not performed due to the inspector’s experience level and years of experience.

Recommendation – **[Insert Reviewed Organization’s name]** OIG should verify that the required supervisory review of the project documentation and report occurred prior to final report issuance.

Views of Responsible Official. Agree. Final reports will not be issued without a signed statement by the supervisor that the required duties have been performed.

1. Noncompliance – **[Describe in format as shown above]**

Enclosure 2 to this report includes the response by **[Insert Reviewed Organization’s name]** OIG to the above deficiencies.

**[Insert this sentence when a Letter of Comment is issued.]** We have issued a Letter of Comment dated **[Insert date]** that describes findings that were not considered to significantly impact compliance with a Blue Book standard.

The **[Insert Name of Reviewed Organization]** management officials provided a response to our Peer Review Report (Enclosure 2) in which they agreed with **[Insert “disagreed with, when appropriate]** **XX** **[Insert number of recommendations agreed with or disagreed with, as appropriate]** of **XX [Insert total number of recommendations]** recommendations.

/s/

**[Insert Name], [Inspector General or their designee]**

Enclosure(s)

As stated

## ENCLOSURE 1: Scope and Methodology

The **[Insert Name of the Reviewing OIG]** selected the following **[Insert number of reports reviewed]** reports for review. **[Insert an explanation of the basis or methods used to select the reports. If the Reviewed Organization suggested certain reports for consideration, identify the report(s) included for that reason.]**

**[If the peer review included a review of the Reviewed Organization’s monitoring or oversight of a contracted out I&E, explain the work performed.]**

[**Any changes to the scope or methodology for the review (i.e., agreements on streamlining for smaller I&E units as appropriate) should be documented in this section.]**

**[List each report reviewed including title, number, and date issued. Indicate any reviewed report that was completed by a contractor.]**

**[Describe prior External Peer Review Report recommendations reviewed, as applicable.]**

The **[Insert Name of the Reviewing OIG]** conducted an onsite visit(s) on **[Insert appropriate date(s)]**. **[Briefly describe additional methods used in conducting the review, such as interviews or briefings.]**

**[Describe any constraints on the Reviewing OIG’s ability to exercise its professional judgment and state the impact of this constraint(s) on the peer review.]**

**[Describe any limitation on or impairment to the Reviewing OIG’s independence, as well as mitigating actions taken, if applicable.]**

## ENCLOSURE 2: Reviewed Organization Comments to Draft Peer Review Report

Reviewed Organization’s comments to the draft Peer Review Report, when provided, should be included as an enclosure to the final Peer Review Report.

# Appendix B: Letter of Comment Template

**[Place on Reviewing OIG Letterhead]**

**[Date]**

To **[Insert Name]**, Inspector General

**[Insert Name of Reviewed Organization]**

We have reviewed the internal policies and procedures for implementing the CIGIE *Quality Standards for Inspection and Evaluation*, December 2020 (Blue Book) for the I&E organization of **[Insert Reviewed Organization]** Office of Inspector General (OIG) in effect for **[Insert the appropriate time period or date]**. We also reviewed **XX** **[Insert number of reports reviewed]** reports for compliance with the Blue Book standards and the **[Insert Reviewed Organization]** OIG’s internal policies and procedures. We issued our Peer Review Report on **[Insert the date]** in which we summarized our overall conclusions as to the I&E organization’s compliance with the Blue Book standards. That report should be read in conjunction with the comments in this letter, which were considered in reaching our conclusions. The finding**(s)** or noncompliances described below was **(were)** not considered to be of sufficient significance to impact our overall conclusions. The finding**(s)** or noncompliances also did not rise to the level of a significant noncompliance affecting whether a Blue Book standard was complied with.[[1]](#footnote-2)

**[Examples provided below:]**

**Finding 1. Reporting**

Requirement 5.1 of the Blue Book Reporting Standard states that all inspection reports must state that the inspection was conducted in accordance with the Council of the Inspectors General on Integrity and Efficiency’s (CIGIE) Quality Standards for Inspection and Evaluation. For two of four reviewed reports, the reports did not include the required statement.

Recommendation. OIG management should review and revise its I&E report review process to ensure that each report contains the required inclusion statement as required within Standard 5 of CIGIE’s Quality Standards for Inspection and Evaluation, Dec. 2020.

Views of Responsible Official. Agree.

**Finding 2. Independence**

Requirement 1.2 of the Blue Book Independence Standard states that inspectors must document all known threats to independence or document that there are no known threats to their independence for each inspection they are assigned to conduct. For one of the four products reviewed, there were no statements of independence found. Statements of independence are critical to ensuring that inspectors, inspection organizations, and their reports are impartial and without bias in both fact and appearance.

Recommendation. OIG management should implement additional safeguards and procedures to ensure that statements of independence are completed and retained for anyone performing or supervising inspection work, to include anyone who may directly influence the outcome of the inspection.

Views of Responsible Official. Agree.

**Finding 3. Quality Control – Supervision**

Requirement 7.2 of the Blue Book Quality Control Standard states that inspection organizations must provide supervision over the inspection work performed. The OIG’s policies and procedures require that supervisors be involved and review work on an ongoing basis throughout the inspection. For one of four reviewed reports, the supervisory review of the work occurred at the end of the inspection. According to the supervisors involved, this occurred because other ongoing, higher priority inspections required their participation and attention. When review of the work is delayed until the end of the inspection, greater risk exists that problems with the work performed, such as failure to obtain needed evidence as planned or misinterpretation of criteria, will not be identified until it is too late to correct them.

Recommendation. OIG management should review the workload assigned to supervisors involved and determine whether the workload was reasonable based on the experience of the assigned staff, the number of assigned projects, and the complexity of the assigned subject matter or area. Using the results of that review, OIG management should decide whether:

1. the supervisors could have reasonably been expected to comply with the OIG’s policy requiring an ongoing review of all inspection work;
2. workload needs to be rebalanced among supervisors; and/or
3. other factors, such as a lack of training, prevented the supervisors from complying with the OIG policy.

Views of Responsible Official. Agree. OIG management will review the assignment of supervisors and determine what, if any, changes would appropriately address the identified noncompliance.

/s/

**[Insert Name]**, Inspector General

Enclosure

## ENCLOSURE: Reviewed Organization Comments to Draft Letter of Comment

Reviewed Organization’s comments to the draft Letter of Comment, when provided, should be included as an enclosure to the final Letter of Comment.

# Appendix C: Memorandum of Understanding Template

**EXTERNAL PEER REVIEW MEMORANDUM OF UNDERSTANDING (MOU) BETWEEN THE OFFICES OF THE INSPECTORS GENERAL (OIGs) OF *[INSERT REVIEWING OIG]* AND *[INSERT REVIEWED ORGANIZATION]***

**I. PURPOSE**

The purpose of this MOU is to ensure a mutual understanding between ***[Insert name of Reviewing OIG]***, Reviewing OIG, and ***[Insert name of Reviewed OIG I&E Organization]***, Reviewed Organization, regarding the external peer review ***[Replace with external modified, if applicable]*** of the Reviewed Organization to establish that such review is covered by the *Guide for Conducting External Peer Reviews of Inspection and Evaluation Organizations of Federal Offices of Inspector General* (the Guide) issued by the Council of the Inspectors General on Integrity and Efficiency (CIGIE) Inspection and Evaluation (I&E) Committee, and to establish other terms and conditions of the review.

**II. AUTHORITY**

The parties enter into this MOU pursuant to the authority of the Inspector General Act of 1978, 5 U.S.C. App.3, as amended.

**III. SCOPE**

The external ***[Replace with external modified if applicable]*** peer review will include an assessment of the Reviewed Organization’s internal policies and procedures implementing the CIGIE *Quality Standards for Inspection and Evaluation* (Blue Book). The review will include a review of selected inspection and evaluation reports issued between ***[Insert Date]*** and ***[Insert Date]*** to assess the reports’ compliance with Blue Book standards and the Reviewed Organization’s internal policies and procedures. **[Delete the last sentence for an external modified peer review.]**

**IV. REVIEW APPROACH**

The Guide will be used to conduct the review. As set forth in the Guide, the Reviewing OIG will:

1. exercise professional judgment in all matters relating to planning, performing, and reporting the results of the external peer review;
2. assess the adequacy of the Reviewed Organization’s internal policies and procedures in relation to the Blue Book standards listed in the Scope section of this MOU;
3. select the inspection and evaluation reports it believes are necessary to meet the review objectives; ***[Delete for an external modified peer review]***
4. review reports from field offices of the Reviewed Organization, if applicable, as well as at OIG
Headquarters; ***[Delete for an external modified peer review]***
5. evaluate the selected reports’ compliance with Blue Book standards listed in the Scope section of this MOU and the Reviewed Organization’s associated internal policies and procedures; ***[Delete for an external modified peer review]*** and
6. discuss with the Reviewed Organization, in advance, any appropriate changes to the checklist, scope, or methodology of the review.

In the event of a conflict between the Guide and this MOU, the MOU will control.

**V. ROLES AND RESPONSIBILITIES**

The Reviewed Organization agrees to:

1. designate an individual to facilitate administrative support and to provide the peer reviewers from the Reviewing OIG with the appropriate office space, desks, telephone service, and access to copying facilities;
2. provide the Reviewing OIG access to and training on all required information technology systems, e.g., intranet or SharePoint sites or electronic work paper software needed to conduct the review;
3. provide the Reviewing OIG access to all requested Reviewed Organization personnel;
4. allow the Reviewing OIG access to all inspection and evaluation documents, operational manuals, and other files the Reviewing OIG deems necessary to conduct the external peer review;
5. provide the Reviewing OIG with appropriate information and training regarding document security requirements at the start of the review;
6. email all requested non-sensitive data and files to a designated individual from the Reviewing OIG; and
7. retain all storage media used to transfer authorized files to the Reviewing OIG’s equipment.

The Reviewing OIG agrees to:

1. assign staff to perform the peer review who are qualified and possess the collective knowledge, skills, abilities, and experience necessary to conduct an I&E peer review;
2. only obtain sensitive Reviewed Organization documents by means agreed on with the Reviewed Organization, e.g., delivery server, USB drive, or key fob;
3. not access the internet or VPN, if applicable;
4. not print, save, or otherwise transfer any sensitive data to its own equipment unless explicitly authorized to do so by the Reviewed Organization;
5. ensure that sensitive data, such as personally identifiable information, is protected against unauthorized access or use;
6. not duplicate, re-type, etc., any sensitive information received from the Reviewed Organization onto the Reviewing OIG’s equipment;
7. assume responsibility for possession of any Reviewed Organization documents it receives and safeguard sensitive data, including, but not limited to, complying with all personally identifiable information breach reporting and incident handling per OMB M-17-12, as well as Reviewed Organization breach notification procedures;
8. respond to requests for information or access to documents, including questions regarding the specific external peer review as specified in the Addendum of this MOU; and
9. report any instances of fraud, illegal acts, or abuse to the appropriate authorities as required by law or regulation and to the CIGIE I&E and Integrity Committee Chairs, if appropriate.

**VI. EXTERNAL PEER REVIEW MILESTONES**

The Reviewed Organization represents that the following is the Reviewing OIG’s estimated timeline for its review:

|  |  |
| --- | --- |
| Milestone | Date to Be Completed |
| Reviewing OIG and Reviewed Organization hold entrance meeting. |  |
| Reviewing OIG completes its review and summarizes results (findings, conclusions, and recommendations). |  |
| Reviewing OIG and Reviewed Organization hold exit meeting. |  |
| Reviewing OIG provides draft Peer Review Report and Letter of Comment, if applicable, to Reviewed Organization. |  |
| Reviewed Organization provides Reviewing OIG with written comments on draft Peer Review Report and Letter of Comment, if applicable. |  |
| Final Peer Review Report and Letter of Comment, if applicable, is delivered to Reviewed Organization and to Chairs of CIGIE and I&E Committee through its designated representatives at iepr@cigie.gov. |  |

**VII. DISPOSITION OF REVIEW DOCUMENTS**

For purposes of this MOU, the term “document” or “documents” means all writings and recorded material in any form or medium including, but not limited to, records, writings, data, information, files, recordings, and communications, either provided to the Reviewing OIG by the Reviewed Organization or created by the Reviewing OIG during its review.

The Reviewing OIG will prepare appropriate documentation to support the work performed and the review results. The Reviewing OIG will maintain all supporting and original documents created and used by the Reviewing OIG in accordance with its record retention procedures, or until after a subsequent peer review of the Reviewed Organization is performed, whichever comes later.

The Reviewed Organization must have access to the Reviewing OIG’s original supporting documents on request during the comment period and after the issuance of the final report.

If either OIG receives a request, such as a Freedom of Information Act request, other legal demand, or third-party request, for documentation that was obtained from the other OIG during the peer review, the OIG receiving the request will not release or disseminate such documentation without first consulting with the other OIG and obtaining, if possible, the other OIG’s release or dissemination recommendations. Depending on the nature of the request, the Reviewing OIG may need to refer the request for documentation to the Reviewed Organization for further processing. The Reviewing OIG and the Reviewed Organization agree that Freedom of Information Act requests, other legal demands, and third-party requests for external peer review documents will be handled in accordance with the procedures set out in the Guide and the Addendum of this MOU.

**VIII. Semiannual Reports to Congress**

***[Insert name of Reviewed Organization]*** OIG and ***[Insert name of Reviewing OIG]*** will report on this peer review in their respective semiannual reports to Congress under the Inspector General Act of 1978, as amended, 5 U.S.C. App.3, § 5(a)(14) to (16), and consistent with the CIGIE Implementing Guidance for OIG Reporting of Peer Review Results in Semiannual Reports to the Congress. Specifically, ***[Insert name of Reviewed Organization]*** OIG will report on the peer review conducted by ***[Insert name of Reviewing OIG]*** for the applicable semiannual reporting periods and provide a list of any outstanding recommendations from prior External Peer Review Reports or External Modified Peer Review Reports that have not been fully implemented, including a statement describing the status of the implementation and why implementation is not complete. ***[Insert name of Reviewing OIG]*** will report on this peer review for the applicable semiannual reporting periods and will include a list of any outstanding recommendations from prior External Peer Review Reports or External Modified Peer Review Reports that remain outstanding or have not been fully implemented. In this regard, ***[Insert name of Reviewed Organization]*** OIG will coordinate with ***[Insert name of Reviewing OIG]*** as necessary so that ***[Insert name of Reviewing OIG]*** can meet this reporting responsibility. These requirements do not apply to outstanding recommendations from any prior external peer reviews’ or external modified peer reviews’ letters of comment.

**IX. POINTS OF CONTACT**

Reviewing OIG:

Primary POC: ***[Insert name, title, OIG, email address, and phone number]***

Secondary POC: ***[Insert name, title, OIG, email address, and phone number]***

Reviewed Organization:

Primary POC: ***[Insert name, title, OIG, email address, and phone number]***

Secondary POC: ***[Insert name, title, OIG, email address, and phone number]***

**X. OIG OFFICIALS**

The undersigned are in agreement with the conditions contained in this MOU.

Date ***[Insert name, title, and OIG for responsible I&E official at Reviewing OIG]***

Date ***[Insert name, title, and OIG for responsible I&E official at Reviewed Organization]***

**ADDENDUM**

**Additional Information Related to Disposition of Review Documentation**

When requests or legal demands for peer review documents are received by the Reviewing OIG, the Reviewing OIG is responsible for coordinating and responding to the requester. The Reviewing OIG will consider the documents it received from the Reviewed Organization to be within the Reviewed Organization’s possession and control.

For requests or legal demands received by the Reviewed Organization for peer review documents, the Reviewed Organization will consider the documents it provided to the Reviewing OIG to still be within the Reviewed Organization’s possession and control. If, as part of its efforts to respond to such requests or legal demands, the Reviewed Organization needs access to any documents that it provided to the Reviewing OIG, the Reviewed Organization will be given access, on its request, to the documents and may review and/or copy the documents (or, if agreed on by the parties, the Reviewing OIG will make copies of the documents and provide those copies to the Reviewed Organization).

For requests under the FOIA (5 U.S.C. 552), the Reviewing OIG will:

1. provide documents supplied by the Reviewed Organization to the Reviewed Organization for response directly to the requester; and
2. consult with the Reviewed Organization regarding the Reviewed Organization’s information contained in documents generated by the Reviewing OIG and obtain the Reviewed Organization’s disclosure recommendations and legal basis therefor relative to such information, provided that the Reviewing OIG (or, where applicable, the Reviewing OIG’s FOIA release authority) has final say as to the response to the FOIA requester.

In all cases, the Reviewed Organization and Reviewing OIG will comply with statutory provisions; regulations; if applicable, implementing guidance from the Reviewed Organization’s FOIA release authority; and applicable case law and authorities in determining the response to the FOIA request.

For discovery demands under the applicable rules of civil procedure or similar legal process and other legal authorities—to include subpoenas—for some or all of the peer review documents, the Reviewing OIG will advise the Reviewed Organization of the existence of such demands and will advise the litigating parties or adjudicative body that some or all of the requested documents being sought belong to the Reviewed Organization. The Reviewed Organization will have the responsibility to:

1. advise the Reviewing OIG on whether or under what circumstances to produce the documents being sought; or
2. intervene or otherwise communicate with the litigating parties or adjudicative body regarding the production of such documents or the obtaining of protective orders or the equivalent, as permitted under applicable law.

For requests from oversight bodies, such as the Government Accountability Office or reviewing bodies empowered to examine peer reviewing entities, the Reviewing OIG will advise the Reviewed Organization of the existence of such request and will advise the oversight body that some or all of the requested documents belong to the Reviewed Organization. The Reviewed Organization will have the responsibility to:

1. advise the Reviewing OIG on whether or under what circumstances to provide the requested documents; or
2. communicate with the oversight body regarding the requested documentation.

# Appendix D: I&E Peer Review Checklist

**A. I&E Peer Review Checklist Purpose and Instructions**

**1. General**

Peer reviewers should use this checklist to determine (1) whether the Reviewed Organization’s policies and procedures are consistent with or address each of the Blue Book standards, and whether the policies and procedures generally would implement each of the standards; and (2) whether the report selected for review and its associated documentation complied with (a) the Blue Book standards, and (b) the Reviewed Organization’s associated internal policies and procedures. This appendix should be used in conducting both an external peer review (complete sections A and B for all standards) and an external modified peer review (complete only section A for all standards). Generally, a separate checklist should be completed for each set of internal policies and procedures, as well as for each I&E report that is reviewed.

**2. Use of This Checklist**

1. Each section in the checklist corresponds to one of the seven Blue Book standards. To facilitate the review, references to the pertinent Blue Book standards are provided; for additional information and application guidance, the reviewer should refer to the Blue Book.

The overall conclusion as to compliance with each standard should be based on the totality of the information gathered and assessed related to the requirements of that standard. Peer reviewers should not use the checklist to review the Reviewed Organization’s monitoring or oversight of a contracted out I&E if the contractor signed the report and the Reviewed Organization did not endorse or take responsibility for the report. Additional information on peer review responsibilities for reviewing the Reviewed Organization’s monitoring or overseeing contracted out I&Es is available in Section X, “Planning and Performing the External Peer Review,” paragraph 16.

**Review of Policies and Procedures (section A)**

1. In section A of the checklist, the Reviewing OIG should provide a **“Yes,” “No,” or “N/A [Not Applicable],”** answer to each question, reflecting its assessment of the Reviewed Organization’s policies and procedures. The Reviewing OIG also should provide a narrative explanation or comment supporting each determination. If the Reviewing OIG found that the Reviewed Organization’s policies and procedures did not adequately address a standard or a requirement, the Reviewing OIG should ask the Reviewed Organization’s Point of Contact (POC) how the Reviewed Organization’s internal guidance addresses the standard in order to determine whether the guidance is consistent with or adequately addressed the Blue Book. The completed checklist should be included in the peer review project file.

**Review of Reports (section B)**

1. In section B of the checklist, the Reviewing OIG should provide a **“Yes,” “No,” or “N/A [Not Applicable],”** answer to each question, reflecting its assessment of whether the report and project documentation complied with the Blue Book standards and the Reviewed Organization’s policies and procedures. The Reviewing OIG also should provide a narrative explanation or comment supporting each determination. The completed checklist should be included in the peer review project file.
2. For an external modified peer review, the Reviewing OIG should answer each question by considering whether the Reviewed Organization’s policies and procedures (1) are current and (2) if implemented and properly performed, address each of the Blue Book standards.
3. When conducting an external modified peer review of an OIG’s I&E organization that during the 3-year period did not perform and report on I&E projects in compliance with Blue Book standards, the Reviewing OIG should complete section A of the checklist.

**B. I&E Peer Review Coversheet and Checklist**

REVIEWED ORGANIZATION

PERIOD REVIEWED

POLICIES AND PROCEDURES

REVIEWED

REPORT(S)/PROJECT(S)

REVIEWED

NAME OF REVIEWER(S)

DATE COMPLETED

|  |  |  |
| --- | --- | --- |
|  |  | **External Modified Peer Reviewꟷcomplete section A only.****External Peer Reviewꟷcomplete sections A and B.** |
| **A** | **1** | **INDEPENDENCE:** Ensures that inspectors, inspection organizations, and their reports are impartial and without bias in both fact and appearance.  |
|  | **Peer Review Questions Pertaining to I&E Policies and Procedures** | **Yes** | **No** | **N/A** | Reviewing OIG References and Comments | Reference/Additional Information Provided by Reviewed OIG | Additional Comments, Actions |
| 1.1 | Are there policies and procedures consistent with the requirement for inspectors and the inspection organization to be independent, both in fact and appearance, in matters relating to inspection work? |  |  |  |  |  |  |
| 1.2 | Does the inspection organization have policies and procedures consistent with the requirement that inspectors document all known threats to independence or document that there are no known threats to their independence for each inspection they are assigned to conduct?(This requirement applies to anyone performing or supervising inspection work, to include anyone who may directly influence the outcome of the inspection.) |  |  |  |  |  |  |
| **Overall, are the inspection organization’s policies and procedures consistent with the Independence Standard?** |  |  |  |  |  |  |
| **B** |  | **Peer Review Questions for the Execution and Reporting of I&E Work** | **Yes** | **No** | **N/A** | Reviewing OIG References and Comments | Reference/Additional Information Provided by Reviewed OIG | Additional Comments, Actions |
| 1.1 | Is there documentation or other evidence that the inspectors and inspection organization are independent, both in fact and appearance, in matters relating to this inspection? |  |  |  |  |  |  |
| 1.2 | Is there documentation or other evidence that inspectors documented all known threats to independence or documented that there were no known threats to their independence for this inspection?(This requirement applies to anyone performing or supervising inspection work, to include anyone who may directly influence the outcome of this inspection.) |  |  |  |  |  |  |
| **Overall, did the reviewed report comply with the inspection organization’s internal policies, procedures, and practices consistent with the Independence Standard?** |  |  |  |  |  |  |
|  | **Overall, did the reviewed report and its associated documentation comply with the Independence Standard?** |  |  |  |  |  |  |

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|  |  | **External Modified Peer Reviewꟷcomplete section A only.****External Peer Reviewꟷ-complete sections A and B.** |
| **A** | **2** | **COMPETENCE:** Ensures that the personnel conducting an inspection collectively have the knowledge, skills, abilities, and experience necessary to conduct the inspection. |
|  | **Peer Review Questions Pertaining to I&E Policies and Procedures** | **Yes** | **No** | **N/A** | Reviewing OIG References and Comments | Reference/Additional Information Provided by Reviewed OIG | Additional Comments, Actions |
| 2.1 | Does the inspection organization have policies and procedures consistent with the requirement that inspectors assigned to perform an inspection collectively possess the professional competency to address the inspection objectives and perform the inspection? |  |  |  |  |  |  |
| 2.2 | Does the inspection organization have policies and procedures consistent with the requirement that inspectors complete a minimum of 40 hours of training every 2 years? |  |  |  |  |  |  |
| If the inspection organization authorizes exemptions to this requirement, do its policies and procedures specify the special circumstances in which it will authorize an exemption such as, but not limited to, part-time employees or employees on extended leave? |  |  |  |  |  |  |
| 2.3 | Does the inspection organization have policies and procedures consistent with the requirement that the inspection organization track each inspector’s completed training? |  |  |  |  |  |  |
| **Overall, are the inspection organization’s policies and procedures consistent with the Competence Standard?** |  |  |  |  |  |  |
|  |
| **B** |  | **Peer Review Questions for the Execution and Reporting of I&E Work** | **Yes** | **No** | **N/A** | Reviewing OIG References and Comments | Reference/Additional Information Provided by Reviewed OIG | Additional Comments, Actions |
| 2.1 | Did inspectors assigned to perform this inspection collectively possess the professional competency to address the inspection objectives and perform this inspection? |  |  |  |  |  |  |
| 2.2 | Did the inspectors assigned to perform this inspection complete a minimum of 40 hours of training every 2 years? |  |  |  |  |  |  |
| If the inspection organization authorized an exemption for any individual assigned to perform this inspection, did it follow its policies and procedures for authorizing the exemption? |  |  |  |  |  |  |
| 2.3 | Did the inspection organization track the completed training of each inspector assigned to this inspection?  |  |  |  |  |  |  |
| **Overall, did the reviewed report comply with the inspection organization’s internal policies, procedures, and practices consistent with the Competence Standard?** |  |  |  |  |  |  |
|  | **Overall, did the reviewed report and its associated documentation comply with the Competence Standard?** |  |  |  |  |  |  |

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|  |  | **External Modified Peer Reviewꟷcomplete section A only.****External Peer Reviewꟷcomplete sections A and B.** |
| **A** | **3** | **PLANNING:** Ensures that inspectors give attention to the selection of an inspection’s subject matter and the preparation necessary to conduct each inspection. Adequate planning helps ensure that inspectors appropriately research inspection topics. Planning also helps ensure that inspection objectives are clear and adjusted, as appropriate, as the work proceeds. Coordination, research, and work planning should be thorough enough to ensure that inspections will meet inspection objectives. |
|  | **Peer Review Questions Pertaining to I&E Policies and Procedures** | **Yes** | **No** | **N/A** | Reviewing OIG References and Comments | Reference/Additional Information Provided by Reviewed OIG | Additional Comments, Actions |
| 3.1 | Does the inspection organization have policies and procedures consistent with the requirement to have a basis or rationale for the selection of inspection topics?  |  |  |  |  |  |  |
| 3.2 | Does the inspection organization have policies and procedures consistent with the requirement to coordinate proposed inspections with appropriate organizations as determined by inspection organization? |  |  |  |  |  |  |
| 3.3 | Does the inspection organization have policies and procedures consistent with the requirement to research the operation, program, policy, or entity to be inspected? |  |  |  |  |  |  |
| 3.4 | Does the inspection organization have policies and procedures consistent with the requirement to identify criteria, where applicable, to the operation, program, policy, or entity being inspected to meet the inspection objectives? |  |  |  |  |  |  |
| 3.5 | Does the inspection organization have policies and procedures consistent with the requirement to have a written inspection plan for each inspection that includes the objective(s), scope, and methodology?  |  |  |  |  |  |  |
| **Overall, are the inspection organization’s planning policies, procedures, and practices consistent the Planning Standard?** |  |  |  |  |  |  |
|  |
| **B** |  | **Peer Review Questions for the Execution and Reporting of I&E Work** | **Yes** | **No** | **N/A** | Reviewing OIG References and Comments | Reference/Additional Information Provided by Reviewed OIG | Additional Comments, Actions |
| 3.1 | Did the inspection organization have a basis or rationale for the selection of the inspection topic?  |  |  |  |  |  |  |
| 3.2 | Did the inspection organization coordinate the proposed inspection with appropriate organizations (as determined by the inspection organization)?  |  |  |  |  |  |  |
| 3.3 | Did the inspection organization research the operation, program, policy, or entity inspected? |  |  |  |  |  |  |
| 3.4 | Did the inspection organization identify criteria, where applicable, to meet the inspection objectives? |  |  |  |  |  |  |
| 3.5 | Did the inspection organization prepare a written inspection plan that included the inspection objective(s), scope, and methodology for this inspection? |  |  |  |  |  |  |
| **Overall, did the reviewed report comply with the inspection organization’s internal policies, procedures, and practices consistent with the Planning Standard?** |  |  |  |  |  |  |
|  | **Overall, did the reviewed report and its associated documentation comply with the Planning Standard?** |  |  |  |  |  |  |

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|  |  | **External Modified Peer Reviewꟷcomplete section A only.** **External Peer Reviewꟷcomplete sections A and B.** |
| **A** | **4** | **EVIDENCE COLLECTION AND ANALYSIS:** Ensures that evidence collected and analyzed is focused on the inspection objectives and supports the findings, conclusions, and recommendations. |
|  | **Peer Review Questions Pertaining to I&E Policies and Procedures** | **Yes** | **No** | **N/A** | Reviewing OIG References and Comments | Reference/Additional Information Provided by Reviewed OIG | Additional Comments, Actions |
| 4.1 | Does the inspection organization have policies and procedures consistent with the requirement to collect and analyze evidence consistent with inspection objectives and related to the operation, program, policy, or entity being inspected? |  |  |  |  |  |  |
| 4.2 | Does the inspection organization have policies and procedures consistent with the requirement to include relevant evidence collected and analysis performed in inspection documentation? |  |  |  |  |  |  |
| 4.3 | Does the inspection organization have policies and procedures consistent with the requirement that evidence sufficiently and appropriately support inspection findings and provide a reasonable basis for conclusions? 1. Sufficiency is a measure of the quantity of evidence used to support the findings and conclusions related to the inspection objectives. Inspectors should use professional judgment on methods to analyze and interpret evidence to assess its sufficiency. (Application Guidance 4.3a)
2. Appropriateness is the measure of the quality of evidence used to address the inspection objectives and support the findings and conclusions. Appropriate evidence is determined by its relevancy, validity, and reliability. (Application Guidance 4.3c)
 |  |  |  |  |  |  |
| 4.4 | Does the inspection organization have policies and procedures consistent with the requirement to protect controlled unclassified information and classified information? |  |  |  |  |  |  |
| 4.5 | Does the inspection organization have policies and procedures consistent with the requirement to promptly present information to its supervisors for review and possible referral to the appropriate investigative office when fraud or other illegal acts are suspected? |  |  |  |  |  |  |
| **Overall, are the inspection organization’s evidence collection and analysis policies and procedures consistent with the Evidence Collection and Analysis Standard?** |  |  |  |  |  |  |
| **B** |  | **Peer Review Questions for the Execution of I&E Work** | **Yes** | **No** | **N/A** | Reviewing OIG References and Comments | Reference/Additional Information Provided by Reviewed OIG | Additional Comments, Actions |
| 4.1 | Did the inspectors collect and analyze evidence that is consistent with inspection objectives and related to the operation, program, policy, or entity being inspected? |  |  |  |  |  |  |
| 4.2 | Did the inspectors include relevant evidence collected in inspection documentation? |  |  |  |  |  |  |
| 4.2a | Did the inspectors include analysis performed in inspection documentation? |  |  |  |  |  |  |
| 4.3 | Did the inspectors use evidence that was sufficient and appropriate to support inspection findings?1. Sufficiency is a measure of the quantity of evidence used to support the findings and conclusions related to the inspection objectives. Inspectors should use professional judgment on methods to analyze and interpret evidence to assess its sufficiency. (Application Guidance 4.3a)
2. Appropriateness is the measure of the quality of evidence used to address the inspection objectives and support the findings and conclusions. Appropriate evidence is determined by its relevancy, validity, and reliability. (Application Guidance 4.3c)
 |  |  |  |  |  |  |
| 4.4 | Did the inspectors protect controlled unclassified and classified information? |  |  |  |  |  |  |
| 4.5 | If the inspectors suspected fraud or other illegal acts, did they promptly present information to their supervisors for review and possible referral to the appropriate investigative office? |  |  |  |  |  |  |
| **Overall, did the reviewed report comply with the inspection organization’s internal policies, procedures, and practices consistent with the Evidence Collection and Analysis Standard?** |  |  |  |  |  |  |
|  | **Overall, did the reviewed report and its associated documentation comply with the Evidence Collection and Analysis Standard?** |  |  |  |  |  |  |

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|  |  | **External Modified Peer Reviewꟷcomplete section A only.****External Peer Reviewꟷcomplete sections A and B.** |
| **A** | **5** | **REPORTING:** Ensures the clear communication of inspection results to those charged with governance, appropriate officials of the inspected entity, other officials charged with oversight of the inspected entity, and, when appropriate, the general public. Inspection reports present factual data accurately, fairly, and objectively and present findings, conclusions, and recommendations in a persuasive manner. |
|  | **Peer Review questions pertaining to I&E policies and procedures.** | **Yes** | **No** | **N/A** | Reviewing OIG References and Comments | Reference/Additional Information Provided by Reviewed OIG | Additional Comments, Actions |
| 5.1 | Does the inspection organization have policies and procedures consistent with the requirement to state the objective(s), scope, and methodology of the inspection in the inspection report? |  |  |  |  |  |  |
| Does the inspection organization have policies and procedures consistent with the requirement to state the findings, conclusions, and recommendations (as appropriate) in the inspection report? |  |  |  |  |  |  |
| Does the inspection organization have policies and procedures consistent with the requirement to state that the inspection was conducted in accordance with the Council of the Inspectors General on Integrity and Efficiency’s *Quality Standards for Inspection and Evaluation* in the inspection report? |  |  |  |  |  |  |
| 5.2 | Does the inspection organization have policies and procedures consistent with the requirement to base report findings, conclusions, and recommendations on the evidence collected and the analysis conducted during the inspection? |  |  |  |  |  |  |
| 5.3 | Does the inspection organization have policies and procedures consistent with the requirement that reports include enough information to allow a reasonable person to sustain findings, conclusions, and recommendations? |  |  |  |  |  |  |
| 5.4  | Does the inspection organization have policies and procedures consistent with the requirement to address any recommendations made in a report to the appropriate officials who have the authority to act on them? |  |  |  |  |  |  |
| 5.5 | Does the inspection organization have policies and procedures consistent with the requirement that formal comments (or a summary thereof) received from the inspected entity on draft inspection report findings, conclusions, and/or recommendations be included in the final report? |  |  |  |  |  |  |
| 5.6 | Does the inspection organization have policies and procedures consistent with the requirement to distribute inspection reports to the appropriate officials responsible for acting on the findings and recommendations? |  |  |  |  |  |  |
| **Overall, are the inspection organization’s policies and procedures consistent with the Reporting Standard?** |  |  |  |  |  |  |
| **B** |  | **Peer Review Questions for the Execution of I&E Work** | **Yes** | **No** | **N/A** | Reviewing OIG References and Comments | Reference/Additional Information Provided by Reviewed OIG | Additional Comments, Actions |
| 5.1 | Does the inspection report state the objective(s), scope, and methodology of the inspection? |  |  |  |  |  |  |
| Does the inspection report state the findings, conclusions, and recommendations (as appropriate)? |  |  |  |  |  |  |
| Does the inspection report state that the inspection was conducted in accordance with the Council of the Inspectors General on Integrity and Efficiency’s *Quality Standards for Inspection and Evaluation*? |  |  |  |  |  |  |
| 5.2 | Did the inspectors base report findings, conclusions, and recommendations on the evidence collected and the analysis conducted during the inspection?(Evidence requirements are defined in the Evidence Collection and Analysis Standard.) |  |  |  |  |  |  |
| 5.3 | Does the inspection report include enough information to allow a reasonable person to sustain the findings, conclusions, and recommendations? |  |  |  |  |  |  |
| 5.4 | Were recommendations made in the report addressed to the appropriate officials who have the authority to act on them? |  |  |  |  |  |  |
| 5.5 | Did the draft inspection report receive formal comments from management officials of the inspected entity on report findings, conclusions, and/or recommendations? If yes, does the final inspection report include those comments or a summary of the comments? |  |  |  |  |  |  |
|  |  |  |  |  |  |
| 5.6 | Did the inspection organization distribute the report to the appropriate officials responsible for acting on the findings and recommendations? |  |  |  |  |  |  |
| **Overall, did the reviewed report comply with the inspection organization’s internal policies, procedures, and practices consistent with the Reporting Standard?** |  |  |  |  |  |  |
|  | **Overall, did the reviewed report and its associated documentation comply with the Reporting Standard?** |  |  |  |  |  |  |

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|  |  | **External Modified Peer Reviewꟷcomplete section A only.****External Peer Reviewꟷcomplete sections A and B.** |
| **A** | **6** | **FOLLOW-UP:** Ensures that recommendation follow-up is a shared responsibility between the inspection organization and management officials in the inspected entity. Corrective action taken by management is essential to improving the effectiveness and efficiency of government operations. |
|  | **Peer Review Questions Pertaining to I&E Policies and Procedures** | **Yes** | **No** | **N/A** | Reviewing OIG References and Comments | Reference/Additional Information Provided by Reviewed OIG | Additional Comments, Actions |
| 6.1 | Does the inspection organization have policies and procedures consistent with the requirement that inspection organizations solicit management officials’ agreement or disagreement and planned corrective actions for each recommendation in writing? |  |  |  |  |  |  |
| 6.2 | Does the inspection organization have policies and procedures consistent with the requirement that inspection organizations monitor the inspected entities’ progress toward implementation of recommendations?  |  |  |  |  |  |  |
| **Overall, are the inspection organization’s policies and procedures consistent with the Follow-up Standard?** |  |  |  |  |  |  |
| **B** |  | **Peer Review Questions for the Execution and Reporting of I&E Work** | **Yes** | **No** | **N/A** | Reviewing OIG References and Comments | Reference/Additional Information Provided by Reviewed OIG | Additional Comments, Actions |
| 6.1 | Did the inspection organization solicit agreement or disagreement and planned corrective actions to the report recommendations from management officials in writing? |  |  |  |  |  |  |
| 6.2 | Did the inspection organization monitor the inspected entities’ progress toward implementation of recommendations? |  |  |  |  |  |  |
| **Overall, did the reviewed report comply with the inspection organization’s internal policies, procedures, and practices consistent with the Follow-up Standard?** |  |  |  |  |  |  |
|  | **Overall, did the reviewed report and its associated documentation comply with the Follow-up Standard?** |  |  |  |  |  |  |

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|  |  | **External Modified Peer Reviewꟷcomplete section A only.****External Peer Reviewꟷcomplete sections A and B.** |
| **A** | **7** | **Quality Control: Ensures that inspectors and inspection organizations are following Blue Book standards.** |
|  | **Peer Review Questions Pertaining to I&E Policies and Procedures** | **Yes** | **No** | **N/A** | Reviewing OIG References and Comments | Reference/Additional Information Provided by Reviewed OIG | Additional Comments, Actions |
| 7.1 | Does the inspection organization have policies and procedures consistent with the requirement to implement a system of quality control that provides the inspection organization with reasonable assurance that the organization and its personnel follow the Blue Book when conducting inspections? |  |  |  |  |  |  |
| 7.2 | Does the inspection organization have policies and procedures consistent with the requirement that inspection organizations provide supervision over the inspection work performed? |  |  |  |  |  |  |
| 7.3 | Does the inspection organization have policies and procedures consistent with the requirement that inspection organizations that are members of CIGIE undergo an external peer review in accordance with CIGIE requirements? |  |  |  |  |  |  |
| 7.4 | Does the inspection organization have policies and procedures consistent with the requirement that inspection organizations take action if a distributed report is later found to contain findings and conclusions that are not supported by sufficient and appropriate evidence or contains significant errors? |  |  |  |  |  |  |
|  | **Overall, are the inspection organization’s policies and procedures consistent with the Quality Control Standard?** |  |  |  |  |  |  |
| **B** |  | **Peer Review Questions for the Execution and Reporting of I&E Work** | **Yes** | **No** | **N/A** | Reviewing OIG References and Comments | Reference/Additional Information Provided by Reviewed OIG | Additional Comments, Actions |
| 7.1 | Does inspection documentation contain evidence of quality control, providing reasonable assurance that the organization and its personnel followed the Blue Book when conducting the inspection? |  |  |  |  |  |  |
| 7.2 | Did the inspection organization provide supervision over the inspection work performed? |  |  |  |  |  |  |
| 7.3 | Did the inspection organization undergo an external peer review in accordance with CIGIE requirements? |  |  |  |  |  |  |
| 7.4 | If a distributed report later was found to contain findings and conclusions that are not supported by sufficient and appropriate evidence or significant errors, did the inspection organization take appropriate action to ensure that report users did not continue to rely on it? |  |  |  |  |  |  |
|  | **Overall, did the reviewed report comply with the inspection organization’s internal policies, procedures, and practices consistent with the Quality Control Standard?** |  |  |  |  |  |  |
|  | **Overall, did the reviewed report and its associated documentation comply with the Quality Control Standard?** |  |  |  |  |  |  |

**END OF CHECKLIST**

1. A finding is only included in the Letter of Comment. It is not included in the Peer Review Report because the finding did not rise to the level of a significant noncompliance. [↑](#footnote-ref-2)