
Guide for Conducting External Peer Reviews of Inspection and Evaluation Organizations of Federal Offices of Inspector General

December 2021

Message from the Chair and Vice Chair of the Council of the Inspectors General on Integrity and Efficiency Inspection and Evaluation Committee

Offices of Inspector General (OIGs) promote economy, efficiency, and effectiveness and prevent and detect fraud and abuse in government programs and operations. OIGs play an important role in accountability, transparency, and oversight in government. Inspections and evaluations (I&Es) are a flexible and efficient tool for OIGs, and the *Quality Standards for Inspection and Evaluation* (Blue Book) provide the OIG community a solid foundation for this important work. The Blue Book was substantially revised in December 2020.

In 2017, the Council of the Inspectors General on Integrity and Efficiency (CIGIE) approved the implementation of an external I&E peer review process. The purpose of the peer review is to support a fully professional I&E function across the OIG community. The peer review process provides assurance to OIGs and their stakeholders of the I&E organization's compliance with standards.

We are pleased to present the revised *Guide for Conducting External Peer Reviews of Inspection and Evaluation Organizations of Federal Offices of Inspector General* (December 2021) (Guide). The Guide implements the CIGIE I&E Committee's peer review program and incorporates the new Blue Book. The Guide provides CIGIE members with information on the implementation of peer review requirements from CIGIE and the Blue Book. The December 2021 Guide supersedes previous versions. The revised Guide contains the following:

- Updated language throughout for the seven Blue Book standards.
- Updated Glossary and templates for the Peer Review Report and the Letter of Comment to reflect the language in the new Blue Book.
- Combined and streamlined checklists for the policies and procedures and report reviews.
 - Section A is used for the review of policies and procedures.
 - Section B is used for the review of selected I&E reports.
 - The Work Plan in Appendix E and the Process Checklist in Appendix F were removed and added to the I&E toolkit for those wanting to still use them.
- Clarified wording throughout (for example, the number of reports to be reviewed is now based on professional judgment and contractor oversight language was edited for clarity).

This revision of the peer review guidance has gone through an extensive deliberative process, including comments and input from members of CIGIE and the I&E Roundtable. The (December 2021) revision is effective as of January 1, 2022. We are grateful to the members of the I&E Peer Review Working Group and the members of CIGIE, the I&E Committee, and the I&E Roundtable for their hard work, input, and feedback during the revision of the I&E Peer Review Guide. The I&E Committee welcomes any suggestions for continuous improvements to the peer review program. Please direct your suggestions to iepr@cigie.gov.

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Council of the Inspectors General on Integrity and Efficiency Inspection and Evaluation Committee

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Policy for Inspection and Evaluation External Peer Reviews

I. Purpose

1. The December 2021 *Guide for Conducting External Peer Reviews of Inspection and Evaluation Organizations of Federal Offices of Inspector General* (Guide) provides policy guidance for the Council of the Inspectors General on Integrity and Efficiency (CIGIE) members performing external peer reviews¹ of CIGIE organizations that conduct inspections and evaluations (I&E)² in accordance with the December 2020 CIGIE *Quality Standards for Inspection and Evaluation* (Blue Book).
2. This Guide remains in effect until superseded or rescinded by the I&E Committee. The I&E Committee also may approve and publish a summary of interim technical clarifications and changes to the Guide, as appropriate.

II. External Peer Review Program

1. The I&E Committee manages and oversees the external peer review program. The I&E Peer Review Working Group is the I&E Committee's designee for managing peer review-related activities, unless otherwise directed by the I&E Committee.
2. The CIGIE external peer review program is designed to assure Offices of Inspector General (OIG) and their stakeholders of an I&E organization's³ compliance with Blue Book standards. External peer reviews provide a level of objectivity and independence in making this determination as well as a learning opportunity for both the I&E organization under review (Reviewed Organization) and the I&E organization conducting the external peer review (Reviewing OIG). Specifically, the Reviewed Organization benefits from constructive feedback and/or validation of its work products and processes and the Reviewing OIG gains exposure to a different approach to conducting I&E work—potentially producing more robust I&E work across OIGs. The peer reviews discussed in this Guide, like inspections and evaluations themselves, can and should be designed to fit different circumstances across the community.
3. This Guide discusses two types of peer reviews—the required *external peer review* and the *external modified peer review*. The external peer review assesses whether an I&E organization's internal policies and procedures are consistent with the Blue Book standards and whether its reports comply with those standards and the I&E organization's associated internal policies and procedures. An external modified peer review assesses whether the internal policies and procedures of an I&E organization that has not published I&E reports

¹ External I&E peer reviews are required as of January 17, 2017. The CIGIE membership adopted and approved the requirement for Offices of Inspector General that conduct I&Es in accordance with the Blue Book.

² The Blue Book defines I&Es as systematic and independent assessments of the design, implementation, and results of operations, programs, or policies. They provide timely, credible information that is useful for managers, policymakers, and others.

³ The term "I&E organization" is used throughout the Guide to designate the entity or staff that performs work in accordance with the Blue Book standards.

during the appropriate 3-year period are consistent with Blue Book standards and, if properly implemented, should result in the issuance of I&E reports that comply with the Blue Book standards.

4. The peer review and the resulting report must be objective and independent. The reviews should be conducted to maximize efficiency and minimize unnecessary burdens on the Reviewed Organization and the Reviewing OIG.

5. The Reviewing OIG is responsible for reporting results of the external peer review in a written report (Peer Review Report) and, if appropriate, in a separate Letter of Comment. The Peer Review Report will not include an overall rating such as “pass/fail.” However, the report must state whether the Reviewed Organization’s internal policies and procedures generally were consistent with the Blue Book standards. The report also must state whether the Reviewed Organization’s work generally complied with Blue Book standards. The Peer Review Report should also include significant noncompliances and recommendations, as appropriate.

6. The Reviewed Organization should make the Peer Review Report publicly available and may provide copies of the report and, if issued, the Letter of Comment to the head of its agency and appropriate oversight bodies. The Reviewing OIG must email a copy of the final Peer Review Report and, if issued, the Letter of Comment to the I&E Peer Review Working Group, which will forward the Peer Review Report and, if issued, the Letter of Comment to the Chairs of CIGIE and the I&E Committee.

7. As required by the Inspector General Act of 1978, as amended (IG Act), the Reviewed Organization is required to disclose the performance and the results of its most recent external peer review in its Semiannual Report to Congress (SARC). The Reviewed Organization’s SARC also must list any recommendations from previous peer reviews that are outstanding or have not been fully implemented. The Reviewing OIG must report required information on the Reviewed Organization’s external peer review in its SARC.⁴

8. At the end of the second year of each 3-year cycle, the I&E Committee or its designee will evaluate the external peer review process, including its effectiveness. This evaluation may lead to revisions and improvements to the external peer review process that would be recommended to the full CIGIE membership for approval and, if approved, would be reflected in this Guide for the next cycle.

⁴ The requirement to include this information in an OIG’s SARC is contained in Section 5 (14), (15), and (16) of the IG Act. Section 989C of PL III-203 [also known as the “Dodd-Frank Act”] revised the IG Act to include these requirements. Guidance is available in the CIGIE Implementing Guidance for OIG Reporting of Peer Review Results in Semiannual Reports to the Congress. This requirement does not include the Letter of Comment.

Guidelines for Conducting the External Peer Review

I. Preface

The standard for Maintaining Quality Assurance in the *Quality Standards for Federal Offices of Inspector General*⁵ provides general guidance for performing an external peer review. The Reviewing OIG should use this section of the Guide and professional judgment to conduct a peer review of the Reviewed Organization and to ensure the adequacy and consistency of the external peer review process across I&E organizations.

II. General Considerations

Requirements for and Timing of an External Peer Review

1. Generally, an I&E organization's first external peer review will occur after it has completed 3 years of I&E work in accordance with Blue Book standards.

- a. An I&E organization that issued at least one report in accordance with Blue Book standards during the 3 years prior to the start of the peer review cycle, regardless of when during the 3 years the reports were issued, must obtain an I&E external peer review.⁶
- b. An I&E organization that did not issue I&E reports during the 3 years prior to the start of the peer review cycle but conducted I&E work and/or had internal policies and procedures for conducting I&E work and plans to perform I&E work under Blue Book standards should obtain an external modified peer review.

2. After the initial peer review, I&E organizations that issue reports in accordance with the Blue Book are required to have an external peer review⁷ every 3 years.

Changes to the Peer Review Schedule

3. An I&E organization may request a change from an external to an external modified peer review⁸ when the I&E organization:

- a. did not conduct I&E work or issue I&E reports in accordance with the Blue Book standards during the 3 years before its currently scheduled peer review;⁹ and

⁵ The CIGIE "*Quality Standards for Federal Offices of Inspector General*," August 2012, is also known as the Silver Book.

⁶ For example, to be required to have an external peer review for the schedule starting April 1, 2021, the I&E organization would have issued its report(s) between April 1, 2018, and March 31, 2021.

⁷ I&E organizations that had an external peer review or external modified peer review conducted during the prior 3-year cycle automatically will be scheduled for an external peer review for the subsequent 3-year cycle.

⁸ A request to change from an external peer review to an external modified peer review should be submitted to the I&E Peer Review Working Group (IEPRWG) at iepr@cigie.gov by the head of the I&E organization or their designee. The request form is located at <https://app.smartsheet.com/b/form/df3fcbfbeb243638299c7a1fe3a69d4>.

⁹ For instance, for a peer review scheduled to start April 1, 2022, the 3-year period would start on April 1, 2019, and end on March 31, 2022.

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- b. plans to perform I&E work or issue I&E reports in the future.
4. An I&E organization should request removal from the I&E schedule¹⁰ when the I&E organization:
- a. did not conduct I&E work or issue I&E reports in accordance with Blue Book standards during the 3 years before its currently scheduled peer review;¹¹ and
 - b. does not plan to conduct I&E work in the future.

The I&E Committee will review and approve each request on a case-by-case basis.

III. Objectives of the External Peer Review

1. The external peer review of an OIG's I&E organization is designed to determine whether the Reviewed Organization's internal policies and procedures are consistent with Blue Book standards and whether the reviewed reports¹² generally complied with the Blue Book standards and the Reviewed Organization's associated internal policies and procedures.
2. The external modified peer review of an OIG's I&E organization assesses whether the internal policies and procedures of an I&E organization that has not published I&E reports during the appropriate 3-year period are consistent with Blue Book standards and, if properly implemented, should result in the issuance of I&E reports that comply with the Blue Book standards.

IV. Scope of the External Peer Review

1. External peer reviews must assess whether the Reviewed Organization's internal policies and procedures are consistent with the Blue Book standards and whether its reports comply with those standards and the I&E organization's associated internal policies and procedures.
2. The Reviewing OIG should issue the final report by the required due date, either September 30 or March 31. Changes to the scope of the peer review should be documented in the project file and must be noted in the Scope and Methodology section of the Peer Review Report (Appendix A), as well as in the Memorandum of Understanding (MOU) (Appendix C).
3. The Reviewing OIG should select a representative sample of reports issued by the Reviewed Organization covering the 1-year period prior to the start of the peer review. However, the Reviewing OIG may expand this period to the 3 years prior to the start of the peer review. Considerations in report selection could include different categories or types of reports with varying topics, lengths, or methodologies; or reports issued by different teams, divisions, components, or groups in the Reviewed Organization.

¹⁰ The IG or their designee must submit a formal request for removal to the I&E Committee through iepr@cigie.gov. The formal request form is located at <https://app.smartsheet.com/b/form/df3fcbfbeb243638299c7a1fe3a69d4>.

¹¹ For instance, for a peer review scheduled to start April 1, 2022, the 3-year period would start on April 1, 2019, and end on March 31, 2022.

¹² The review of reports includes the review of the project documentation supporting or associated with the report.

4. The Reviewing OIG should select the number of reports to be reviewed based on professional judgment in order to make a valid conclusion that the Reviewed Organization generally complied with the Blue Book standards and the Reviewed Organization's associated internal policies and procedures. The Reviewing OIG should also consider its ability to meet the final report date established by the peer review schedule.

5. The Reviewing OIG should consider the size and complexity of the Reviewed Organization's structure and work in applying the Blue Book standards.

6. The Reviewing OIG should use the I&E Peer Review Checklist (Appendix D, section A) to help guide its assessment of the Reviewed Organization's policies and procedures. The Reviewing OIG should also use the I&E Peer Review Checklist (Appendix D, section B) to help guide its assessment of the reviewed reports'¹³ compliance with the Blue Book standards and the associated internal policies and procedures.¹⁴

V. External Modified Peer Review

1. An external modified peer review is conducted for an OIG with an I&E organization that did not issue any I&E reports during the applicable 3-year period, maintains internal policies and procedures for performing I&E work, and plans to perform such work in the future. In these cases, a peer review helps ensure that the organization's established¹⁵ internal I&E policies and procedures are current¹⁶ and consistent with Blue Book standards. An external modified peer review also may determine whether the I&E organization's established policies and procedures, if implemented as expected, would result in compliance with Blue Book standards.

2. The Reviewing OIG must modify or adjust the scope and methodology of the external modified peer review based on the situation. In general, once the Reviewing OIG completes the review of the Reviewed Organization's internal policies and procedures using Appendix D, section A, the Reviewing OIG should complete its project documentation and start drafting the report.

3. The Reviewing OIG should modify the Peer Review Report Template (Appendix A) to fit the scope of the review conducted, the significant noncompliances identified, and recommendations. The Scope and Methodology section also should state that an external modified peer review was performed.

4. To issue a Letter of Comment, if appropriate, the Reviewing OIG should modify the Letter of Comment Template (Appendix B) to fit the items, peer review findings, noncompliances identified, and recommendations.

¹³ The report review includes a review of the project documentation supporting or associated with the report. Generally, a separate checklist (Appendix D) should be completed for each report and set of internal policies and procedures that is reviewed.

¹⁴ Interpretation as to whether a report generally complied with a specific Blue Book requirement should rely on the Blue Book itself, not the checklist question.

¹⁵ Internal policies and procedures must be written to be considered "established." The written policies and procedures may be informal, e.g., not formally approved by the I&E organization's management, but they must constitute guidelines that the I&E organization staff routinely follow. Non-written policies and procedures should not be the basis for a peer review, absent I&E work to verify compliance with them.

¹⁶ Policies and procedures are current if they are periodically updated and they describe the internal policies and procedures the Reviewed Organization intends to follow to implement the Blue Book standards.

VI. I&E Committee Scheduling and Coordination of the External Peer Review

1. External peer reviews are to be performed based on a 3-year schedule. The I&E Committee, or its designee,¹⁷ will oversee and maintain the peer review process and schedule. The Committee may permit and arrange an earlier or non-required peer review when requested by an IG or the IG's designee, provided another I&E organization is available and the requested review would not negatively affect the conduct of required peer reviews. The Committee may also postpone an I&E organization's peer review when formally requested by an IG.¹⁸
2. Prior to the start of each 3-year cycle, the I&E organizations must provide to the I&E Committee information and data, as requested, to aid in the scheduling process. For scheduling purposes, the size of the I&E organization will be considered. I&E organizations will be assigned to categories, such as small, medium, and large, to facilitate management of the peer review process. Once an initial peer review is conducted on a Reviewed Organization, subsequent peer reviews will generally be conducted every 3 years.
3. An I&E organization that has uncorrected noncompliances with at least three different Blue Book standards from a prior I&E peer review may not conduct an external peer review.
4. External peer reviews of Reviewed Organizations in the Intelligence Community (IC) will be conducted using the processes outlined in this Guide.¹⁹ However, peer reviews of IC I&E organizations may be staffed by teams composed of one or more Reviewing OIGs with missions and clearance requirements similar to those of the Reviewed Organization.

VII. CIGIE Training Institute's Responsibilities for Peer Review Training

1. CIGIE will hold a mandatory external peer review training session for the primary and/or secondary points of contact (POC) from the Reviewed Organizations and Reviewing OIGs. The primary objective of the required training is to ensure that participants can perform the most critical parts of the I&E peer review process and understand the resources available to support them during the review. The I&E Peer Review Working Group (IEPRWG) will provide CIGIE with the participants' names, contact information, and assignments 30 days prior to the date of the peer review training. If CIGIE does not receive the pertinent information in the allotted timeframe, it reserves the right to reschedule the training, as necessary. Because of the importance of the training session, the primary and/or secondary POCs from the Reviewed Organization and Reviewing OIG are required to attend. CIGIE also reserves the right to limit attendance. If a POC seeks an attendance waiver, they must send a request to the IEPRWG for approval.²⁰

¹⁷ As stated previously, the IEPRWG is the I&E Committee's designee for managing external peer review-related activities, unless otherwise directed by the I&E Committee.

¹⁸ The OIG must submit a formal request for a change to the peer review schedule to the I&E Committee. The formal request form is located at <https://app.smartsheet.com/b/form/df3fcbfbeb243638299c7a1fe3a69d4>.

¹⁹ The IC I&E organizations will establish a peer review schedule and share it with the IEPRWG for record keeping and coordination purposes.

²⁰ Questions on the I&E peer review process, requests for a waiver regarding attendance at the training session, or requests for changes to the peer review schedule can be sent to the I&E Peer Review Working Group at iepr@cigie.gov. The formal request form for a peer review schedule change is located at <https://app.smartsheet.com/b/form/df3fcbfbeb243638299c7a1fe3a69d4>.

2. Prior to attending training, participants are expected to become familiar with the information in this Guide, including the respective responsibilities of the Reviewing OIG and the Reviewed Organization. CIGIE will provide participants with needed information prior to the training.

3. The I&E Committee will identify and communicate to CIGIE expected performance capabilities of peer reviewers related to the peer review process. CIGIE will then develop and deliver learning experiences linked to those desired performance-based outcomes.

VIII. Responsibilities of the Reviewed Organization

1. The Reviewed Organization must notify the I&E Committee of any security clearance or other access requirements or other prerequisites for peer reviewers before the I&E Committee schedules the review. Early identification of any special requirements will help facilitate the assignment of a Reviewing OIG that has staff that meet the requirements to conduct the peer review.

2. The Reviewed Organization must designate both primary and secondary POCs who are responsible for handling the administrative and logistical arrangements for the external peer review and coordination within the Reviewed Organization. Personnel from the Reviewed Organization should review this Guide to familiarize themselves with the process and its requirements.

3. The Reviewed Organization's POCs must attend CIGIE's training session. Prior to attending training, participants are expected to become familiar with the information in this Guide. The POCs should also have a signed MOU in place prior to the training session.

4. The Reviewed Organization POCs should provide the following information to the Reviewing OIG:

- a. availability of Reviewed Organization personnel needed to schedule key peer review events, such as the entrance meeting and onsite field visit;
- b. a list of all I&E reports, grouped by types,²¹ issued during the 3 years prior to the start of the peer review;
- c. a list of any other report(s) the Reviewed Organization would like the Reviewing OIG to include in the review;
- d. a copy of the most recently issued Peer Review Report and, if issued, the Letter of Comment;
- e. 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;
- f. I&E planning documents for the period covered by the peer review;

²¹ For example, memorandum versus full report, compliance reviews versus policy reviews, or I&E organization staff versus contractor performed. The Reviewed Organization should determine the categories used based on the types of projects its I&E organization conducts.

- g. an organization chart, including POCs for relevant processes, such as follow-up, IT help desk, and software technical help;
- h. 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;
- i. internal quality assurance reports relevant to the policies and procedures or reports being reviewed; and
- j. the Reviewed Organization or OIG policies and procedures for contracting out I&E work.

5. The Reviewed Organization POCs and the Reviewing OIG POCs should agree on how, and by what date, the Reviewed Organization will deliver the materials to the Reviewing OIG. The Reviewed Organization should provide timely access to the requested materials to help ensure that the peer review will be completed within the required timeframe. The Reviewed Organization is responsible for providing workspace for any onsite review.

6. The Reviewed Organization POCs will provide, when requested by the Reviewing OIG, access to the Reviewed Organization's internal policies and procedures, reports, or project files addressed in the previous Peer Review Report.

IX. Responsibilities of the Reviewing OIG

1. The Reviewing OIG should ensure that personnel assigned to conduct the peer review are qualified and collectively possess adequate professional competency. "Qualified" generally means staff members capable of determining whether the Reviewed Organization's internal policies and procedures are consistent with Blue Book standards and whether the Reviewed Organization's I&E projects and reports complied with the Blue Book standards and the Reviewed Organization's associated internal policies and procedures. Reviewing OIGs should make every effort to assign staff members with recent experience conducting and/or reviewing I&E work in accordance with the Blue Book standards. Assigned staff should possess the collective knowledge, skills, abilities, and experience necessary to complete an I&E peer review.

2. It is the responsibility of each Reviewing OIG to determine the number of staff it will assign to complete the peer review by the date established on the peer review schedule. Reviewing OIGs should consider the Reviewed Organization's security requirements relating to access to its workspace, OIG IT systems, and documents and records when assigning personnel to conduct peer review activities. To minimize remote access issues, the Reviewing OIG should consider the work paper location when making assignments.

3. The Reviewing OIG's primary and/or secondary POCs who will lead or conduct the peer review must attend the CIGIE's training session. The POCs will ensure that other staff assigned to conduct peer review perform their roles and responsibilities effectively and familiarize themselves with the peer review process and requirements described in this Guide. Staff assigned as peer reviewers should also read the Reviewed Organization's last two SARCs in preparation for the review.

4. The Reviewing OIG is also responsible for:

- a. paying for all required travel;
- b. managing the overall peer review and ensuring that the review complies with this Guide;
- c. performing logistical, administrative, and project management activities, such as coordinating the signing of the MOU, documenting a work plan, arranging entrance and exit meetings, and requesting additional information or clarification from the Reviewed Organization;
- d. obtaining access to the Reviewed Organization's prior peer review project documentation, when needed;
- e. providing the Reviewed Organization with the draft and final Peer Review Report and draft and final Letter of Comment, when applicable, for review and comment;
- f. obtaining the Reviewed Organization's comments on the draft Peer Review Report and Letter of Comment, when applicable;
- g. issuing the final Peer Review Report and, if issued, the final Letter of Comment to the Reviewed Organization's management;
- h. sending the final Peer Review Report and, if issued, the final Letter of Comment to the Chairs of CIGIE and the I&E Committee through the I&E Peer Review Working Group;
- i. storing and maintaining documents generated to support peer review findings, conclusions, and recommendations;
- j. reporting required information on external peer reviews conducted in its SARC;
- k. reporting instances of fraud, illegal acts, or abuse, if any, to the appropriate authorities, as required by law or regulation, and to the Committee, as appropriate;
- l. responding to requests for information, including questions regarding the peer review and requests for access to Reviewing OIG documents; and
- m. resolving disagreements with the Reviewed Organization that rise to the IG level, if any.

X. Planning and Performing the External Peer Review

Timeframe for Completing the Peer Review

1. The I&E Committee will establish the timeframe, generally 6 months, for assigned peer reviews, including start dates and dates for issuance of final Peer Review Reports. The CIGIE Training Institute's Audit, Inspection, & Evaluation Academy will determine the date of the training session. The Reviewing OIG should include key milestone dates in the MOU (Appendix C).

2. I&E organization officials from the Reviewed Organization and Reviewing OIG should agree with the general timeframe and specific dates for entrance and exit meetings; report issuance dates; and due dates for receipt of the Reviewed Organization management responses and/or comments on the report. I&E organizations have maximum flexibility in setting the review schedule. If additional time is needed to complete the review and issue the final report, the

Reviewing OIG should request an extension from the I&E Committee.²²

MOU

3. An MOU (Appendix C) is required to ensure mutual agreement on the fundamental aspects of the external peer review and to avoid misunderstandings. The Reviewed Organization and Reviewing OIG must sign an MOU indicating their agreement and understanding of the peer review process requirements. The MOU should address any special requirements for the review, such as clearances required to access or handle personally identifiable information at the Reviewed Organization. The Reviewing OIG and the Reviewed Organization should revise and adjust the MOU and Addendum template to fit the specific circumstances for the peer review.

4. To ensure a timely start to the peer review, the Reviewing OIG and Reviewed Organization should start the MOU coordination process when the POC information is provided by the IEPRWG. If either the Reviewed Organization or the Reviewing OIG believes that MOU coordination may take more than 60 days, either party may request the POC information at an earlier date.²³ The MOU should be signed prior to the training session to facilitate planning activities and resolve issues that the Reviewing OIG and Reviewed Organization consider significant to conducting the peer review.

Planning

5. The following steps should be performed before the entrance meeting:

- a. have all parties sign the MOU (Appendix C); and
- b. review pertinent information and documents provided by the Reviewed Organization POCs.

Entrance Meeting

6. The Reviewing OIG should hold an entrance meeting with the Reviewed Organization to discuss the ground rules of the review and facilitate conduct of the review. The Reviewed Organization's I&E officials should brief the Reviewing OIG on the organization's structure, work practices, and policies. The Reviewed Organization may conduct other required or beneficial briefings after the entrance meeting or at a mutually agreed-on time. Both parties should work collaboratively to ensure that the review is performed efficiently and effectively, and completed in the required timeframe.

Conducting the Peer Review

7. This Guide includes the I&E Peer Review Checklist (Appendix D) to help the Reviewing OIG conduct and document its assessment of the Reviewed Organization's internal policies and procedures and selected reports against the Blue Book standards.

²² The request for an extension to the final report issuance date should be sent to the I&E Committee through the I&E Peer Review Working Group at iepr@cigie.gov. The formal request form is located at <https://app.smartsheet.com/b/form/df3fcbfbbeba243638299c7a1fe3a69d4>.

²³ Circumstances taking additional time may include a requirement for specific additional wording in the MOU or availability of individuals who need to coordinate on or sign the MOU.

8. The Reviewing OIG should determine the most efficient and effective way to review the selected reports. For example, the Reviewing OIG may choose to access and review work papers and/or project documentation prior to the onsite portion of the review to make time spent onsite more productive.

Review of Implementation of Prior Peer Review Report Recommendations

9. The Reviewing OIG should review the Reviewed Organization's previous Peer Review Report and assess the organization's implementation of the report's recommendations, if any. The Reviewing OIG may request access to the prior peer review project documentation from the prior Reviewing OIG, if needed.

10. The Reviewing OIG should assess the accuracy and completeness of the Reviewed Organization's description/representation of:

- a. the corrective action(s) taken in response to the prior peer review recommendations;
- b. the status of any open recommendations or corrective actions; and
- c. the explanation for the open status of any recommendations or corrective actions.

11. The Peer Review Report should include peer review findings and conclusions related to the implementation. The Reviewing OIG will need to include this information in its SARC.

Review of Policies and Procedures

12. The Reviewing OIG should assess and form a conclusion as to whether the Reviewed Organization's policies and procedures, if properly performed and implemented, generally address each of the Blue Book standards' requirements.

13. If the Reviewing OIG needs further clarification of the Reviewed Organization's policies and procedures, it should forward the related questions to the Reviewed Organization POCs. The Reviewing OIG should document its assessment and conclusion(s) in section A of the I&E Peer Review Checklist (Appendix D).

Review of Selected Reports

14. The Reviewing OIG should review the selected reports by comparing the reports and their documentation to the Blue Book standards and the Reviewed Organization's internal policies and procedures. The Blue Book fully defines all requirements related to the standards used in the review. The Blue Book includes application guidance that relates directly to the requirements. The application guidance further explains the requirements and, in some cases, provides examples and best practices for satisfying the requirements. However, the Reviewing OIG should assess and form a conclusion as to whether the selected report generally complied with the requirements of each Blue Book standard, not the application guidance. The Reviewing OIG should use section B of the I&E Peer Review Checklist (Appendix D) as a guide when conducting and documenting each review.

15. For each assigned report(s), the reviewer(s) from the Reviewing OIG must trace the report's findings back to the work papers and/or project documentation and determine whether the report's conclusions and recommendations logically flow from the documented findings. The reviewer(s) also may speak with individuals who conducted the project(s) to gain insight into the report(s) being reviewed. After completing the review, the Reviewing OIG should identify findings on potential noncompliances with a standard's requirements. The peer review team then determines whether a peer review finding or set of peer review findings rises to the level of a noncompliance. A noncompliance indicates that the Reviewed Organization generally did not comply with one or more of the Blue Book standards' requirements.²⁴ Peer review findings that do not rise to the level of a noncompliance may be included in the Letter of Comment, as appropriate, based on their significance; included in other written comments; or provided verbally. Peer review findings that rise to the level of a noncompliance should be included in the Peer Review Report or, if issued, the Letter of Comment, depending on their significance. The Reviewing OIG also should discuss appropriate recommendations for noncompliances and peer review findings.

16. For I&E reports selected for review that were conducted in whole or in part by a contractor, the Reviewing OIG should review the selected reports based on how the Reviewed Organization categorized the reports. According to the Blue Book, the application of Blue Book standards to contractors will depend on the level of involvement with the project. The responsibility resides with the Reviewed Organization to make the determination.

- a. When a Reviewed Organization communicates responsibility for the findings and conclusions made by the contractor or a contractor is part of a Reviewed Organization team, the Reviewing OIG should review the report using section B of the I&E Peer Review Checklist (Appendix D) and report any identified findings or noncompliances accordingly.
- b. When a Reviewed Organization does not communicate responsibility for the findings and conclusion but states that the report was conducted under Blue Book standards, the Reviewing OIG should review the report based on the Reviewed Organization's internal guidance for ensuring that the contractor's work complies with Blue Book standards. The Reviewing OIG should report any findings or noncompliances in the Letter of Comment, in other formal or informal written comments, or verbally.

17. The Reviewing OIG is encouraged to informally discuss with the Reviewed Organization's POCs any factual issues or concerns identified during the review. Early resolution of these issues may make the exit meeting more productive and efficient.

Documentation Requirements

18. The Reviewing OIG must document the work performed that supports the Peer Review Report so other informed stakeholders know how the team reached its conclusion(s). The Reviewing OIG also must document any additional steps performed and any changes made to, or limitations encountered pertinent to, the scope of the review.

²⁴ According to the Blue Book, "In rare circumstances an inspection organization may determine it necessary to depart from a requirement. The inspection organization's policies and procedures are essential in describing how such departures are to be justified and approved within the inspection organization, as well as how the inspection organization will achieve the intent of the requirement through alternative procedures."

19. The Reviewing OIG should use section A of the I&E Peer Review Checklist (Appendix D) to document the comparison of the Reviewed Organization's policies and procedures to the Blue Book standards. For each standard, documentation should include:

- a. reference(s) to the Reviewed Organization's policies and procedures that address the standard's requirements and other guidance the Reviewing OIG considers significant;
- b. items, peer review findings, or noncompliances the Reviewing OIG identified;²⁵
- c. pertinent comments on or explanations for the conclusion(s) reached regarding consistency with the standard; and
- d. the Reviewing OIG's recommendation(s) or suggestion(s), if any, for addressing items, peer review findings, or noncompliances identified or improvements to existing guidance.

20. The Reviewing OIG should use section B of the I&E Peer Review Checklist (Appendix D) to document reviews of the selected reports. For each standard, documentation should include:

- a. the requirements of the specific Blue Book standard;
- b. whether the report and associated or supporting project documentation generally complied with the Blue Book standards and the organization's internal policies and procedures;
- c. compliance issues, concerns identified, or peer review findings, if any, with references to the applicable reviewed report's work papers or documentation;
- d. comments explaining the reason(s) for the conclusion on the reviewed report; and
- e. recommendations or suggestions for addressing items, peer review findings, or instances of noncompliances identified in the reviewed report.

21. The Reviewing OIG may seek technical clarification or general Blue Book assistance from subject matter experts in the I&E Peer Review Working Group, as needed.²⁶

22. The Reviewing OIG should prepare a summary of the results of the individual report reviews that addresses each Blue Book standard. The summary should document the basis for the team's assessment of whether the reviewed reports generally complied with the standards and the Reviewed Organization's associated policies and procedures.

23. Copies of the Reviewed Organization's project file documentation or work papers or its internal policies and procedures are not required and should be minimized. The Reviewing OIG should determine whether a copy of the Reviewed Organization's policies and procedures is integral to overall documentation and, therefore, needed in the peer review project file.

²⁵ A peer review finding generally indicates that the reviewer identified a potential gap between the Blue Book standard and the Reviewed Organization's internal policies and procedures. A noncompliance would indicate that a Blue Book requirement was not addressed.

²⁶ The I&E Peer Review Working Group may be contacted at iepr@cigie.gov.

XI. Reporting External Peer Review Results

General Considerations

1. The reporting process must include:
 - a. an exit meeting;
 - b. a draft Peer Review Report and, as appropriate, a Letter of Comment;
 - c. the Reviewed Organization's comments on the draft Peer Review Report and, if applicable, the Letter of Comment;
 - d. the Reviewing OIG's consideration of the Reviewed Organization's comments; and
 - e. a final Peer Review Report and, if appropriate, a Letter of Comment.
2. The team should use the Peer Review Report Template (Appendix A) to draft the Peer Review Report and the Letter of Comment Template (Appendix B), when applicable. The final Peer Review Report should include the Reviewed Organization's comments to the draft Peer Review Report as an enclosure. The Reviewed Organization's comments to the Letter of Comment should also be included as an enclosure to the final Letter of Comment, if issued.
3. The time periods for completing the various stages are established in the signed MOU. The time period may be adjusted when both the Reviewing OIG and the Reviewed Organization agree to the change as long as the final report issuance date is no later than the date established by the I&E Committee. The Reviewing OIG should request an extension of the final report issuance date from the I&E Committee by submitting the request to the I&E Peer Review Working Group.²⁷ The request should provide the reason why additional time is needed to issue the final report.
4. The Peer Review Report should only note noncompliances or recommendations when the Reviewing OIG identified significant noncompliances resulting in a conclusion that a Blue Book standard generally was not complied with.
5. The Reviewing OIG is encouraged to provide informal written or verbal comments to the Reviewed Organization on observations, suggestions, best practices, or any other situations that were not included in the Peer Review Report or, if issued, the Letter of Comment.

Considerations for Identification of Significant Noncompliances

6. Peer review findings that the Reviewing OIG determines are significant noncompliances with one or more of the Blue Book standards are included in the Peer Review Report. Noncompliances that do not rise to the level of a significant noncompliance, but if uncorrected could become significant, should be included in the Letter of Comment. A noncompliance is only included in the Peer Review Report or the Letter of Comment, not both. Reviewing OIGs should consider that the Blue Book states, "In rare circumstances an inspection organization may determine it necessary to depart from a requirement. The inspection organization's

²⁷ The request for an extension to the final report issuance date should be sent to the I&E Peer Review Working Group at iepr@cigie.gov. The formal request form is located at <https://app.smartsheet.com/b/form/df3fcbfbaba243638299c7a1fe3a69d4>.

policies and procedures are essential in describing how such departures are to be justified and approved within the inspection organization, as well as how the inspection organization will achieve the intent of the requirement through alternative procedures.”

7. The significance of identified noncompliances in the reviewed reports generally can be determined by the extent to which a report could not be relied on due to the failure of the report and supporting inspection work, including documentation, to comply with the Blue Book standards. The reliance that stakeholders can place on the Reviewed Organization’s reports may be impacted when one or a combination of the following conditions exists:

- a. The evidence presented is insufficient or inappropriate, is untrue or inaccurate, and/or does not support the findings, conclusions, and recommendations(s).
- b. The report(s) does not accurately describe the findings.
- c. The report and supporting documentation do not address the stated or announced objectives; the report does not accurately describe the inspection scope, methodology, and findings; and the conclusions are not consistent with the scope of work or objectives.
- d. The report contains significant errors in logic and reasoning.

8. The pervasiveness of the noncompliance also should be considered in determining whether a noncompliance is significant. The level of pervasiveness is related to how many reports issued by how many different organizational units exhibit the identified noncompliance or condition. A single isolated or non-systemic noncompliance generally is insufficient to support including a noncompliance in the Peer Review Report unless extraordinary circumstances prevail—for example, if the magnitude of the noncompliance significantly or irretrievably impacted the Reviewed Organization’s credibility.

9. Reasonableness and judgment should be used in assessing compliance with Blue Book standards. The Reviewing OIG generally should support conclusions that the Reviewed Organization has not complied with a Blue Book standard by citing the specific criteria for the noncompliance and providing the basis for the conclusion.

10. Generally, a gap identified between the Reviewed Organization’s internal policies and procedures and the Blue Book standards alone should not be considered a significant noncompliance and included in the Peer Review Report. However, the Reviewing OIG may determine that one or more Blue Book standard areas or topics going unaddressed by the internal policies and procedures are a significant noncompliance when either of the following occurs:

- a. The Reviewed Organization’s internal policies and procedures do not adequately address one or more requirements of a Blue Book standard. By not addressing all requirements, the internal policies and procedures would not help prevent or detect significant noncompliances in the Reviewed Organization’s reports or supporting work or its compliance with laws or regulations.
- b. The Reviewing OIG identifies a related significant and pervasive noncompliance in the reviewed reports. For significant noncompliances identified in the reviewed reports, the causes of the noncompliances need to be examined, particularly as to whether a gap in the internal policies and procedures was the sole or contributing factor. Causes resulting

from such gaps may be of greater concern because the Reviewed Organization's internal policies and procedures should contain the necessary processes, methods, and measures to preclude, or timely detect, noncompliances with Blue Book standards. If the noncompliance identified in reviewed reports was due to the lack of compliance with the internal policies and procedures, the internal policies and procedures may need to be clarified or strengthened to increase compliance.

Exit Meeting

11. At the end of the review, the Reviewing OIG must hold an exit meeting with the head of the Reviewed Organization and any other individuals the head of the Reviewed Organization would like to include. The Reviewing OIG must provide an early version of the draft Peer Review Report, also known as a discussion draft, and, as appropriate, the Letter of Comment at the exit meeting and respond to the Reviewed Organization's questions. The draft report should include the reviewed reports, the process the team used to conduct the review, and the Reviewing OIG's conclusions regarding the Reviewed Organization's compliance with the Blue Book standards. Providing the Reviewed Organization's POC with a copy of the written documents in advance of the exit meeting should facilitate discussions, the resolution of any outstanding factual disagreements, and issuance of the draft and final reports.

Draft Report and Letter of Comment

12. The Reviewing OIG should draft the Peer Review Report using the template in Appendix A. The draft report must include a Scope and Methodology enclosure.

13. The Peer Review Report (Appendix A) should:

- a. state that the required review was conducted in accordance with the I&E Committee guidance as described in the *CIGIE Guide for Conducting External Peer Reviews of Inspection and Evaluation Organizations of Federal Offices of Inspector General*;
- b. explain the objectives of the peer review;
- c. provide an overall assessment of the Reviewed Organization's compliance with the Blue Book standards; and
- d. describe significant noncompliances identified during the review with appropriate recommendations.

14. The Scope and Methodology Enclosure should:

- a. list the individual reports reviewed and their issuance date;
- b. explain the basis for report selection, including whether the Reviewed Organization suggested a report that was reviewed;
- c. state whether recommendations made in prior external Peer Review Report(s) were reviewed, **as applicable**;
- d. explain any constraints on the Reviewing OIG's ability to exercise its professional judgment;
- e. identify any issues or circumstances that may affect the independence of the Reviewing OIG and the mitigating actions taken; and

-
- f. explain significant changes to the peer review process described in this Guide.

15. When issued, the Letter of Comment (Appendix B) should contain peer review findings that could lead to a reasonable possibility that the Reviewed Organization would not comply with one or more requirements of a Blue Book standard. The Reviewed Organization is not required to make a Letter of Comment, if issued, publicly available. The Peer Review Report should be made publicly available. The Letter of Comment should include the findings that were not significant enough to affect the overall determination on the Reviewed Organization's compliance with a Blue Book standard. Findings or noncompliances included in a Letter of Comment should not be included in the Peer Review Report. The Letter of Comment should provide reasonably detailed descriptions of the finding or noncompliance and recommendations to enable the Reviewed Organization to take appropriate actions. Citing the applicable Blue Book standard(s) aids the Reviewed Organization in understanding the basis or importance of the identified finding or noncompliance.

16. The Reviewing OIG should consider any additional information the Reviewed Organization provided during, or as the result of, the exit meeting prior to issuing its draft report and, if applicable, a Letter of Comment. The draft report and, if applicable, the Letter of Comment should be issued within the time period agreed to in the MOU. The time period may be increased by mutual agreement, provided it does not adversely affect the Reviewing OIG's ability to issue the final report by the due date set by the I&E Committee.

Reviewed Organization Officials' Comments on Draft Peer Review Report and Letter of Comment

17. To ensure the objectivity, accuracy, and completeness of the report finding(s), the Reviewed Organization officials should have a minimum of 15 calendar days to review the draft report and, if applicable, the Letter of Comment and submit written comments. The signed MOU should provide the agreed-to time period. The time period may be extended by mutual agreement, provided it does not adversely affect the Reviewing OIG's ability to issue the final report by the due date set by the I&E Committee.

18. The Reviewed Organization may provide:

- a. separate comments addressing the Peer Review Report and/or separate comments addressing the Letter of Comment, when applicable; or
- b. one set of comments addressing both the Peer Review Report and the Letter of Comment, when applicable.

The Reviewing OIG should review the Reviewed Organization officials' comments and determine what revisions, if any, should be made to the draft Peer Review Report or, if issued, the Letter of Comment. The Reviewing OIG may discuss the Reviewed Organization officials' comments with them to obtain further clarification or information.

Dispute Resolution Process

19. Before a final Peer Review Report is issued, OIGs should make every effort to resolve 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 or Letter of Comment, if

applicable. The Reviewing OIG and the Reviewed Organization may seek technical clarification, Blue Book interpretations, or general Blue Book assistance from subject matter experts in the I&E Peer Review Working Group, 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 Chair 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 recommendation of the I&E Committee, either OIG may appeal the I&E Committee's recommendation to the CIGIE Executive Council for mediation and final decision.

Final Report and Letter of Comment

20. The Reviewed Organization's written comments should be included as an enclosure to the final report as follows:

- a. Comments to the draft Peer Review Report should be included as an enclosure to the final Peer Review Report.
- b. Comments to a draft Letter of Comment should be included as an enclosure to the final Letter of Comment.
- c. Comments that address both the draft Peer Review Report and the draft Letter of Comment should be provided as an enclosure to the final Peer Review Report and final Letter of Comment.

21. Either the IG of the Reviewing OIG or the IG's designee must sign and issue the report on its OIG letterhead.

22. The Reviewing OIG should provide the final Peer Review Report and, if issued, the final Letter of Comment to the Reviewed Organization within the time period established in the MOU.

Report Distribution, SARC Reporting Requirements, and Follow-up

23. The Reviewed Organization should make the final Peer Review Report publicly available and may provide copies of the report to the head of its agency and appropriate oversight bodies. The Reviewing OIG will provide the final Peer Review Report and, if issued, the final Letter of Comment to the Chairs of CIGIE and the I&E Committee through the I&E Peer Review Working Group.²⁸

24. The Reviewed Organization is responsible for implementing recommendations in the Peer Review Report. The Reviewed Organization's subsequent peer review should include follow-up on the implementation of prior recommendations.

25. The Reviewed Organization should also include in its SARC an appendix containing the results of the peer review. The appendix should include a list of unimplemented or partially implemented recommendations from previous Peer Review Reports, including a statement describing the status of each such recommendation and why the recommendation has not

²⁸ The Peer Review Report and, if issued, Letter of Comment should be emailed to iepr@cigie.gov.

been fully implemented.

26. The Reviewing OIG also should report required information on the Reviewed Organization's peer review in its SARC.

XII. Maintenance and Disposition of Review Documentation

Storage and Maintenance of Review Documentation

1. The Reviewing OIG is responsible for storage and maintenance of Reviewing OIG-generated documents. The Reviewing OIG should either handle record retention/archival/destruction responsibilities under its existing policies and procedures for I&E work or, at a minimum, retain the records until the Reviewed Organization's subsequent peer review is completed. The Reviewing OIG should apply the same custody, physical, and electronic security practices to the external peer review documentation that it applies to its own I&E documentation. These policies should include safeguards against unauthorized use of or access to the documentation. The Reviewing OIG will provide the subsequent Reviewing OIG with access to the documentation on request.

Disposition of Review Documentation

2. The Reviewed Organization should have access on request to the peer review team's documentation during the draft report comment period and after the issuance of the final Peer Review Report. If either OIG receives a request, such as a Freedom of Information Act request, litigation or discovery demand, or request from an oversight body for documentation that was obtained from the other OIG during the peer review, the OIG receiving the request should 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. For details on the handling of such requests, see the MOU signed by both parties and its addendum. Appendix C has a template for the MOU and the addendum. The Reviewing OIG and Reviewed Organization should revise and adjust the template, as needed, to fit the specific circumstances for the peer review.

Glossary

The following terms are used throughout the Guide:

Blue Book Standards. Inspection and evaluation (I&E) peer reviews assess a Reviewed Organization's consistency and compliance with all seven Blue Book standards: Independence, Competence, Planning, Evidence Collection and Analysis, Reporting, Follow-up, and Quality Control.

External Modified Peer Review. A Reviewed OIG may request an external modified peer review when its I&E Organization has internal policies and procedures but has not conducted I&E work or issued reports in accordance with the Blue Book during the appropriate 3-year period. An external modified peer review assesses whether the internal policies and procedures are consistent with Blue Book standards and should, if properly implemented, result in the issuance of I&E reports that comply with the Blue Book standards.

External Peer Review. An external peer review is required of Offices of the Inspector General (OIGs) that issued reports in accordance with the CIGIE *Quality Standards for Inspection and Evaluation* (Blue Book) during the appropriate 3-year period. The objective of the external peer review is to assess whether an OIG's I&E organization's internal policies and procedures are consistent with the Blue Book standards and whether its reports and associated or supporting project documentation complied with those standards and the I&E organization's associated internal policies and procedures.

Inspection and Evaluation (I&E). Inspections and evaluations are systematic and independent assessments of the design, implementation, and results of operations, programs, or policies and are performed in accordance with the CIGIE *Quality Standards for Inspection and Evaluation*. They provide timely, credible information that is useful for managers, policymakers, and others.

I&E Peer Review Working Group. The I&E Peer Review Working Group (IEPRWG) acts as the I&E Committee's designee for managing peer review-related activities, unless otherwise directed by the I&E Committee. The I&E Peer Review Working Group activities include establishing and maintaining the peer review schedule, revising and updating the Guide, issuing tools and guidance to assist in conducting peer reviews, answering peer review-related questions, providing advice on I&E peer reviews, and participating in peer review training activities. General questions on the peer review process can be sent to the working group at iepr@cigie.gov. Requests for changes to the peer review schedule, type of peer review to be performed, or final Peer Review Report due date can be submitted using the formal request form located at <https://app.smartsheet.com/b/form/df3fcbfbeb243638299c7a1fe3a69d4>.

Letter of Comment. A Letter of Comment is issued with the Peer Review Report when the Reviewing OIG identifies findings or instances of noncompliances that could lead to a reasonable possibility that the Reviewed Organization would not comply with one or more requirements of a Blue Book standard. It also includes the findings and/or instances of noncompliances that were not significant enough to affect the overall determination on a

reviewed report's compliance, including that of the associated or supporting project documentation, with a Blue Book standard. A Letter of Comment is not always required and does not need to be made publicly available.

Memorandum of Understanding. The Memorandum of Understanding (MOU) is an agreement between the Reviewing OIG and the Reviewed Organization that is not legally binding. It outlines their responsibilities for the peer review and describes the peer review's scope, methodology, reporting process, and administrative and other matters.

Noncompliance. A noncompliance is one or more related findings identified by the peer review team indicating that a reviewed report(s), including the associated and supporting project documentation, did not comply with one or more requirements of a Blue Book standard. A finding related to a gap identified between the Reviewed Organization's internal policies and procedures and a Blue Book standard may be a noncompliance if the peer review team determines that the gap could contribute to the Reviewed Organization not complying with the requirement(s) of a Blue Book standard. Noncompliances that do not rise to the level of a significant noncompliance, but if uncorrected could become significant, are included in the Letter of Comment.

Peer Review Finding. A peer review finding is a determination or conclusion based on one or more related items or conditions identified by the peer review team regarding a Reviewed Organization's potential noncompliance with the Blue Book standards. A finding identified by the Reviewing OIG indicates that a reviewed report(s), including the associated and supporting project documentation, may not have complied with one or more requirements of a Blue Book standard. A gap between the Reviewed Organization's internal policies and procedures and one or more of the requirements of a Blue Book standard could also be identified as a finding. The Reviewing OIG determines whether one or more findings rise to the level of noncompliance or significant noncompliance, or does not rise to either level. A finding not rising to the level of a noncompliance or significant noncompliance is communicated in an appropriate manner to the Reviewed Organization in a Letter of Comment, in other written form, or verbally, depending on the finding's significance or importance.

Peer Review Report. The purpose of the Peer Review Report is to communicate the results of the external peer review, including the overall conclusion as to whether the Reviewed Organization's internal policies and procedures were generally consistent with the Blue Book standards and the reviewed reports generally complied with the Blue Book standards. For an external modified peer review, the Peer Review Report only includes an overall conclusion as to whether the Reviewed Organization's internal policies and procedures were generally consistent with the Blue Book standards. A Peer Review Report also includes the scope and methodology of the review and any identified significant noncompliances with the Blue Book standards and recommendations. The Reviewed Organization should make the Peer Review Report publicly available.

Qualified. Staff members who are assigned by the Reviewing OIG to perform a peer review should collectively have the knowledge, skills, abilities, and experience necessary to conduct the peer review successfully. Generally, assigned staff members should be capable of determining whether the Reviewed Organization's internal policies and procedures are

consistent with the Blue Book standards and whether its I&E reports complied with the Blue Book standards and the Reviewed Organization's associated internal policies and procedures.

Reviewed Organization. The Reviewed Organization is the OIG I&E organization undergoing a peer review. For purposes of an I&E peer review, generally all of an OIG's components, offices, divisions, or activities that conducted I&Es or issued I&E reports in accordance with the Blue Book during the appropriate 3-year period are considered as one I&E organization.

Significant Noncompliance. A significant noncompliance is one or more instances of noncompliance with the requirement(s) of a Blue Book standard that the Reviewing OIG determines to have significantly impacted the reliability or accuracy of a reviewed report(s). Generally, gaps identified between the Reviewed Organization's internal policies and procedures and the Blue Book standards alone are not considered a significant noncompliance unless the internal policies and procedures do not adequately address one or more requirements of a Blue Book standard. The nature, cause, pattern, or pervasiveness of a noncompliance can be considered in determining the significance of a noncompliance. Given the flexibility of the Blue Book standards, the extent to which a standard was not complied with should be considered when instances of noncompliance are identified.

Members of the I&E Peer Review Working Group

Chair: Nina Murphy, Equal Employment Opportunity Commission OIG
Rashawna Alfred, General Services Administration OIG
Angela Choy, Federal Housing Finance Agency OIG
Christopher Coccaro, Farm Credit Administration OIG
Amanda Freeman, CIGIE
Kevin Golladay, Department of Health and Human Services OIG
Veronica Green, Department of State OIG
Kathryn McMahon, Department of State OIG
Melissa Mulhollen, Securities and Exchange Commission OIG
William Scott, Jr., Office of Personnel Management OIG
Diane Stetler, Department of Defense OIG
Karen Suga, Intelligence Community OIG

This list includes the members of the I&E Peer Review Working Group (IEPRWG) who participated in the revision of the Guide from January 2021 through December 2021.

Questions or comments may be provided to the IEPRWG at iepr@cigie.gov.

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.

2. 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.²⁹

[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

²⁹ 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.

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:

- a. exercise professional judgment in all matters relating to planning, performing, and reporting the results of the external peer review;
- b. 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;
- c. select the inspection and evaluation reports it believes are necessary to meet the review objectives; **[Delete for an external modified peer review]**
- d. review reports from field offices of the Reviewed Organization, if applicable, as well as at OIG Headquarters; **[Delete for an external modified peer review]**
- e. 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

- f. 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:

- a. 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;
- b. 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;
- c. provide the Reviewing OIG access to all requested Reviewed Organization personnel;
- d. 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;
- e. provide the Reviewing OIG with appropriate information and training regarding document security requirements at the start of the review;
- f. email all requested non-sensitive data and files to a designated individual from the Reviewing OIG; and
- g. retain all storage media used to transfer authorized files to the Reviewing OIG's equipment.

The Reviewing OIG agrees to:

- a. 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;
- b. only obtain sensitive Reviewed Organization documents by means agreed on with the Reviewed Organization, e.g., delivery server, USB drive, or key fob;
- c. not access the internet or VPN, if applicable;
- d. not print, save, or otherwise transfer any sensitive data to its own equipment unless explicitly authorized to do so by the Reviewed Organization;
- e. ensure that sensitive data, such as personally identifiable information, is protected against unauthorized access or use;
- f. not duplicate, re-type, etc., any sensitive information received from the Reviewed Organization onto the Reviewing OIG's equipment;
- g. 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;

- h. 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
- i. 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:

- a. provide documents supplied by the Reviewed Organization to the Reviewed Organization for response directly to the requester; and
- b. 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:

- a. advise the Reviewing OIG on whether or under what circumstances to produce the documents being sought; or
- b. 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:

- a. advise the Reviewing OIG on whether or under what circumstances to provide the requested documents; or
- b. 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

- a. 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)

- b. 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)

- c. 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.

- d. 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.
- e. 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 Review—complete section A only. External Peer Review—complete 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?								

		<p>External Modified Peer Review—complete section A only. External Peer Review—complete sections A and B.</p>						
A	2	COMPETENCE: Ensures that the personnel conducting an inspection collectively have the knowledge, skills, abilities, and experience necessary to conduct the inspection.						
			Yes	No	N/A	Reviewing OIG References and Comments	Reference/Additional Information Provided by Reviewed OIG	Additional Comments, Actions
		Peer Review Questions Pertaining to I&E Policies and Procedures						
	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			Yes	No	N/A	Reviewing OIG References and Comments	Reference/Additional Information Provided by Reviewed OIG	Additional Comments, Actions
		Peer Review Questions for the Execution and Reporting of I&E Work						
	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?								

External Modified Peer Review—complete section A only. External Peer Review—complete 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?							

		<p>External Modified Peer Review—complete section A only. External Peer Review—complete sections A and B.</p>						
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? a. 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) b. 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? a. 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) b. 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?						

	<p>Overall, did the reviewed report comply with the inspection organization’s internal policies, procedures, and practices consistent with the Evidence Collection and Analysis Standard?</p>						
	<p>Overall, did the reviewed report and its associated documentation comply with the Evidence Collection and Analysis Standard?</p>						

	<p>External Modified Peer Review—complete section A only. External Peer Review—complete sections A and B.</p>						
	<p>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.</p>						
	<p>Peer Review questions pertaining to I&E policies and procedures.</p>	Yes	No	N/A	Reviewing OIG References and Comments	Reference/Additional Information Provided by Reviewed OIG	Additional Comments, Actions
A	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 <i>Quality Standards for Inspection and Evaluation</i> 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 <i>Quality Standards for Inspection and Evaluation</i> ?						
	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?						

	<p>Overall, did the reviewed report comply with the inspection organization’s internal policies, procedures, and practices consistent with the Reporting Standard?</p>						
	<p>Overall, did the reviewed report and its associated documentation comply with the Reporting Standard?</p>						

		External Modified Peer Review—complete section A only. External Peer Review—complete 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?								

External Modified Peer Review—complete section A only. External Peer Review—complete 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