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

July 2023



**COUNCIL OF THE INSPECTORS GENERAL
ON INTEGRITY AND EFFICIENCY**

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

Offices of Inspectors General (OIGs) play an important role in accountability, transparency, and oversight in government by promoting economy, efficiency, and effectiveness and preventing and detecting fraud and abuse in government programs and operations. 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.

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 an I&E organization's compliance with Blue Book standards and thereby ensures the integrity of I&E reports.

We are pleased to present the revised *Guide for Conducting External Peer Reviews of Inspection and Evaluation Organizations of Federal Offices of Inspector General* (June 2023) (Guide). The Guide implements the CIGIE I&E Committee's peer review program by setting forth the peer review requirements and other information on the peer review process. The July 2023 Guide, effective for peer reviews beginning April 1, 2024, supersedes all and any previous versions.

This revision to the Guide clarifies how a Review Organization's I&E program is assessed by requiring an overall rating of *pass*, *pass with deficiencies*, or *fail*.

- **Pass** - The Reviewed Organization's system of quality control gives reasonable assurance of performing and reporting in conformity with Blue Book standards.
- **Pass with Deficiencies** – The Reviewed Organization's system of quality control gives reasonable assurance of performing and reporting in conformity with Blue Book standards, however, deficiencies could impact the Reviewed Organization's ability to comply with Blue Book standards.
- **Fail** - A significant deficiency or significant deficiencies were identified, and the Reviewed Organization's system of quality control does not give reasonable assurance of performing and reporting in conformity with Blue Book standards.

This revision of the Guide underwent an extensive deliberative and approval process, including comments and input from I&E practitioners and the members of CIGIE. 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 and feedback during the revision of the Guide. The I&E Committee welcomes any suggestions for continuous improvements to the I&E peer review program. Please direct your suggestions to iepr@cigie.gov.

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Table of Contents

Policy for Inspection and Evaluation External Peer Reviews	1
I. Purpose	1
II. External Peer Review Program	1
Guidelines for Conducting the External Peer Review	3
I. Preface	3
II. General Considerations.....	3
III. Objectives of the External Peer Review.....	4
IV. Scope of the External Peer Review	4
V. External Modified Peer Review	5
VI. I&E Committee Scheduling and Coordination of the External Peer Review.....	6
VII. CIGIE Training Institute’s Responsibilities for Peer Review Training	6
VIII. Responsibilities of the Reviewed Organization	7
IX. Responsibilities of the Reviewing OIG	8
X. Planning and Performing the External Peer Review	9
XI. Reporting External Peer Review Results.....	13
XII. Maintenance and Disposition of Review Documentation	19
Glossary	21
Members of the I&E Peer Review Working Group	24
Appendix A: Peer Review Report Templates	25
ENCLOSURE 1: Scope and Methodology	34
ENCLOSURE 2: Reviewed Organization’s Comments to Draft Peer Review Report.....	35
Appendix B: Letter of Comment Template	36
ENCLOSURE: Reviewed Organization’s Comments to Draft Letter of Comment.....	37
Appendix C: Memorandum of Understanding Template	38
Appendix D: I&E Peer Review Checklist	45

Policy for Inspection and Evaluation External Peer Reviews

I. Purpose

i. The June 2023 *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 CIGIE's *Quality Standards for Inspection and Evaluation* (Blue Book).

ii. 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

i. The I&E Committee manages and oversees the external peer review program. The I&E Peer Review Working Group (IEPRWG) is the I&E Committee's designee for managing peer review-related activities, unless otherwise directed by the I&E Committee.

ii. The CIGIE external peer review program is designed to assure Offices of Inspector General (OIGs) and their stakeholders of an I&E organization's³ compliance with Blue Book standards. The Blue Book requires the implementation of a system of quality control that provides reasonable assurance that the organization and its personnel follow the Blue Book when conducting I&Es. An OIG's system of quality control encompasses multiple aspects of an organization including, but not limited to, supervision, leadership, and policies and procedures designed to provide reasonable assurance of complying with Blue Book standards. The nature, extent, and formality of an OIG's system of quality control will vary based on circumstances, depending on size, mission, and structure of the OIG. 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 I&Es themselves, can and should be designed to fit different circumstances across the community.

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

² The Blue Book describes 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.

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- iii. 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 system of quality control is consistent with the Blue Book standards. An external modified peer review 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.
- iv. The peer review and the resulting report must be objective and independent. The review should be conducted to maximize efficiency and minimize unnecessary burdens on the Reviewed Organization and the Reviewing OIG.
- v. 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 must include an overall rating of *pass*, *pass with deficiencies*, or *fail*.
- vi. The Reviewed Organization should make the Peer Review Report publicly available. The Reviewed Organization should provide copies of the report to the head of its agency and appropriate oversight bodies. The Reviewed Organization should email a copy of the final Peer Review Report to the IEPRWG, which will forward the Peer Review Report to the Chairs of CIGIE and the I&E Committee.
- vii. 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
- viii. The I&E Committee or its designee will periodically evaluate the external peer review process, including its effectiveness. This evaluation may lead to revisions and improvements to the external peer review process.

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 *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

This section of the Guide provides the Reviewing OIG general guidance to conduct a peer review. Reviewing OIGs should also consider the standard for Maintaining Quality Assurance in the *Quality Standards for Federal Offices of Inspector General*.⁵ The Reviewing OIG should use this guidance and professional judgment to conduct the peer review and 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 peer review 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 CIGIE's *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 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 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/df3fcbfbeba243638299c7a1fe3a69d4>.

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, for the period under review, the Reviewed Organization's system of quality control is designed and implemented to provide it with reasonable assurance of adhering to the Blue Book standards.
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.

IV. Scope of the External Peer Review

1. External peer reviews must conclude whether the Reviewed Organization implemented a system of quality control to provide it with reasonable assurance of adherence to the Blue Book standards. This includes assessing whether the Reviewed Organization's internal policies and procedures are consistent with Blue Book standards and whether its reports comply with Blue Book standards and the Reviewed 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.
3. 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).
4. 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/df3fcfbbeba243638299c7a1fe3a69d4>.

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.

5. 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 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.

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

7. 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'¹² compliance with the Blue Book standards and the associated internal policies and procedures.¹³

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 established¹⁴ internal I&E policies and procedures are current¹⁵ and consistent 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 deficiencies 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 peer review findings, deficiencies identified, and recommendations.

¹² 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.

¹³ Interpretation as to whether the Reviewed Organization complied with a specific Blue Book requirement should rely on the Blue Book itself, not the checklist question.

¹⁴ 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. Nonwritten policies and procedures should not be the basis for a peer review, absent I&E work to verify compliance with them.

¹⁵ 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,¹⁶ will oversee and maintain the peer review process and schedule. The Committee may permit and arrange an earlier or nonrequired peer review when requested by an Inspector General (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 I&E Committee may also postpone a peer review when formally requested by an IG.¹⁷

2. Prior to the start of each 3-year cycle, the I&E organizations must provide any information requested by the I&E Committee to aid in the scheduling process. For scheduling purposes, the size of the I&E organization and number of reports issued 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. Only an OIG that receives a rating of *pass* from its most recent external peer review can perform a peer review of another OIG. An OIG receiving a rating of *pass with deficiencies* or *fail* from its most recent external peer review may request an off-cycle peer review to demonstrate that corrective actions were taken.¹⁸

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 that comprise one or more Reviewing OIGs with similar missions and clearance requirements as 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 (POCs) from the Reviewed Organizations and Reviewing OIGs, and other staff from the Reviewing OIG, as requested. 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 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

¹⁶ 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.

¹⁷ 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/df3fcbfbbeba243638299c7a1fe3a69d4>.

¹⁸ During the 2024–2026 peer review cycle, the previous standard of "an I&E organization that has uncorrected noncompliance's with at least three different Blue Book standards from a prior I&E peer review may not conduct an external peer review" will be used for scheduling purposes.

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

reserves the right to limit attendance. POCs seeking an attendance waiver must send a request to the IEPRWG for approval.²⁰

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;

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 IEPRWG at iepr@cigie.gov. The formal request form for a peer review schedule change is located at <https://app.smartsheet.com/b/form/df3fcbfbeb243638299c7a1fe3a69d4>.

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.

- 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;
 - 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 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.
7. The Reviewed Organization will send the final Peer Review Report and, if issued, the final Letter of Comment to the IEPRWG, which will forward the Peer Review Report to the Chairs of CIGIE and the I&E Committee.

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 compliance with Blue Book standards. 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 their workspace, OIG IT systems, and documents and records when assigning personnel to conduct peer review activities. To minimize remote access issues, assignments should consider the location of work papers in relation to the location of the Reviewing OIG.

3. The Reviewing OIG's primary and/or secondary POCs who will lead or conduct the peer review must attend CIGIE's training session. The POCs will ensure that other staff assigned to conduct the 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 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. storing and maintaining documents generated to support peer review findings, conclusions, and recommendations;
- i. reporting required information on external peer reviews conducted in its SARC;
- j. 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;
- k. responding to requests for information, including questions regarding the peer review and requests for access to Reviewing OIG documents; and
- l. resolving disagreements with the Reviewed Organization, 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 Reviewing OIG believe 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. Before the entrance meeting, the Reviewing OIG should:
- 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 is completed in the required timeframe.

²² The request for an extension to the final report issuance date should be sent to the I&E Committee through the IEPRWG at iepr@cigie.gov. The formal request form is located at <https://app.smartsheet.com/b/form/df3fcbfbeb243638299c7a1fe3a69d4>.

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.

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.

8. The Reviewing OIG should determine the most efficient and effective way to conduct the peer review.

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 Reviewed Organization's implementation of recommendations from its previous peer review report. 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 Implementation of Blue Book Standards and Internal Policies and Procedures

14. The Reviewing OIG should review selected reports by comparing the reports and their documentation to the Blue Book standards and the Reviewed Organization's internal policies and procedures. Similarly, the Reviewing OIG should compare other documentation reviewed (e.g., quality assurance reports, training certificates, independence certifications) to the applicable Blue Book standard and the Reviewed Organization's associated 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 reports 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 reviewed report, the reviewer(s) from the Reviewing OIG must review work papers and/or project documentation to determine whether the report's conclusions and recommendations logically flow from the documented report findings. The reviewer also may speak with individuals who conducted the project(s) to gain insight into the report(s) being reviewed. After completing the review, if the Reviewing OIG identifies potential findings, the Reviewing OIG then determines whether a peer review finding or set of peer review findings rise to the level of a deficiency or significant deficiency. Peer review findings that do not rise to the level of a deficiency may be included in the Letter of Comment, as appropriate, based on their importance, in other written comments, or provided verbally. Peer review findings that rise to the level of a deficiency should be included in the Peer Review Report. The Reviewing OIG also should discuss appropriate recommendations for deficiencies and peer review findings with the Reviewed Organization.

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 contractor's work 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 peer review findings or deficiencies 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 the contractor's work complies with Blue Book Standards. The Reviewing OIG should report any peer review findings or deficiencies in the Letter of Comment, in other formal or informal written comments, or verbally.

17. The Reviewing OIG should 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.

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. compliance issues, concerns, or peer review findings, if applicable, the Reviewing OIG identified;²⁴
- 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 deficiencies 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 or other reviewed documentation 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 documentation used to support the item;
- 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 deficiencies identified in the reviewed report.

21. The Reviewing OIG may seek technical clarification or general Blue Book assistance from subject matter experts on the IEPRWG, as needed.²⁵

22. Copies of the Reviewed Organization's project file documentation or work papers, other documentation, or its internal policies and procedures are not required to be maintained in the peer review project file 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.

XI. Reporting External Peer Review Results

General Considerations

1. The reporting process must include:

- a. an exit meeting;

²⁴ 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.

²⁵ The IEPRWG may be contacted at iepr@cigie.gov.

- 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 Reviewing OIG 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. If additional time is needed to complete the review and issue the final report, 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.²⁶ The request should provide the reason why additional time is needed to issue the final report.

4. 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 Findings, Deficiencies, and Significant Deficiencies

5. In understanding the Reviewed Organization's system of quality control, the review team may conclude that the system does not provide assurance of compliance with Blue Book standards or its policies and procedures. To help the review team with potential issues, the information provided on a *finding*, *deficiency*, and *significant deficiency* in this section may be useful in classifying the conditions noted. Determining the relative importance of issues identified during the review, individually or combined with others, requires professional judgment. Careful consideration is needed to form conclusions. The definitions below are intended to help the review team (1) aggregate, evaluate, and conclude on the results and (2) determine the findings and recommendations to include in the report and the overall rating to issue. Depending on the nature, causes, pattern or pervasiveness, and relative importance of the finding to the OIG's system of quality control taken as a whole, the review team will issue a report with an overall rating of *pass*, *pass with deficiencies*, or *fail*.

6. A peer review finding is a determination or conclusion based on one or more related conditions identified by the Reviewing OIG regarding a Reviewed Organization's potential noncompliance with the Blue Book standards. A peer review finding identified by the Reviewing OIG indicates that the Reviewed Organization may not have complied with one or more requirements of a Blue Book standard. The Reviewing OIG determines whether one or more

²⁶ The request for an extension to the final report issuance date should be sent to IEPRWG at iepr@cigie.gov. The formal request form is located at <https://app.smartsheet.com/b/form/df3fcbfbeb243638299c7a1fe3a69d4>.

findings rise to the level of deficiency, significant deficiency, or do not rise to either level. A finding not rising to the level of a deficiency is communicated in an appropriate manner to the Reviewed Organization, either in a Letter of Comment, other written form, or verbally, depending on the finding's importance.

7. If a finding or findings are identified by the Reviewing OIG, the extent of the lack of adherence should be considered, given the flexibility afforded by the Blue Book standards. As an example, the Blue Book states that 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. Communicating a finding or findings to the Reviewed Organization as early in the process as possible can aid in more productive and efficient peer review processes for all parties involved. Informal discussions should be initiated by the Reviewing OIG on a potential finding or findings before formalizing the rating.

8. A deficiency is one or more related findings identified by the Reviewing OIG indicating that, due to the nature, causes, pattern, or pervasiveness, including the relative importance of the finding to the Reviewed Organization's system of quality control taken as a whole, could create a situation in which the Reviewed Organization would not have reasonable assurance of performing and/or reporting in conformity with the Blue Book standards in one or more important respects. Given the flexibility of the Blue Book standards, the extent that a standard was not complied with should be considered when instances of deficiencies are identified.

9. A significant deficiency is one or more deficiencies that the Reviewing OIG has concluded results from a condition in the system of quality control such that the system taken as a whole does not provide the Reviewed Organization with reasonable assurance of performing and/or reporting in conformity with the Blue Book standards. Generally, gaps identified between the Reviewed Organization's internal policies and procedures and the Blue Book standards alone are not considered a significant deficiency. Consideration should be given to implemented processes and documented exceptions.

10. The significance of identified deficiencies 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 and evaluation 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 if certain conditions or combination of conditions exist such as:

- a. The evidence presented is insufficient or inappropriate, untrue or inaccurate, and/or does not support the report findings, conclusions, and recommendations(s).
- b. The report(s) does not accurately describe the report findings.
- c. The report contains significant errors in logic and reasoning.

11. The pervasiveness of the noncompliance also should be considered when determining how to classify a finding. The level of pervasiveness is related to how many reports issued by how many different organizational units exhibit the identified finding. A single isolated or nonsystemic finding may be insufficient to support deficiencies or significant deficiencies unless extraordinary circumstances prevail. For example, the magnitude of the peer review finding significantly or irretrievably impacted the Reviewed Organization's credibility.

12. Reasonableness and professional judgment should be used when 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 and providing the basis for the conclusion.

Types of External Peer Review Ratings

13. The Reviewing OIG will issue one of three types of external peer review ratings: *pass*, *pass with deficiencies*, or *fail*. In forming the rating, the Reviewing OIG should consider the nature and extent of the evidence taken as a whole. The rating must be supported by sufficient appropriate evidence obtained by the Reviewing OIG. Determining the rating to issue is a matter of professional judgement.

a. **Pass.** An external peer review with a rating of *pass* should be issued when the Reviewing OIG concludes that the Reviewed Organization's system of quality control gives reasonable assurance of performing and reporting in conformity with Blue Book standards. A rating of *pass* means that the Reviewing OIG did not identify any deficiencies or significant deficiencies that affect or affected the Reviewed Organization's system of quality control.

b. **Pass With Deficiencies.** An external peer review with a rating of *pass with deficiencies* should be issued when the Reviewing OIG concludes that the Reviewed Organization's system of quality control gives reasonable assurance of performing and reporting in conformity with Blue Book standards. However, the Reviewing OIG concluded that a deficiency (or deficiencies) could impact the Reviewed Organization's ability to comply with Blue Book standards due to the nature, causes, pattern, or pervasiveness of the deficiency or deficiencies. This includes the relative importance of the deficiencies to the system of quality control taken as a whole. The Reviewing OIG must describe the deficiency (or deficiencies) in the Peer Review Report.

c. **Fail.** An external peer review with a rating of *fail* should be issued when the Reviewing OIG has identified a significant deficiency or significant deficiencies and concludes that the Reviewed Organization's system of quality control does not give reasonable assurance of performing and reporting in conformity with Blue Book standards, or the Reviewed Organization has not complied with its system of quality control to provide reasonable assurance of performing or reporting in conformity with Blue Book standards.

The formulation of the external peer review rating should be based on the overall conclusion drawn from the Peer Review and the findings disclosed when determining the extent of the Reviewed Organization's compliance with the Blue Book Standards.

Exit Meeting

14. At the end of the review, the Reviewing OIG must hold an exit meeting with the senior leadership of the Reviewed Organization and any other individuals the senior leadership 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. 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

15. 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.

16. 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 this Guide.
- b. explain the objectives of the peer review;
- c. provide an overall assessment of the Reviewed Organization's system of quality control by specifying a rating of *pass*, *pass with deficiencies*, or *fail*; and
- d. describe deficiencies identified during the review with appropriate recommendations.

17. 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;
- 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.

18. When issued, the Letter of Comment (Appendix B) should contain peer review findings that resulted in conditions being created in which there was more than a remote possibility that the Reviewed Organization would not conform with Blue Book standards, but the findings were not sufficiently significant to affect the report rating. 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. Findings 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 findings and recommendations to enable the Reviewed Organization to take appropriate actions.

19. 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

20. 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.

21. 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

22. 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 IEPRWG or the I&E Committee, 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

23. 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.

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

25. 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

26. The Reviewed Organization should make the final Peer Review Report publicly available. The Reviewed Organization should provide copies of the report to the head of its agency and appropriate oversight bodies. The Reviewed Organization should email a copy of the final Peer Review Report to the IEPRWG, which will forward the Peer Review Report to the Chairs of CIGIE and the I&E Committee.

27. 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.

28. The Reviewed Organization should also include an appendix in its SARC 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 these recommendations and why the recommendations have not been fully implemented.

29. 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 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, upon request, to the Reviewing OIG'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 Freedom of Information Act²⁷ requests, litigation or discovery demands, or requests from oversight bodies 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.

²⁷ 5 U.S.C. § 552.

Glossary

The following terms are used throughout the Guide:

Blue Book Standards. 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.

Deficiency. A deficiency is one or more related findings identified by the Reviewing OIG indicating that due to the nature, causes, pattern, or pervasiveness, including the relative importance of the finding to the OIG’s system of quality control taken as a whole, could create a situation in which the OIG would not have reasonable assurance of performing and/or reporting in conformity with the Blue Book standards in one or more important respects. Given the flexibility of the Blue Book standards, the extent that a standard was not complied with should be considered when instances of deficiencies are identified.

External Modified Peer Review. A Reviewed Organization may request an external modified peer review when their 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 OIGs that issued reports in accordance with Blue Book standards during the appropriate 3-year period. The objective of the external peer review is to determine whether, for the period under review, the Reviewed Organization’s system of quality control is designed and implemented to provide it with reasonable assurance of adhering to the Blue Book standards.

Inspections and Evaluations. I&Es are systematic and independent assessments of the design, implementation, and results of operations, programs, or policies and are performed in accordance with Blue Book standards. They provide timely, credible information that is useful for managers, policymakers, and others.

I&E Peer Review Working Group. The IEPRWG acts as the I&E Committee’s designee for managing peer review–related activities, unless otherwise directed by the I&E Committee. The IEPRWG 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 noncompliance that resulted in conditions being created in which there was more than a remote possibility that the Reviewed Organization would not conform with Blue Book standards, but the findings were not sufficiently significant to affect the report rating. A Letter of Comment is not always required and does not need to be made publicly available.

Memorandum of Understanding. The 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; describes the peer review's scope, methodology, and reporting process; and explains administrative and other matters.

Peer Review Finding. A peer review finding is a determination or conclusion based on one or more related conditions identified by the Reviewing OIG regarding a Reviewed Organization's potential noncompliance with the Blue Book standards. A peer review finding identified by the Reviewing OIG indicates that the Reviewed Organization may not have complied with one or more requirements of a Blue Book standard. The Reviewing OIG determines whether one or more findings rise to the level of deficiency, significant deficiency, or does not rise to either level. A finding not rising to the level of a deficiency should be communicated in an appropriate manner to the Reviewed Organization, either in a Letter of Comment, other written form, or verbally, depending on the finding's importance.

Peer Review Report. The purpose of the Peer Review Report is to communicate the results of the external peer review, including the overall rating. A Peer Review Report also includes the scope and methodology of the review and recommendations for corrective actions to identified findings, deficiencies, and significant deficiencies, as applicable. 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 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 Deficiency. A significant deficiency is one or more deficiencies that the review team has concluded results from a condition in the system of quality control such that the system taken as a whole does not provide the OIG with reasonable assurance of performing and/or reporting in conformity with the Blue Book standards. Generally, gaps identified between the Reviewed Organization's internal policies and procedures and the Blue Book standards alone are not considered a significant deficiency. The nature, cause, pattern, or pervasiveness of a deficiency should be considered when determining the significance of a deficiency. Given the

flexibility of the Blue Book standards, the extent that a standard was not complied with should be considered when instances of significant deficiencies are identified.

System of Quality Control. An OIG's system of quality control encompasses multiple aspects of an organization including, but not limited to, supervision, leadership, and policies and procedures designed to provide reasonable assurance of complying with Blue Book standards. The nature, extent, and formality of an OIG's system of quality control will vary based on circumstances, including the OIG's size, number of offices and geographic dispersion, knowledge and experience of its personnel, nature and complexity of its work, and cost-benefit considerations.

Members of the I&E Peer Review Working Group

Chair: Christopher Coccaro, Farm Credit Administration OIG
Rashawna Alfred, General Services Administration OIG
Angela Choy, Federal Housing Finance Agency OIG
Stephanie Christian, Department of Homeland Security OIG
Anne Gavin, Department of Health and Human Services OIG
Robert Kientz, Department of Defense OIG
Chris Lewis, National Geospatial-Intelligence Agency OIG
Kristina Mack, General Services Administration OIG
Sara Margraf, Special Inspector General for Afghan Reconstruction
Kathryn McMahon, Department of State OIG
Karen Morrow, Department of Energy OIG
Nina Murphy, Equal Employment Opportunity Commission OIG
Dustin Nunn, Defense Intelligence Agency OIG
Courtney Potter, Export Import Bank OIG
William Scott, Jr., Office of Personnel Management OIG
Diane Stetler, Department of Defense OIG
Robyn Stober, Department of Veterans Affairs OIG
Debbie Thomas, Department of Energy OIG

This list includes the members of the IEPRWG who participated in the revision of the Guide from July 2022 through June 2023.

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

Appendix A: Peer Review Report Templates

Template for External Peer Review Report with Overall Rating of Pass

(Reviewing OIG Letterhead)

External Peer Review Report [Insert “Draft,” if applicable]

(Date) [Date the report is made final and delivered to the Reviewed Organization. Put “TBD” on draft version.]

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

We reviewed the system of quality control for the [Insert Reviewed Organization’s name] in effect for the year ended [March 31, 20XX, or September 30, 20XX]. A system of quality control includes multiple aspects of an organization, including, but not limited to, policies and procedures designed to provide reasonable assurance of complying with the Council of the Inspectors General on Integrity and Efficiency’s (CIGIE’s) *Quality Standards for Inspection and Evaluation*, December 2020 (Blue Book).

In our opinion, the system of quality control for the [Insert Reviewed Organization’s name] in effect for the year ended [March 31, 20XX, or September 30, 20XX], has been suitably designed and complied with to provide the [Insert Reviewing OIG’s name] with reasonable assurance of performing and reporting in conformity with the Blue Book.

Inspection and Evaluation (I&E) organizations can receive a rating of pass, pass with deficiencies, or fail. The [Insert Reviewed Organization’s name] has received an External Peer Review rating of pass.

Letter of Comment [Insert this section when a letter of comment is issued.]

We have issued a letter dated [insert date of letter], that sets forth findings that were not considered to be of sufficient significance to affect our opinion expressed in this report.

Basis of Opinion

This required external peer review was conducted in accordance with CIGIE’s *Guide for Conducting External Peer Reviews of Inspection and Evaluation Organizations of Federal Offices of Inspector General* ([insert date of the Guide]) and the Memorandum of Understanding between the Offices of the Inspectors General of the [Insert Reviewing OIG’s name] and the [Insert Reviewed Organization’s name], entered into on [Insert date of the MOU].

During our review, we interviewed [Insert Reviewed Organization’s name] personnel and obtained an understanding of the nature of the [Insert Reviewed Organization’s name]’s I&E function and the design of the [Insert Reviewed Organization’s name]’s system of quality control sufficient to assess the risks implicit in its I&E function. Based on our assessments, we selected I&E reports and

administrative files to test for conformity with Blue Book standards and compliance with the **[Insert Reviewed Organization’s name]**’s system of quality control.

In performing our review, we obtained an understanding of the system of quality control for the **[Insert Reviewed Organization’s name]**’s I&E function. In addition, we tested compliance with the **[Insert Reviewed Organization’s name]**’s quality control policies and procedures to the extent we considered appropriate. These tests covered the application of the **[Insert Reviewed Organization’s name]**’s policies and procedures on selected I&E reports. Our review was based on selected tests; therefore, it would not necessarily detect all weaknesses in the system of quality control or all instances of noncompliance with it.

Prior to concluding the peer review, we reassessed the adequacy of the scope of the peer review procedures and met with **[Insert Reviewed Organization’s name]** management to discuss the results of our review. We believe that the procedures we performed provide a reasonable basis for our opinion. Enclosure 1 to this report identifies the **[Insert Reviewed Organization’s name]**’s offices that we visited and the I&E reports we reviewed.

The **[Insert Reviewed Organization’s name]**’s management officials provided a response to our Peer Review Report (Enclosure 2) in which they **[Insert “agreed” or “disagreed with”]** our overall rating.

Responsibilities and Limitations

The **[Insert Reviewed Organization’s name]** is responsible for establishing and maintaining a system of quality control designed to provide the **[Insert Reviewed Organization’s name]** with reasonable assurance that the organization and its personnel comply in all material respects with Blue Book standards. Our responsibility is to express an opinion on the design of the system of quality control and the **[Insert Reviewed Organization’s name]**’s compliance based on our review.

There are inherent limitations in the effectiveness of any system of quality control; therefore, noncompliance with the system of quality control may occur and may not be detected. Projection of any evaluation of a system of quality control to future periods is subject to the risk that the system of quality control may become inadequate because of changes in conditions or because the degree of compliance with the policies or procedures may deteriorate.

/s/

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

Enclosure(s)

Template for External Peer Review Report With Overall Rating of Pass With Deficiencies

(Reviewing OIG Letterhead)External Peer Review Report **[Insert “Draft,” if applicable]****(Date)****[Date the report is made final and delivered to the Reviewed Organization. Put “TBD” on draft version.]**To **(Name)**, Inspector General **[Or name and title of head of the Reviewed Organization’s I&E Organization]**
(Name of Agency)

We reviewed the system of quality control for the **[Insert Reviewed Organization’s name]** in effect for the year ended **[March 31, 20XX, or September 30, 20XX]**. A system of quality control includes multiple aspects of an organization, including, but not limited to, policies and procedures designed to provide reasonable assurance of complying with the Council of the Inspectors General on Integrity and Efficiency’s (CIGIE’s) *Quality Standards for Inspection and Evaluation*, December 2020 (Blue Book).

In our opinion, except for the deficiencies described below, the system of quality control for the **[Insert Reviewed Organization’s name]** in effect for the year ended **[March 31, 20XX, or September 30, 20XX]**, has been suitably designed and complied with to provide the **[Insert Reviewing OIG’s name]** with reasonable assurance of performing and reporting in conformity with the Blue Book.

Inspection and Evaluation (I&E) organizations can receive a rating of pass, pass with deficiencies, or fail. The **[Insert Reviewed Organization’s name]** has received an External Peer Review rating of pass with deficiencies.

Descriptions of Deficiencies

We noted the following deficiencies during our review:

1. Deficiency -

- Report No. XX, Title (Date)

Recommendation –Views of Responsible Official -

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

Letter of Comment [Insert this section when a letter of comment is issued.]

We have issued a letter dated **[insert date of letter]**, that sets forth findings that were not considered to be of sufficient significance to affect our opinion expressed in this report.

Basis of Opinion

This required external peer review was conducted in accordance with *CIGIE's Guide for Conducting External Peer Reviews of Inspection and Evaluation Organizations of Federal Offices of Inspector General* (**[insert date of the Guide]**) and the Memorandum of Understanding between the Offices of the Inspectors General of the **[Insert Reviewing OIG's name]** and the **[Insert Reviewed Organization's name]**, entered into on **[Insert date of the MOU]**.

During our review, we interviewed **[Insert Reviewed Organization's name]** personnel and obtained an understanding of the nature of the **[Insert Reviewed Organization's name]**'s I&E function and the design of the **[Insert Reviewed Organization's name]**'s system of quality control sufficient to assess the risks implicit in its I&E function. Based on our assessments, we selected I&E reports and administrative files to test for conformity with Blue Book standards and compliance with the **[Insert Reviewed Organization's name]**'s system of quality control.

In performing our review, we obtained an understanding of the system of quality control for the **[Insert Reviewed Organization's name]**'s I&E function. In addition, we tested compliance with the **[Insert Reviewed Organization's name]**'s quality control policies and procedures to the extent we considered appropriate. These tests covered the application of the **[Insert Reviewed Organization's name]**'s policies and procedures on selected I&E reports. Our review was based on selected tests; therefore, it would not necessarily detect all weaknesses in the system of quality control or all instances of noncompliance with it.

Prior to concluding the peer review, we reassessed the adequacy of the scope of the peer review procedures and met with **[Insert Reviewed Organization's name]** management to discuss the results of our review. We believe that the procedures we performed provide a reasonable basis for our opinion. Enclosure 1 to this report identifies the **[Insert Reviewed Organization's name]**'s offices that we visited and the I&E reports we reviewed.

Responsibilities and Limitations

The **[Insert Reviewed Organization's name]** is responsible for establishing and maintaining a system of quality control designed to provide the **[Insert Reviewed Organization's name]** with reasonable assurance that the organization and its personnel comply in all material respects with Blue Book standards. Our responsibility is to express an opinion on the design of the system of quality control and the **[Insert Reviewed Organization's name]**'s compliance based on our review.

There are inherent limitations in the effectiveness of any system of quality control; therefore, noncompliance with the system of quality control may occur and may not be detected. Projection of any evaluation of a system of quality control to future periods is subject to the risk that the system of quality control may become inadequate because of changes in conditions or because the degree of compliance with the policies or procedures may deteriorate.

/s/

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

Enclosure(s)

Template for External Peer Review Report With Overall Rating of Fail**(Reviewing OIG Letterhead)**External Peer Review Report [**Insert “Draft,” if applicable**]**(Date)**[Date the report is made final and delivered to the Reviewed Organization. Put “TBD” on draft version.]To **(Name)**, Inspector General [**Or name and title of head of the Reviewed Organization’s I&E Organization**]
(Name of Agency)

We reviewed the system of quality control for the [**Insert Reviewed Organization’s name**] in effect for the year ended [**March 31, 20XX, or September 30, 20XX**]. A system of quality control includes multiple aspects of an organization, including, but not limited to, policies and procedures designed to provide reasonable assurance of complying with the Council of the Inspectors General on Integrity and Efficiency’s (CIGIE’s) *Quality Standards for Inspection and Evaluation*, December 2020 (Blue Book).

In our opinion, as a result of the significant deficiencies described below, the system of quality control for the [**Insert Reviewed Organization’s name**] in effect for the year ended [**March 31, 20XX, or September 30, 20XX**], was not suitably designed and complied with to provide the [**Insert Reviewed Organization’s name**] with reasonable assurance of performing and/or reporting in conformity with the Blue Book.

Inspection and Evaluation (I&E) organizations can receive a rating of pass, pass with deficiencies, or fail. The [**Insert Reviewed Organization’s name**] has received an External Peer Review rating of fail.

Description of Rating of Fail

We noted the following significant deficiencies during our review:

1. Deficiency -
 - Report No. XX, Title (Date)

Recommendation –

Views of Responsible Official -

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

Letter of Comment [Insert this section when a letter of comment is issued.]

We have issued a letter dated [**insert date of letter**], that sets forth findings that were not considered to be of sufficient significance to affect our opinion expressed in this report.

Basis of Opinion

This required external peer review was conducted in accordance with CIGIE's *Guide for Conducting External Peer Reviews of Inspection and Evaluation Organizations of Federal Offices of Inspector General* (**[insert date of the Guide]**) and the Memorandum of Understanding between the Offices of the Inspectors General of the **[Insert Reviewing OIG's name]** and the **[Insert Reviewed Organization's name]**, entered into on **[Insert date of the MOU]**.

During our review, we interviewed **[Insert Reviewed Organization's name]** personnel and obtained an understanding of the nature of the **[Insert Reviewed Organization's name]**'s I&E function and the design of **[Insert Reviewed Organization's name]**'s system of quality control sufficient to assess the risks implicit in its I&E function. Based on our assessments, we selected I&E reports and administrative files to test for conformity with Blue Book standards and compliance with the **[Insert Reviewed Organization's name]**'s system of quality control.

In performing our review, we obtained an understanding of the system of quality control for the **[Insert Reviewed Organization's name]**'s I&E function. In addition, we tested compliance with the **[Insert Reviewed Organization's name]**'s quality control policies and procedures to the extent we considered appropriate. These tests covered the application of the **[Insert Reviewed Organization's name]**'s policies and procedures on selected I&E reports. Our review was based on selected tests; therefore, it would not necessarily detect all weaknesses in the system of quality control or all instances of noncompliance with it.

Prior to concluding the peer review, we reassessed the adequacy of the scope of the peer review procedures and met with **[Insert Reviewed Organization's name]** management to discuss the results of our review. We believe that the procedures we performed provide a reasonable basis for our opinion. Enclosure 1 to this report identifies the **[Insert Reviewed Organization's name]**'s offices that we visited and the I&E reports we reviewed.

Responsibilities and Limitations

The **[Insert Reviewed Organization's name]** is responsible for establishing and maintaining a system of quality control designed to provide the **[Insert Reviewed Organization's name]** with reasonable assurance that the organization and its personnel comply in all material respects with Blue Book standards. Our responsibility is to express an opinion on the design of the system of quality control and the **[Insert Reviewed Organization's name]**'s compliance based on our review.

There are inherent limitations in the effectiveness of any system of quality control; therefore, noncompliance with the system of quality control may occur and may not be detected. Projection of any evaluation of a system of quality control to future periods is subject to the risk that the system of quality control may become inadequate because of changes in conditions or because the degree of compliance with the policies or procedures may deteriorate.

/s/

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

Enclosure(s)

Template for External Modified Peer Review

(Reviewing OIG Letterhead)

External Peer Review Report [Insert “Draft,” if applicable]

(Date)[Date the report is made final and delivered to the Reviewed Organization. Put “TBD” on draft version.]

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

We reviewed established policies and procedures for the I&E function of the [Insert Reviewed Organization’s name] in effect for the year ended [March 31, 20XX, or September 30, 20XX]. Established policies and procedures are one of the components of a system of quality control to provide [Insert Reviewed Organization’s name] with reasonable assurance of conforming with Blue Book standards.

Based on our review, the established policies and procedures for the I&E function of the [Insert Reviewed Organization’s name] in effect for the year ended [March 31, 20XX, or September 30, 20XX] [Insert “were” or “were not”] current and consistent with the Council of the Inspectors General on Integrity and Efficiency’s (CIGIE’s) *Quality Standards for Inspection and Evaluation*, December 2020 (Blue Book). [If not current or consistent, add “We have identified several areas where the (Insert Reviewed Organization’s Name) could improve the established policies and procedures.”] [If current and consistent with the Blue Book but was not material to include in this report, add, “We have also identified several areas where the (Insert Reviewed Organization’s Name)’s OIG could improve the established policies and procedures but were not material to include in this report.”]

Findings and Recommendations

Finding 1.

Recommendation –

Views of Responsible Official -

Letter of Comment [Insert this section when a letter of comment is issued.]

We have issued a letter dated [insert date of letter], that sets forth findings that were not considered to be of sufficient significance to affect our opinion expressed in this report.

Basis of Results

Our review was conducted in accordance with CIGIE’s *Guide for Conducting External Peer Reviews of Inspection and Evaluation Organizations of Federal Offices of Inspectors General* ([insert date of Guide]) and the Memorandum of Understanding between the Offices of the Inspectors General of the [Insert Reviewing OIG’s name] and the [Insert Reviewed Organization’s name], entered into on [Insert date of the MOU].

During our review, we interviewed **[Insert Reviewed Organization's name]** personnel and obtained an understanding of the nature of the **[Insert Reviewed Organization's name]**'s I&E function and to assess established I&E policies and procedures.

/s/

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

Enclosure(s)

ENCLOSURE 1: Scope and Methodology

We reviewed compliance with the **[Insert Reviewed Organization's name]**'s OIG inspection organization's system of quality control in effect for the year ended **[Insert March 31, 20XX, or September 30, 20XX, as applicable]** to the extent we considered appropriate. We 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 (e.g., 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 performed by a contractor.]

The **[Insert Reviewing OIG's name]** conducted an onsite visit(s) on **[Insert appropriate dates]**. **[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 these constraints on the peer review.]

[Describe any limitations on or impairments to the Reviewing OIG's independence, as well as mitigating actions taken, if applicable.]

ENCLOSURE 2: Reviewed Organization's Comments to Draft Peer Review Report

The 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

[Reviewing OIG Letterhead]

[Date]

To [Insert Name], Inspector General
[Insert Reviewed Organization's name]

We have reviewed the system of quality control for the [Insert Reviewed Organization's name] in effect for the year ended [March 31, 20XX, or September 30, 20XX]. We issued our Peer Review Report on [Insert the date], in which the [Insert Reviewed Organization's name] received an overall rating of [Insert as applicable, pass, pass with deficiencies, or fail]. That report should be read in conjunction with the comments in this letter, which were considered in determining the overall rating. The finding(s) described below was (were) not considered to be of sufficient significance to impact our overall conclusions or the overall rating.

Finding 1.

Recommendation.

Views of Responsible Official.

/s/

[Insert Name], Inspector General

Enclosure

ENCLOSURE: Reviewed Organization's Comments to Draft Letter of Comment

The 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 BETWEEN THE OFFICES OF THE INSPECTORS GENERAL OF THE [INSERT REVIEWING OIG'S NAME] AND THE [INSERT REVIEWED ORGANIZATION'S NAME]

I. PURPOSE

The purpose of this Memorandum of Understanding (MOU) is to ensure a mutual understanding between the [Insert Reviewing OIG's name] (Reviewing OIG) and the [Insert Reviewed Organization's name] (Reviewed Organization) regarding the external peer review [Replace with "external modified peer review," 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 Inspectors General* (the Guide), issued by the Council of the Inspectors General on Integrity and Efficiency's (CIGIE's) 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, as amended (IG Act), 5 U.S.C. §§ 401-424.

III. SCOPE

The external peer review [Replace with "external modified peer review," if applicable] will review the [Insert Reviewed Organization's name]'s system of quality control in effect for the year ending [March 31, 20XX, or September 30, 20XX]. The review will include an assessment of the Reviewed Organization's internal policies and procedures implementing CIGIE's *Quality Standards for Inspection and Evaluation* (Blue Book). The review will also include a review of selected I&E reports issued between [Insert Date] and [Insert Date]. [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. review the Reviewed Organization's compliance with its quality control system in effect for the year ending [March 31, 20XX, or September 30, 20XX];
- c. assess the adequacy of the Reviewed Organization's internal policies and procedures in relation to the Blue Book standards;
- d. select the I&E reports it believes are necessary to meet the review objectives; [Delete this entry for an external modified peer review.]

-
- e. review reports from field offices of the Reviewed Organization, if applicable, as well as at OIG Headquarters; **[Delete this entry for an external modified peer review.]**
 - f. evaluate the selected reports' compliance with Blue Book standards and the Reviewed Organization's associated internal policies and procedures; **[Delete this entry for an external modified peer review.]** and
 - g. 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, 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 I&E 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 nonsensitive 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, 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. assert that sensitive data, such as personally identifiable information, is protected against unauthorized access or use;
- f. not duplicate any sensitive information received from the Reviewed Organization onto its own 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 the draft Peer Review Report and Letter of Comment, when applicable.	
Reviewing OIG provides Final Peer Review Report and Letter of Comment, when applicable, to Reviewed Organization.	
Reviewed Organization provides final Peer Review Report and final Letter of Comment, when applicable, to Chairs of CIGIE and the 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.

The Reviewing OIG and the Reviewed Organization agree that Freedom of Information Act, 5 U.S.C. § 552, (FOIA) 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. If either OIG receives a 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.

VIII. Semiannual Reports to Congress

The **[Insert Reviewed Organization's name]** and the **[Insert Reviewing OIG's name]** will report on this peer review in their respective semiannual reports to Congress under the IG Act, as amended, 5 U.S.C. § 405(b), and consistent with the *CIGIE Implementing Guidance for OIG Reporting of Peer Review Results in Semiannual Reports to the Congress*. Specifically, the **[Insert Reviewed Organization's name]** will report on the peer review conducted by the **[Insert Reviewing OIG's name]** for the applicable semiannual reporting periods and provide a list of any outstanding recommendations from prior external 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. The **[Insert Reviewing OIG's name]** will report on this peer review for the applicable semiannual reporting periods and will include a list of any outstanding recommendations from prior external or external modified peer review reports that remain outstanding or have not been fully implemented. In this regard, the **[Insert Reviewed Organization's name]** will coordinate with the **[Insert name of Reviewing OIG]** as necessary so that the **[Insert Reviewing OIG's name]** can meet this reporting responsibility. These requirements do not apply to outstanding recommendations from any prior external 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 shall 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 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; implementing guidance from the Reviewed Organization's FOIA release authority, if applicable; 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 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 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 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 whether (1) the Reviewed Organization's policies and procedures are in compliance with each of the Blue Book standards; and (2) the Reviewed Organization's reports 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 POC how the Reviewed Organization's internal guidance addresses the standard in order to determine whether the guidance is consistent with or adequately addresses 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 are current and 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

		<p>External Modified Peer Review -complete section A only. External Peer Review-complete sections A and B.</p>						
A	1	<p>INDEPENDENCE: Ensures that inspectors, inspection organizations, and their reports are impartial and without bias in both fact and appearance.</p>						
						Reviewing OIG References and Comments	Reference/additional information provided by Reviewed Organization	Additional Comments, Actions
		Peer Review questions pertaining to I&E policies and procedures.	Yes	No	N/A			
	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 that may directly influence the outcome of the inspection.)						
	Overall, are the inspection organization’s policies and procedures consistent with the Independence standard?							
B						Reviewing OIG References and Comments	Reference/additional information provided by Reviewed Organization	Additional Comments, Actions
		Peer Review questions for the execution and reporting of I&E work.	Yes	No	N/A			
	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 that 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 associated documentation comply with the Independence standard?						
--	---	--	--	--	--	--	--

External Modified Peer Review -complete section A only. External Peer Review-complete sections A and B.									
A	2	COMPETENCE: Ensures that the personnel conducting an inspection collectively have the knowledge, skills, abilities, and experience necessary to conduct the inspection.							
						Reviewing OIG References and Comments	Reference/additional information provided by Reviewed Organization	Additional Comments, Actions	
		Peer Review questions pertaining to I&E policies and procedures.			Yes	No	N/A		
	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, does 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						Reviewing OIG References and Comments	Reference/additional information provided by Reviewed Organization	Additional Comments, Actions	
	2.1	Did inspectors assigned to perform this inspection collectively possess the professional competency to address the inspection objectives and perform this inspection?							

2.2	Did the inspectors assigned to perform this inspection complete a minimum of 40 hours of training every 2 years?						
	If the inspection organization authorized an exemption for any individual assigned to perform this inspection, did it follow its policies and procedures for authorizing the exemption?						
2.3	Did the inspection organization track the completed training of each inspector assigned to this inspection?						
Overall, did the reviewed report comply with the inspection organization's internal policies, procedures, and practices consistent with the Competence standard?							
Overall, did the reviewed report and associated documentation comply with the Competence standard?							

<p>External Modified Peer Review -complete section A only. External Peer Review-complete sections A and B.</p>										
A	3	<p>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.</p>								
		<p>Peer Review questions pertaining to I&E policies and procedures.</p>			Yes	No	N/A	<p>Reviewing OIG References and Comments</p>	<p>Reference/additional information provided by Reviewed Organization</p>	<p>Additional Comments, Actions</p>
	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 the 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?								
	<p>Overall, are the inspection organization’s planning policies, procedures, and practices consistent with the Planning standard?</p>									
B		<p>Peer Review questions for the execution and reporting of I&E work.</p>			Yes	No	N/A	<p>Reviewing OIG References and Comments</p>	<p>Reference/additional information provided by Reviewed Organization</p>	<p>Additional Comments, Actions</p>
	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 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 Organization	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?						
	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 Organization	Additional Comments, Actions
B	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?						
	4.2 a 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?						
	Overall, did the reviewed report comply with the inspection organization’s internal policies, procedures, and practices consistent with the Evidence Collection and Analysis standard?						
	Overall, did the reviewed report and associated documentation comply with the Evidence Collection and Analysis standard?						

		<p>External Modified Peer Review: Complete section A only. External Peer Review: Complete sections A and B.</p>						
A	5	<p>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 Organization	Additional Comments, Actions
	5.1	Does the inspection organization have policies and procedures consistent with the requirement to state the objective(s), scope, and methodology of the inspection in the inspection report?						
		Does the inspection organization have policies and procedures consistent with the requirement to state the findings, conclusions, and recommendations (as appropriate) in the inspection report?						
		Does the inspection organization have policies and procedures consistent with the requirement to state that the inspection was conducted in accordance with CIGIE’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?							
	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 Organization	Additional Comments, Actions
B	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 CIGIE’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?					
	Overall, did the reviewed report comply with the inspection organization’s internal policies, procedures, and practices consistent with the Reporting standard?						
	Overall, did the reviewed report and associated documentation comply with the Reporting standard?						

		External Modified Peer Review -complete section A only. External Peer Review-complete sections A and B.						
	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.						
A		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 Organization	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?							
			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 Organization
B	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 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 Organization	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 Organization	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 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 implementing the Quality Control standard?										
	Overall, did the reviewed report and associated documentation comply with the Quality Control standard?										

END OF CHECKLIST