



OFFICE OF INSPECTOR GENERAL

Catalyst for Improving the Environment

Quality Assurance Report

Quality Assurance Review of Three Resource Centers in Office of Investigations

Report No. 08-A-0036

November 20, 2007

Report Contributor:

Mathew Walinski

Abbreviations

AIGI	Assistant Inspector General for Investigations
CRC	Central Resource Center
DOJ	Department of Justice
ECIE	Executive Council on Integrity and Efficiency
EPA	U.S. Environmental Protection Agency
ERC	Eastern Resource Center
FBI	Federal Bureau of Investigation
HQ	Headquarters
LEO	Law Enforcement Officer
LETS	Law Enforcement Tracking System
OI	Office of Investigations
OIG	Office of Inspector General
PCIE	President's Council on Integrity and Efficiency
QAR	Quality Assurance Review
QC RS	Quarterly Case Review Sheet
ROI	Report of Investigation
SA	Special Agent
SAC	Special Agent-in-Charge
TIGER	The Inspector General Enterprise Resource
WRC	Western Resource Center



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

OFFICE OF
INSPECTOR GENERAL

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MEMORANDUM

SUBJECT: Quality Assurance Review of Three Resource Centers in
Office of Investigations
Report No. 08-A-0036

FROM: Robert K. Bronstrup /s/
Special Assistant to the Acting Inspector General

TO: Bill A. Roderick
Deputy Inspector General

Attached is the consolidated report of our quality assurance review of three resource centers in the Office of Investigations. We performed this quality assurance review as part of the Office of Inspector General's ongoing quality assurance program that covers all Office of Inspector General activities. The overall purpose of this specific review was to determine whether internal control systems are in place and operating effectively to provide reasonable assurance that professional investigative standards are followed.

As part of this assignment, we issued a separate quality assurance review report to each of the three resource centers. For each report, we required a response from the Special Agent-in-Charge and from the Assistant Inspector General for Investigations. We include their comments in the body of this report. As part of the review at each location, we held a meeting with the Office of the United States Attorney for the district(s) where the specific offices were located. At each resource center, we also met with another Federal law enforcement agency with which the Office of Investigations has conducted a joint investigation. We held an exit conference with the Assistant Inspector General for Investigations on August 28, 2007.

If you have any questions about the final report or our observations and recommendations, please contact me at 312-886-7169.

cc: Assistant Inspector General for Investigations

**Quality Assurance Review of Three Resource Centers
in Office of Investigations**

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Introduction

From February 2007 to June 2007, the U.S Environmental Protection Agency's (EPA's) Office of Inspector General (OIG) conducted a Quality Assurance Review (QAR) of the Office of Investigations (OI) at three resource centers. To conduct this review, Special Agent (SA) Mathew Walinski was temporarily assigned to the OIG, QAR Team, and under the direct supervision of Robert Bronstrup.

Purpose

The purpose of the QAR is to determine whether internal controls systems are in place and operating effectively to provide reasonable assurance that professional investigative standards are being followed. This process is intended to be positive and constructive rather than negative or punitive.

Background

This QAR is based, in part, on the Inspector General Act of 1978, as amended (Public Law 95-452); the President's Council on Integrity and Efficiency (PCIE)/Executive Council on Integrity and Efficiency (ECIE) *Quality Standards for Investigations* (December 2003); and the *Attorney General Guidelines for Offices of Inspector General with Statutory Law Enforcement Authority* (December 8, 2003). These standards and guidelines are further delineated and amplified by OI's policies and procedures.

The *Quality Standards for Investigations* were developed by the PCIE and the ECIE. The Standards contain three general standards and four qualitative standards. The general standards (Qualifications, Independence, and Due Professional Care) apply to investigators and the organizational environment in which they perform. The qualitative standards (Planning, Execution, Reporting, and Information Management) apply to the management functions and processes that investigators perform.

The *Attorney General Guidelines for Offices of Inspector General with Statutory Law Enforcement Authority* govern the exercise of statutory law enforcement powers by offices of Inspectors General and eligible employees.

Scope and Methodology

The QAR of the OI was conducted as part of the OIG's ongoing quality assurance program. This specific quality assurance review was conducted utilizing the PCIE/ECIE *Qualitative Assessment Review Guidelines [QAR Guidelines] for Federal Offices of Inspector General, Appendix B, Appendix C, and Appendix D*, with references, and the corresponding policies and procedures of the OI. The review covered the following locations: (1) Central Resource Center (CRC) (Chicago and Dallas offices); (2) Western Resource Center (WRC) (San Francisco and Seattle offices); and Eastern Resource Center (ERC) (Atlanta and Philadelphia offices).

The following “High Risk Vulnerable” areas were extrapolated from the *QAR Guidelines*, along with applicable sections of the OI policies and procedures after consultation with the Acting Inspector General and the Assistant Inspector General for Investigations (AIGI). The inspection review areas included Evidence, Grand Jury Material, Law Enforcement Officer (LEO) Equipment, Technical Equipment, Firearms, Firearms Training, Ammunition, a review of Open Cases using 8 criteria concerning case planning and documentation and 5 criteria concerning case execution and documentation, and a review of Closed Cases using 23 select criteria from the *QAR Guidelines*.

As part of the review, we reviewed open cases. Thirteen of 20 (65 percent) open investigations in the CRC (all open cases in the Chicago and Dallas offices), 18 of 27 (66 percent) open investigations in the WRC (all open cases in the San Francisco and Seattle offices), and 14 of 28 (50 percent) open investigations in the ERC (all open cases in the Atlanta and Philadelphia offices) were reviewed during this inspection, resulting in a total of 45 of 75 (60 percent) of the open cases in the three resource centers inspected. We inspected the case plans, the required notification letters to the Federal Bureau of Investigation (FBI), supervisory review of investigative activity, and contemporaneous interview notes. We discuss each of these four inspection criteria in detail below. We inspected each open case using 13 selected criteria from the *QAR Guidelines*, and 10 selected criteria deemed necessary from the *Quality Standards for Investigations*, concerning the investigative plan. Thus, we reviewed a total of 1,035 individual inspection points.

This quality assurance review included closed cases at the three resource centers. The *PCIE Guidelines, Planning and Performing the Investigative Qualitative Assessment Review, Section 7, Sample Selection*, require the inspection of a set number of closed cases to ensure that investigations are conducted in a diligent and complete manner. The number of cases to be reviewed is based on a pre-established sampling range of cases closed during a selected period. During calendar year 2006, OI closed 163 investigations. Based on the pre-established range, the size for 163 closed cases is 30. These 30 closed cases were split between the three resource centers inspected. We judgmentally selected cases which had criminal, civil, or administrative actions. We inspected each closed case utilizing 22 selected criteria from the *QAR Guidelines, Appendix D*, and 9 selected criteria deemed necessary from the *Quality Standards for Investigations*, concerning investigative plans. Thus, we reviewed a total of 930 individual inspection points.

Also, at the direction of the Acting Inspector General, we conducted liaison meetings with various external and internal agencies to assess the effectiveness of the office’s working relationship with others within the criminal justice system, to include at least one liaison meeting with the Department of Justice (DOJ), Office of United States Attorney for the district(s) where the specific offices are located, one liaison meeting with another Federal law enforcement agency with whom joint investigations have been conducted, and a liaison meeting with an EPA official who has been the recipient of an OI Report of Investigation (ROI).

After we completed the inspection, we prepared a preliminary inspection report. We gave the Special Agent-in-Charge (SAC) of the resource center and the AIGI the opportunity to respond to the findings. Their comments to each specific finding are included within each finding. All three of these preliminary inspection reports are the basis for this QAR. An exit conference with the AIGI was held on August 28, 2007, and we provide a summary of this meeting at the end of the report.

Noteworthy Achievements

Of the 30 closed cases selected for review, 29 had significant reportable criminal, civil, and/or administrative actions documented in the case file. These 29 cases resulted in 113 separate accountable actions:

- 60 actions were associated with criminal convictions.
- 13 actions were associated with civil recoveries.
- 40 results were associated with administrative actions.

Summary of Results

- The system of internal safeguards and management procedures for the investigative function of the EPA OIG is in full compliance with the quality standards established by the PCIE/ECIE and the Attorney General guidelines. These safeguards and procedures provide reasonable assurance of conforming to professional standards in the conduct of investigations.
- We noted no systematic weaknesses during the course of this inspection.
- The offices accounted for all evidence, grand jury material, law enforcement officer equipment, technical equipment, and firearms.
- All firearms training and the required quarterly firearms qualifications were being completed.

All of the findings noted during the inspection were minor and procedural in nature. None of the findings impacted the outcome of any investigation. In general, most of these minor and procedural findings were caused by the SAs' inattention to detail, and the SACs were not following up with the SA to ensure that established procedures were being followed.

As a result of this review, we made recommendations to the SACs to address the deficiencies identified. In all cases, the SACs implemented the recommendations with "On the Spot" corrections. Where appropriate, the AIGI implemented other corrective actions on a national basis.

We delineate the specific recommendations and corresponding corrective action within each section of this report.

Evidence

Summary. During the inspection, we completed a 100-percent inventory of all evidence and the accompanying chain of custody documentation. The inspection accounted for all evidence. In total, we inspected 187 individual pieces of evidence. We inspected each item utilizing 4 selected criteria from the QAR Guidelines and 10 selected criteria deemed essential from *Procedural Guidance OI-11*. Thus, we reviewed a total of 2,618 individual inspection points for evidence. Of these 2,618 inspection points, 12 had findings (discrepancy with the existing criteria) for a less than 1-percent error rate. The following is a more detailed description of the inspection point findings with a notation of the corrective action taken.

Finding 1. In one office, 9 of 13 (69 percent) entries in the Evidence Log Book did not have the disposition portion of the entry completed.

Corrective Action. An “On-The-Spot” correction was made and the disposition portion of the nine pages in question was completed, as required.

Finding 2. In three instances (two open cases and one closed case), Part B of the “Evidence Custody Form, EPA Form 2720-6,” was not placed as required in the official case files.

Corrective Action. “On-the-Spot” corrections were made and the Part Bs of the EPA Form 2720-6, Evidence Custody Forms, were placed in the three case files, as required.

Finding 3. In one instance, an office completed, but did not memorialize, the required evidence inventory when the evidence custodian duties were transferred in February 2006.

Corrective Action. To confirm that all evidence was accounted for, the quality assurance reviewer, with the participation of the primary evidence custodian, undertook and completed an inventory of all evidence from September 2005, to the present. This inventory accounted for all evidence. An “On-the-Spot” correction was made and the primary and alternate evidence custodians, who completed the inventory in February 2006, prepared e-mails to that effect and placed those e-mails in the evidence custody record keeping system of the office in question.

Finding 4. In two offices, key type pad locks were used to secure the evidence cages. OI procedure requires three-position changeable dial type locks.

Corrective Action. Each office made “On-the-Spot” corrections and installed three-position dial type pad locks on both of the evidence cages.

Finding 5. In one office, a small two-drawer safe was located inside the evidence cage used for storing unassigned weapons.

Corrective Action. An “On-the-Spot” correction was made and the SAC advised that the weapons were moved to another safe located outside of the evidence cage. The safe inside the evidence cage is now empty.

Criteria for Findings. The *QAR Guidelines, Appendix C, Section B, "DUE PROFESSIONAL CARE," Paragraph 12*, ask “Does the organization have policies and procedures for receiving, identifying, storing, and preserving documentary and physical evidence?” *Procedural Guidance OI-11, Physical and Documentary Evidence*, delineates evidence custody procedures within the OI.

Cause. In general, the review found that the above findings and deficiencies were caused by the SAs’ inattention to detail. The SACs were not following up with the SAs to ensure that correct procedures were implemented.

Recommendations. As a result of this review, specific recommendations were made to the SAC of each resource center to address the deficiencies identified. In all cases, the SAC implemented the recommendations and corrected the deficiencies.

AIGI Response. For the findings noted, “On-the-Spot” corrections were made. As reflected by the results of the evidence inspection completed as part of this review, these administrative oversights did not result in the loss of any evidence and the integrity of the evidence custody system remained intact. To further strengthen our evidence custody program, we are developing a training program for all evidence custodians and alternates. This training will include the requirement that all evidence custodians and alternates, upon initial appointment and annually thereafter, certify that they have read and understand *OIG Policy 211: Physical and Documentary Evidence*.

Grand Jury Material

Summary. During the inspection, a 100-percent inventory of all grand jury material was conducted to ensure compliance with policy and procedure: *The inspection accounted for all grand jury material.* However, during this review, we noted the following inspection finding:

Finding 1. The review of the grand jury material disclosed one instance where the individual pages of the grand jury material were properly marked, but the accordion folders used to store the grand jury material were not marked properly as containing grand jury material. Further, the folders were stored in a file cabinet that also contained non-grand jury material. The locked file cabinet, in which the material was stored, was located in a locked interior office and only the SAC and the case agent have access to the file cabinet.

Criteria. The *QAR Guidelines, Appendix C, Section B, “DUE PROFESSIONAL CARE,” Paragraph 14*, ask “Are organizational policies and procedures for securing, storing, and disposing of federal grand jury information consistent with Rule 6(e) of the Federal Rules of Criminal Procedure?” *OI Procedural Guidance OI-12, “Grand Jury Secrecy and Subpoenas,”* outlines the procedures for using, storing, and marking grand jury material.

Cause. The case agent stated that he thought that he was properly marking and storing the grand jury material. The SAC, however, had not followed up with the SA to ensure that established procedures were being followed.

Corrective Action. An “On-the-Spot” correction was made and the accordion folders were properly marked and the non-grand jury material removed from the file cabinet.

Recommendations. As a result of this review, specific recommendations were made to the SAC to address the deficiencies identified. The SAC implemented the recommendation which corrected the deficiency. In addition, SAs were instructed to review the OI policy and procedure concerning handling grand jury materials.

AIGI Response. This inspection accounted for all grand jury material. For the finding noted, an “On-the-Spot” correction was made. No further action is warranted.

Law Enforcement Equipment

Summary. During this inspection, we completed a 100-percent inventory of all accountable LEO equipment and a review of the associated accountability records. This inspection accounted for all LEO equipment. This inventory was accomplished by using the original OI-Personal Property Receipts, as required by policy. The inventory included SA credentials, badges, belt badges, weapons, hand cuffs, ballistic vests, and communication devices. Previously, in September 2006, all three resource center SACs had completed the required fiscal year end LEO equipment inventories and reported the results to the AIGI. In March 2007, the SACs of WRC and ERC also completed the required mid-year inspection of the SA credentials, badges, belt badges, and weapons.

In mid-2005, OI developed the “Law Enforcement Tracking System” (LETS), in preparation for the PCIE QAR to help the SACs and Headquarters (HQ) manage the required 1811 (Criminal Investigator) training and to better control OI’s LEO equipment inventories to include high risk items such as credentials, badges, weapons, handcuffs, ballistic vests, personal raid equipment, and personal communication devices. Prior to the 2005 PCIE inspection, all of the above LEO equipment was entered into LETS and the SACs were granted access into the system. In 2005, via electronic message and in training, the SACs were advised that it was their responsibility to keep both portions of LETS (training and LEO equipment) current.

During this review, we noted the following findings:

Finding 1. A comparison of the law enforcement equipment portion of LETS to the individuals’ Personal Property Receipts disclosed that all three resource centers had current errors in the LETS LEO equipment inventories. Also, the inspection and inventory dates of LEO equipment were not being entered into LETS.

Criteria. The *QAR Guidelines, Appendix C, Section B, “DUE PROFESSIONAL CARE,” Paragraph 15*, ask “Do organizational policies and procedures require periodic inventory of accountable property such as credentials...?” *OI Procedural Guidance OI-04, Firearms and Law Enforcement Equipment*, requires that the SAC maintain a record of all LEO equipment issued to each SA. The SAC is required to conduct an inventory inspection of the LEO equipment at the end of each fiscal year, and a mid-year inventory inspection of selected law LEO equipment. *Procedural Guidance OI-04, Firearms and Law Enforcement Equipment, Section 4, Law Enforcement Equipment, Paragraph 4-7, Inventory and Inspection, a, Mid-Year Inventory and Inspection, and b, Year-end Inventory and Inspection*, delineate the LEO equipment to be inventoried and inspected. *Appendix 4, OIG Office of Investigations Personal Property Receipt*, lists the LEO equipment to be issued to each SA.

Cause. The three SACs advised that they had relinquished the responsibility for updating LETS to various office personnel. The SACs and the office personnel all advised that there were data entry problems with LETS and that data entry was very time consuming. A check with OI’s Information Technology Specialist, who is the administrator for

LETS, disclosed a problem with the server where LETS was electronically stored. During the past year, information that was entered into LETS was corrupted. When LETS was restored from a backup tape, information that had been entered was lost because the backup tape predated the data entry date.

Corrective Action. “On-the-Spot” corrections were made and the LETS entries were updated to correctly reflect the LEO equipment issued to each SA. As of April 27, 2007, LETS was reconfigured to allow for global data entry of inventory and inspection dates completed by the SACs.

Recommendations. As a result of this review, specific recommendations were made to the SACs to address the deficiency identified. The SACs implemented the recommendation, which corrected the deficiency in the LETS database.

It was recommended during the CRC inspection that a determination be made concerning OI’s continued use of LETS. If LETS is to be used, *OI Procedural Guidance OI-04, Firearms and Law Enforcement Equipment*, should be amended to include the requirement that all issued LEO equipment be entered into the database in a timely manner. The required SAC inventory certifications should be amended to include a statement that LETS has been reviewed by the SAC and all of the LEO equipment entries are current as of the date of the SAC’s inventory. It was recommended during the WRC inspection that LETS be reconfigured to allow for global data entry of inventory and inspection dates.

AIGI Response. As noted above, LETS was developed in mid-2005 to help produce information for several inspection points during the PCIE QAR. LETS contains information captured in certain paper-based systems, including information on required certifications and training, and personal LEO equipment inventories. While LETS did not replace the paper-based systems, LETS was an automated method that served the OI well during the PCIE QAR by having a centralized system for providing information to the PCIE QAR inspection team. Because this system proved to be so successful during the PCIE QAR, the OI continued to use it to augment our paper-based systems. OI issued electronic guidance and held training concerning LETS. OI’s written policies and procedures continue to reflect the paper-based systems as the official systems. At the time LETS was developed, OI should have updated its policies and procedures to reflect the addition of LETS to the official paper-based systems. As a result of not issuing revised policies, not all responsible parties are keeping the automated system properly updated. In this instance, while LETS was not properly updated, the Personal Property Receipts accurately reflected the issued equipment in accordance with established policy. At no time was there any loss of accountability of property.

As we initially designed OI’s new electronic case management system (“The Inspector General Enterprise Resource” (TIGER)) system, we are re-evaluating and refining our requirements for automated records keeping. The functionality of LETS was included in the original design of TIGER. However, due to budget constraints and requirement changes, not all of the LETS functions have been incorporated into TIGER. Currently,

two of the LETS functions have been incorporated into TIGER (certifications and training) and these are in the final testing and roll-out phase. We are re-evaluating the design and requirement for the equipment inventory module.

As TIGER continues its roll-out and implementation, we are issuing interim guidance memoranda and revising policies and procedures to clarify the transition from paper-based systems (augmented by LETS) to the TIGER system.

Finding 2. No procedure in *OI Procedural Guidance OI-04, Firearms and Law Enforcement Equipment*, indicates who is responsible for issuing the LEO equipment items to the field and what to do with the equipment, specifically the ballistic vests, when SAs leave the organization. Several SAs had not been issued the required raid hats, shirts, jackets, and bags. One SA did not have a ballistic vest. Unserviceable excess ballistic vests are in various offices throughout OI.

Criteria. *OI Procedural Guidance OI-04, Firearms and Law Enforcement Equipment, Section 4, Law Enforcement Equipment, Paragraph 4-5, Protective Vests and Raid Jacket*, establishes that agents will have these items issued to them and notes when they will be worn.

Cause. The SACs advised that they were unaware of who was responsible for the issuance of various LEO items, specifically hats, shirts, and jackets. The SACs advised that they were also unaware of the procedures for excessing unserviceable ballistic vests.

Corrective Action. An “On-the-Spot” correction was made and the LEO equipment items were issued from HQ to the SAs. The resource center ordered the ballistic vest.

Recommendation. As a result of this review, specific recommendations were made to the SACs to address the deficiencies identified. The SACs implemented the recommendation. During the CRC inspection, it was recommended to the AIGI that *OI Procedural Guidance OI-04, Firearms and Law Enforcement Equipment, Section 4, Law Enforcement Equipment, Paragraph 4-5, Protective Vests and Raid Jacket*, be amended to include language delineating the process for having required LEO equipment issued and the procedures for the transfer or destruction of unserviceable excess ballistic vests.

AIGI Response. We have updated guidance and included a section which delineates the process for procuring personal LEO equipment. Certain items such as hats, jackets, shirts, and equipment bags are purchased by HQ and will be issued to all new SAs. The SACs are authorized to purchase all other LEO equipment locally.

OI generally does not include other agencies’ procedures in its internal procedures as it is duplicative. However, OI will include a statement and hyperlink in its next procedure revision to reflect that the existing General Services Administration procedures for transferring, surplussing, or destroying excess equipment should be followed.

Technical Equipment

Summary. During this inspection a 100-percent inventory of the accountable technical equipment and the associated accountability records was completed. This inspection accounted for all technical equipment. The SACs were completing the required inventory certifications to HQ. In mid-2005, in preparation for the PCIE QAR, the OI developed an Excel spreadsheet to help SACs and HQ personnel to manage the technical equipment issued to each office. Prior to the 2005 PCIE inspection, all technical equipment was entered into the Excel spreadsheet and a copy provided to each SAC. In 2005, in training and via electronic message, the SACs were advised it was their responsibility to keep the technical equipment Excel spreadsheets current. However, during this review, the following finding was noted:

Finding 1. In one resource center, comparing the technical equipment to the Excel spreadsheet disclosed that four Motorola portable radios issued to the resource center in the spring of 2006 by HQ, had not been included on the correct Excel spreadsheet.

Criteria. The *QAR Guidelines, Appendix C, Section B, “DUE PROFESSIONAL CARE,” Paragraph 15*, ask “Do organizational policies and procedures require periodic inventory of accountable property such as ...specialized technical equipment...?” *OI Procedural Guidance OI-05, Investigative, Administrative, and Operational Support*, lists the authorized standard technical equipment required for each office and advises, “This equipment is accountable property....An annual inventory of the equipment listed...will be conducted by the SAC and forwarded to HQ by September 30 of each year.”

Cause. Some confusion was in the resource center as to which Excel spreadsheet was the correct one to use and what technical equipment needed to be listed on that spreadsheet.

Corrective Action. An “On-the-Spot” correction was made and the radios were added to the correct Excel spreadsheet.

Recommendation. As a result of this review, a specific recommendation was made to the SAC to address the deficiency identified. The SAC implemented the recommendation, which corrected the deficiency.

During the CRC inspection, it was recommended that consideration be given to adding technical equipment inventories into LETS. If this recommendation is implemented, *OI Procedural Guidance OI-05, Investigative, Administrative, and Operational Support*, should be amended to include that the required yearly SAC inventory certification must incorporate a statement that the technical equipment portion of LETS has been reviewed and all of the issued technical equipment entries are current as of the date of the SAC’s certification.

AIGI Response. OI is assessing the option of including the technical equipment inventory either in LETS or TIGER. Once a decision has been made, appropriate policies and procedures will be issued.

Firearms

Summary. This inspection completed a 100-percent inventory of all firearms assigned to the three resource centers. *This inspection accounted for all weapons.* The inspection determined that the SACs were completing the required inventories and inspections of all issued and unissued weapons and certifying the results to OI Headquarters.

LETS was developed to better control OI's LEO equipment inventories to include high risk items such as credentials, badges, weapons, handcuffs, ballistic vests, personal raid equipment, and personal communication devices. Prior to the 2005 PCIE inspection, all of the above LEO equipment was entered into LETS and the SACs were granted access into the system. In 2005, via electronic message and in training, the SACs were advised that it was their responsibility to keep this portion of LETS current. During this review, the follow finding was noted:

Finding 1. In one resource center, LETS did not accurately reflect the actual disposition of weapons. In another resource center, the disposition of weapons that had been sent to HQ were not accurately reflected in LETS. This led to the resource centers and the National Firearms Coordinator not having access to accurate records concerning the disposition of weapons within OI in LETS.

Criteria. The *QAR Guidelines, Appendix C, Section B, "DUE PROFESSIONAL CARE," Paragraph 15*, ask "Do organizational policies and procedures require periodic inventory of accountable property such as ...handguns...?"? *OI Procedural Guidance OI-04, Firearms and Law Enforcement Equipment*, requires that the SAC will visually inspect and inventory all issued and unissued firearms semiannually (March and September).

Cause. There was confusion concerning whose responsibility it was within the field office to ensure that LETS accurately reflected the actual disposition of weapons within that resource center. For another resource center there was confusion on the part of OI's National Firearms Coordinator concerning the responsibility to ensure that LETS accurately reflected the disposition of weapons received from the field.

Corrective Action. On-the-Spot" corrections were made and LETS currently reflects the accurate disposition of all weapons within OI.

Recommendations. As a result of this review, specific recommendations were made to the SACs to address the deficiencies identified. The SACs implemented the recommendations which corrected the deficiencies.

During the CRC inspection, it was recommended that *OI Procedural Guidance OI-04, Firearms and Law Enforcement Equipment*, be amended to include language that the National Firearms Coordinator will ensure the integrity of the firearms recorded in LETS immediately after receiving or transferring weapons to the field and after the required semiannual weapons inventories and inspections are completed and certified by the SACs. It was also recommended that *OI-04* be amended to include the requirement that

the yearly SAC inventory certification must incorporate a statement that the weapons inventory portion of LETS has been reviewed by the SAC and the entries are current as of the date of the SAC's certification.

AIGI Response. As noted above, all of the weapons were accounted for that were assigned to the respective offices inspected. At no time was there a loss of accountability of the weapons. As previously noted, however, LETS, which augments the paper-based system, was not updated. As OI continues to transition from paper-based systems (augmented by LETS) to TIGER, issues such as this will be eliminated.

Firearms Training and Qualification Requirements

Summary. A 100-percent inspection of each SA's training profile and the office firearms qualification records was conducted to ensure compliance with periodic firearms qualifications standards and to ensure that the required deadly force training was being completed. The inspection also reviewed the entries of the firearms training and qualifications in LETS. *All of the SAs assigned to the three resource centers inspected had completed their required quarterly firearms qualifications during the preceding four quarters. They all had completed the other required associated firearms training.* All of the SACs had completed their required yearly training certifications to HQ. In 2005, in training and via electronic message, the SACs were advised it was their responsibility to keep both portions of LETS (training and LEO equipment) current. During the review the following finding was noted:

Finding 1. LETS did not accurately reflect firearm qualification dates and scores for agents assigned to two resource centers. As a result, the resource centers and the National Firearms Coordinator did not have access to accurate firearms training and qualification records in the LETS database.

Criteria. The *QAR Guidelines, Appendix B Section C, “FIREARMS TRAINING AND QUALIFICATION REQUIREMENTS,”* ask “(1) Have eligible individuals received initial and periodic firearms training and recertification in accordance with FLETC (Federal Law Enforcement Training Center) standards? (2) Has the OIG Investigations Division (received and adapted) the DOJ deadly force policy? (3) Are eligible individuals completing quarterly firearms qualifications?” Both *OI Procedural Guidance OI-02, Special Agent Training*, and *OI Procedural Guidance OI-04, Firearms and Law Enforcement Equipment*, further delineate firearms training and qualification requirements.

Corrective Action. “On-the-Spot” corrections were made and LETS currently reflects the disposition of all weapons within OI and the qualification dates and scores for the resource centers inspected.

Cause. The SAC in one resource center advised that there was confusion as to the responsibility concerning the entry of qualification dates and scores into LETS. In the other resource center, the SAC remembered that the missing dates and scores had been entered into LETS.

Recommendation. As a result of this review, specific recommendations were made to the SACs to address the deficiencies identified. The SACs implemented the recommendations which corrected the deficiency. We recommended that OI procedures be amended to include that the required yearly SAC training and firearms certification must incorporate a statement that the SAC review the training portion of LETS. Additionally, we recommended that all of the firearms qualifications, scores, and other associated training be current as of the date of the SAC’s certification.

AIGI Response. All SAs completed the required firearms training and qualifications. In accordance with written policy and procedures, paper records of the training and qualifications are maintained. As previously noted, however, the LETS systems, which augments the paper-based system, was not updated. As we continue our transition from paper-based systems (augmented by LETS) to TIGER, issues such as this will be eliminated.

Ammunition

Summary. During this review, a 100-percent inventory of the ammunition was completed. All ammunition is being accounted for and stored properly in all three resource centers. However, during this review, the following finding was noted:

Finding 1. One resource center has 393 rounds of excess/unserviceable .40 caliber ammunition and 2,331 rounds of excess/unserviceable .38 caliber ammunition in their inventory. Both the .38 caliber and .40 caliber ammunition are left over from a prior time when the OI had .38 caliber and .40 caliber weapons.

Criteria. The *QAR Guidelines*, Appendix C, Section B., “DUE PROFESSIONAL CARE,” Paragraph 15, ask “Do organizational policies and procedures require periodic inventory of accountable property such as ...ammunition?” *OI Procedural Guidance OI-04, “Firearms and Law Enforcement Equipment,”* requires that the SAC inspect ammunition semiannually (March and September) to ensure that ammunition is properly accounted for, stored in a safe, and maintained in a serviceable condition.

Cause. *OI Procedural Guidance OI-04, “Firearms and Law Enforcement Equipment,”* has no procedure for excessing of unserviceable ammunition.

Recommendation. It was recommended that the National Firearms Coordinator determine the proper procedures for excessing unserviceable ammunition and this process should be incorporated in *OI Procedural Guidance OI-04, “Firearms and Law Enforcement Equipment.”*

Corrective Action. The resource center should utilize these procedures to excess its unserviceable ammunition.

AIGI Response. The National Firearms Coordinator will work with the SAC to ensure this outdated ammunition is disposed of properly.

Open Cases

Summary. This quality assurance review of OI was the first where information in OI's new electronic case management system TIGER was inspected for quality assurance. Specifically, for the last resource center inspected, TIGER was checked to ensure that all of the open cases included in this inspection had up-to-date case plans and that the SAC was recording the required quarterly case reviews in the case plans. Of the 1,035 inspection points as described in the Scope and Methodology section, 28 inspection points had findings (discrepancy with the exiting criteria) resulting in a 3-percent error rate among various cases. The discrepancies are grouped into four findings which are described in more detail below:

Finding 1. The review determined there was one instance where the case plan was not updated to reflect the case work that had been completed

Criteria. (Case Planning) The *QAR Guidelines, Appendix C, Section C, “PLANNING,”* state that when a decision to initiate an investigation is made, the organization should prepare an investigative case plan as soon as possible. The plan should contain the information deemed necessary by the *Quality Standards for Investigations. OI Procedural Guidance OI-06, “Case Administration,” Section 8, “Investigative Plans,”* delineates the scope of the initial plan, updating the plan, and the contents of the investigative plan. *OI Procedural Guidance OI-06, “Case Administration,” Section 8, “Investigative Plans,” Paragraph 8-3, “Updating the Plan,”* advises that “As the investigation progresses, the investigative plan must be updated to reflect...completed steps....”

Cause. In general, the review found that the above finding was caused by the SA’s inattention to detail, and the SAC was not following up with the SA to ensure that established procedures were being followed.

Corrective Action. An “On-the-Spot” correction was made and the plan was updated to accurately reflect the investigative steps completed.

Recommendations. As a result of this review, specific recommendations were made to the SAC to address the deficiency identified. The SAC implemented the recommendation which corrected the deficiency.

AIGI Response. The SAC was reminded to update the case plan for all completed investigative steps. This action is now being performed in TIGER. No further action is required.

Finding 2. The review determined that in one instance, in one resource center, for a *qui tam* investigation opened in 2005 predicated on a referral from the DOJ, there was no notification letter to the FBI.

Criteria. (Federal Bureau of Investigation Mutual Notification Requirement) The *QAR Guidelines, Appendix B, Section B, COMPLIANCE WITH APPLICABLE ATTORNEY GENERAL GUIDELINES*, ask if policy contains the mutual notification requirement for all cases where there is reasonable grounds to believe there is a violation of federal criminal law. *OI Procedural Guidance OI-01, Authority and Responsibility of Special Agents, Section 3, Responsibility of Special Agents, Paragraph 3, Responsibilities Under Statutory Law Enforcement Authority, Sub-paragraph 1-b, Mutual Notification Requirement*, advises that notification to the FBI must occur within 30 calendar days upon initiating any criminal investigation.

Cause. Both the SAC and the case agent stated it was their belief that because this investigation was a *qui tam* investigation initiated by the DOJ, no notification letter to the FBI was necessary or required.

Corrective Action. An “On-the-Spot” correction was made and a notification letter was sent to the FBI.

Recommendations. As a result of this review, a specific recommendation was made to the SAC to address the deficiency identified. The SAC implemented the recommendation which corrected the deficiency.

AIGI Response. Notification letters are sent to the FBI at the initiation of any criminal investigation. This was clarified in *Interim Guidance 2005-001*, issued on May 5, 2005, and incorporated into Policy 201 in the revision issued on March 28, 2007. This isolated instance has been corrected and no further action is needed.

Finding 3. The review determined that in one resource center, the SAC was utilizing the outdated Quarterly Case Review Sheet (QCRS) to document case reviews for four of the older cases instead of utilizing the case plan to memorialize the quarterly case reviews. In another resource center, the SAC was utilizing the QCRS to document case reviews for all 18 of the open investigations inspected. In the same resource center, the SAC was not memorializing the review of “Investigatively Closed” cases.

Criteria. (Supervisory Review of Case Activities) The *QAR Guidelines, Appendix C, Section D, “EXECUTION,” Paragraph 11*, advises that supervisory reviews of case activity should occur periodically to ensure that cases are progressing in an efficient, effective, thorough, and legal manner, and that documentation exists that periodic case reviews are being conducted. *OI Procedural Guidance 206, Case Administration, Section 8, Investigative Plan, Paragraph 8-5, Quarterly Case Reviews*, delineates the procedures for the SACs to complete quarterly case reviews and requires using the case plan as the means of documenting the required quarterly case reviews.

Cause. The SAC of one resource center stated that he understood the current OI procedure mandated using the case plan to memorialize the completion of the quarterly case reviews and it was his responsibility to complete them, which he is accomplishing. However, he believed that the QCRS could still be used for the older cases until they were closed. The other SAC stated that she was not aware of the procedure change, which occurred on April 26, 2005. She also advised that she completed reviews of “Investigatively Closed” cases every 90 days when the 90-Day Status Reports were due. However, she was not memorializing these reviews anywhere.

Corrective Action. On March 27, 2007, the AIGI directed an amendment to *OIG Procedure 223, “Investigative Reports,” Section 2-5, Investigatively Closed Status Reports*, which now provides that, “Effective after the submission of the April 1, 2007, Status Reports, the category of “Investigatively Closed” will be eliminated. Accordingly, *Section 2-5 of OIG Procedure 223* and any other references to “Investigatively Closed” are deleted from the OIG Policies and Procedures.

Recommendation. It was recommended to both SACs that they follow existing procedures and ensure that quarterly case reviews are memorialized in the case plans as required. When the above 22 cases are closed, the SACs must ensure that the completed QCRS are included in the case files forwarded to HQ for retention.

AIGI Response. The SACs are reminded to update the case plan for all investigations to reflect the required quarterly case review. This action is now being performed in TIGER. As the category of “Investigatively Closed” has been eliminated, this specific condition will not be repeated. No further action is required.

Finding 4. The inspection determined that in three cases, the SA’s notes were not properly labeled. The SA only labeled the first page of the notes. Thus, there were notes in the investigative files that, if separated, could not be identified to a specific case.

Criteria. (Contemporaneous Interview Notes) The *QAR Guidelines, Section D, “EXECUTION,” Paragraph 1*, require that, “...contemporaneous interview notes in a criminal investigation be retained at least until final disposition of the case.” *OI Procedural Guidance OI-206, Case Administration, Section 14, Other Investigative Matters, Paragraph 14-1, Investigative Notes*, advises that, “Each page of the agent’s notes will be identified with the agent(s)’ name, date, and case number in the upper right hand corner.”

Cause. In general, the review found that the above finding was caused by the SA’s inattention to detail. In addition, the SAC was not following up with the SAs to ensure that established procedures were being followed.

Corrective Action. An “On-the-Spot” correction was made and the additional pages were marked as required.

Recommendation. As a result of this review, a specific recommendation was made to the SAC to address the deficiency identified. The SAC implemented the recommendation which corrected the deficiency.

AIGI Response. All investigative staff will be instructed to review OI Procedural Guidance 206 concerning investigative notes.

Closed Cases

Summary. Of the 930 inspection points for all closed cases reviewed, 28 inspection points had findings (discrepancy with the exiting criteria) resulting in a 3-percent error rate. The discrepancies are grouped into six findings, which are described in more detail below:

Finding 1. Our review determined that in 12 instances, no QCRS was in the closed case file. Thus, no documentation existed in the closed case file that a supervisor was conducting periodic case reviews.

Cause. In two resource centers, the SACs did not know why the QCRS had been removed from the case file prior to the case file being forwarded to HQ for file retention. In one resource center, the SAC disclosed that the QCRS had been removed from 9 of the 10 closed cases prior to them being sent to OI HQ for file retention. It was the SAC's understanding that the QCRS were considered management records which were not considered part of the official investigative case file. All of the SACs and the assigned SAs who were available noted that the SAC had completed the required periodic reviews.

Finding 2. Our review determined that in one closed case, periodic case reviews were being completed; however, they were not completed on a quarterly basis. This case was opened on February 1, 2005, and supervisory reviews were documented within the case planning document in May 2005 and November 2005. The case was closed in May 2006.

Cause. The SAC advised that he had completed the required reviews, but for some reason did not memorialize the reviews within the plan.

Criteria for Findings 1 and 2. The *QAR Guidelines, Appendix C, Section D, "EXECUTION," Paragraph 11*, advise that supervisory reviews of case activity should occur periodically to ensure that cases are progressing in an efficient, effective, thorough, and legal manner, and that documentation exists that periodic case reviews are being conducted. The *QAR Guidelines, Appendix D*, ask the same question. *OI Procedural Guidance 206, Case Administration, Section 8, Investigative Plan, Paragraph 8-5, Quarterly Case Reviews*, delineates the procedures utilized by the SACs to complete quarterly case reviews. Since April 2005, it requires using the case plan as the means of documenting the required quarterly case reviews. The prior version of OI-06 called for using the QCRS and its inclusion in the closed case file.

Corrective Action. None, closed case.

Recommendation 1. The AIGI should ensure that the SACs are completing and properly documenting the required case review of the case plans in TIGER.

Recommendation 2. The AIGI should ensure that the SACs are completing and properly recording the required case reviews by reviewing the case plans in TIGER.

AIGI Response. Regarding Finding 1, as the quarterly case reviews are now performed in TIGER, these reviews will be included in the electronic file. No further action is necessary.

Regarding Finding 2, the SAC is reminded to update the case plan for all investigations to reflect the required quarterly case review. This action is now being performed in TIGER. No further action is required.

Finding 3. In eight closed cases reviewed, the first page of the interview notes were properly labeled; however, any additional pages of notes were not. The official closed case file contained notes that were not properly identified and, if separated from the case file, could not be identified.

Criteria. The *QAR Guidelines, Appendix C, Section D, “EXECUTION,” Paragraph 1*, advise that contemporaneous interview notes in a criminal investigation be retained at least until the final disposition of the case. The *QAR Guidelines, Appendix D*, ask the same information in the form of a question. *OI Procedural Guidance OI-06, Case Administration, Section 14, Investigative Notes, Paragraph 14-1, Investigative Notes*, provided that, “each page of the agent’s notes will be identified with the agent(s)’ name, date, and case number in the upper right-hand corner.” This requisite was included as a requirement in the three previous versions of OI-06.

Cause. In general, the above findings were caused by the SA’s inattention to detail. In addition, the SAC was not following up with the SAs to ensure that established procedures were being followed.

Corrective Action. An “On-the-Spot” correction was made and the case number was added to the other pages of the notes so that the notes could be identified to a specific case.

Recommendation. The SACs must ensure that the SAs are properly labeling the investigative notes completed during the course of an investigation.

AIGI Response. All investigative personnel will be instructed to review OI Procedural Guidance 206 concerning investigative notes.

Finding 4. In two of the closed cases reviewed the SA had not updated the investigative plan since the initiation of the case. The SA had completed investigative steps that were not delineated in the plan.

Criteria. The *QAR Guidelines, Appendix C*, advise that when a decision to initiate an investigation is made, the organization should prepare an investigative case plan as soon as possible. The plan should contain information deemed necessary by the *Quality Standards for Investigations*. This question is repeated in Appendix D. *OI Procedure Guidance OI-206, “Case Administration,” Section 8, “Investigative Plans,”* delineates the scope of the initial plan, updating the plan, and the contents of the investigative plan.

OI Procedure Guidance OI-206, “Case Administration,” Section 8, “Investigative Plans,” Paragraph 8-3, “Updating the Plan,” advises that “As the investigation progresses, the investigative plan must be updated to reflect...completed steps....”

Cause. In general, the above findings were caused by the SAs’ inattention to detail. In addition, the SACs were not following up with the SAs to ensure that established procedures were being followed.

Corrective Action. None, closed case.

Recommendation. The SACs and the AIGI should ensure that the established procedures are being followed.

AIGI Response. The SAC is being reminded to update the case plan for all completed investigative steps. This action is now being performed in TIGER. No further action is required.

Finding 5. The review determined that in two cases in one resource center, the case agent prepared ROIs and removed original EPA Forms 2720-15 (Results of Interviews) from the case file and utilized them as exhibits to the ROI. In one of the cases, a completed original EPA Form 2720-18, “Warning and Assurance to a Federal Employee Requested to Provide Information on a Voluntary Basis,” was included as an exhibit. The official closed case files did not include the original case documentation, only the original completed ROI which had the documents included.

Criteria. The *QAR Guidelines, Appendix C, Section B, “Due Profession Care,”* ask, “Are investigative report findings and accomplishments supported by adequate documentation in the case file?” This question is repeated in *Appendix D. OI Procedural Guidance 223, “Investigative Reports,” Section 3, “Reports of Investigation,” Paragraph 3-10., “Exhibits,”* provides that [the Report of Investigation (ROI)] “...will include copies of the relevant and material information upon which Section A of the report is based....”

Cause. The SA stated that she was not aware that copies, not originals, were to be included as exhibits in ROIs. The SAC advised that copies of the completed ROIs were distributed to the region and the originals never left the control of the resource center.

Corrective Action. Corrections were completed by the resource center and OI HQ. Copies of the originals documents for the exhibits were reproduced and placed in the ROIs. The original documentation was returned to the case files, as required.

Recommendation. The SAC must ensure that the proper procedures are followed when ROIs are prepared for distribution to agency officials.

AIGI Response. The SAC has reviewed the requirements for preparing ROIs with his staff. No further action is needed.

Finding 6. The review of the closed case files at one resource center showed that for one case, the SA sent no notification letter to the FBI.

Criteria. The *QAR Guidelines, Appendix B, Section B, “COMPLIANCE WITH APPLICABLE ATTORNEY GENERAL GUIDELINES,”* ask if policy contains the FBI mutual notification requirement for all cases where there is reasonable grounds to believe there is a violation of federal criminal law. This question is repeated in Appendix D. OI Procedural Guidance OI-01, “Authority and Responsibility of Special Agents,” Section 2, “Responsibility of Special Agents,” Paragraph 3-1, “Responsibilities Under Statutory Law Enforcement Authority,” Sub-paragraph b, Mutual Notification Requirement,” advises that notification to the FBI must occur within 30 calendar days upon the initiation of any criminal investigation.

Cause. Both the SAC and the SA stated they believed that the required notification to the FBI had, in fact, occurred. However, the notification documentation was somehow inadvertently not included in the closed case file.

Corrective Action. None, closed case.

Recommendation. The SAC must ensure that the FBI notification documentation is included in the case file.

AIGI Response. Notification letters are sent to the FBI at the initiation of any criminal investigation. This was clarified in Interim Guidance 2005-001, issued on May 5, 2005, and incorporated into Policy 201 in the revision issued on March 28, 2007.

Other Matters

During the review, two other issues were noted involving the inspection process. These two issues and the corrective actions are summarized below:

Finding 1. During this inspection process, it was noted that three closed case files have not been sent to HQ for file retention as provided in *OI Procedural Guidance OI-06, "Case Administration," Section 11 "Cases," Paragraph 11-4, "Closing Cases," sub-paragraph f*, which states: "Within 20 days of receiving the HQ closing memorandum, the SAC should ensure the Official Case File is organized and sent to Headquarters for data imaging and storage." One of the cases is pending the Federal Appeals process. One case is being appealed to the Merit Systems Protection Board. And, in one case, there is an outstanding fugitive arrest warrant because the subject, after he was convicted, fled the country.

Recommendation. The AIGI should consider amending OI-06 to allow the field offices to retain closed case files in those cases that are in the criminal, civil, or administrative appeal process or where there is outstanding law enforcement activity yet to be completed.

AIGI Response. These case files are being maintained in the field offices at the direction of the assigned attorney. Upon resolution of the pending litigation, they will be sent to OI Headquarters for data imaging and file retention. We will issue revised policy to reflect the above exemptions from the 20-day requirement. We will review TIGER to determine how to track this in the electronic system.

Finding 2. During the course of the inspection of the 30 closed cases, it was noted that the HQ Desk Officers are completing a closed case file review prior to the closed cases being sent for data imaging. However, these reviews do not include all of the topic subject areas that are delineated in the *QAR Guidelines, Appendix D, "Closed Case File Review."* Had these topical areas been utilized to review closed cases, the case files with minor deficiencies could have been returned to the resource centers for corrective action.

Recommendation. The AIGI should consider amending the processes the Desk Officers utilize during their closed case reviews to include the selected criteria delineated in the *QAR Guidelines, Appendix D, "Closed Case File Review."*

AIGI Response. This matter is currently being addressed by OI Headquarters.

Exit Briefing with the Office of Investigations

We held an exit briefing with the AIGI, Deputy AIGI, and another senior OI official on August 28, 2007. In general, the AIGI committed to completing, in Fiscal Year 2008, the recommendations made in this report. The AIGI commented that OI was restructuring itself, which could affect completing the recommendations.

With respect to specific recommendations, the AIGI stated:

1. OI Policy 204 has been revised and reissued by the AIGI.
2. With respect to the excess ammunition, the National Firearms Coordinator would work with the resource center to have the ammunition destroyed. Destroying the excess ammunition is a complicated matter involving Federal laws, General Services Administration regulations, and transportation issues. However, the AIGI expected to have this issue resolved by the beginning of calendar year 2008.
3. Regarding the AIGI's comments that investigative personnel will be instructed to review certain procedural guidance, the AIGI explained that this instruction will be accomplished during the next several weeks during telephone conferences with the SACs, where he emphasizes areas of procedural guidance. The AIGI would supplement these calls with other e-mails covering the areas in the report.
4. The AIGI explained that he is initiating a policy change, including a change to TIGER, which would allow the resource centers, in certain limited circumstances, to retain closed case files past the 20 days after the AIGI closing case memo was issued. The AIGI also stated that the duties and responsibilities of the desk officers would be changing by the reorganization, and the process of quality assurance for closed case file reviews would be an issue discussed during the pending reorganization.
5. The AIGI continues to act to have open communication with the field that is positive, looks to the future, and emphasizes stability. One positive accomplishment was the recent "all hands" meeting.