**PURPOSE.** This appendix is used to aid in the assessment of an organization’s conformity with the *Quality Standards for Digital Forensics* (QSDF), dated June 18, 2019, and it is used during Council of the Inspectors General on Integrity and Efficiency (CIGIE) qualitative assessment reviews of investigative operations. The purpose of this appendix is to guide the review and assist in making a determination that an organization has adequate policies and procedures to ensure digital forensics can be properly employed to support investigations performed by the organization. This appendix does not establish or define any standards but is simply a checklist referencing the standards in the QSDF. If the organization conducting the peer review does not have in-house personnel with digital forensic experience to conduct the review of an organization that conducts its own digital forensics work, it must seek assistance from another CIGIE organization. While all organizations should immediately begin implementing the requirements in the 2019 QSDF, organizations are not required to meet the new requirements (identified with an asterisk below) until October 1, 2020. This document supersedes Appendix C-2, *Questionnaire for Review of Conformity with Quality Standards for Digital Forensics*, dated November 19, 2013.

| **Review Step** | **N/A** | **PHASE 1**  **Policy/**  **Procedure** | | **PHASE 2**  **Consistent**  **Practice** | | **Reviewed**  **Agency**  **Policy/Manual**  **Reference** | **QSDF**  **Guideline**  **Reference** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Yes** | **No** | **Yes** | **No** |
| 1. **MANAGEMENT STANDARDS –** Management standards apply to the organizational environment in which digital forensics are performed. | | | | | | | | |
| 1. Does the organization have written policies and procedures to ensure digital forensics can be used to support its investigations, when appropriate? |  |  |  |  |  |  | QSDF, Mgmt Stds, Section A |  |
| 1. Does the organization have policy on how it handles situations where the capability to acquire or analyze ESI is needed (whether performed internally or by an external entity)? |  |  |  |  |  |  | QSDF, Mgmt Stds, Section A |  |
| 1. Do examiners ensure they have the legal authority to search through the digital data they are examining? |  |  |  |  |  |  | QSDF, Mgmt Stds, Para A.2 |  |
| 1. Do examiners consult with the prosecutor or the organization’s counsel to resolve any questions about the authority to conduct a forensic examination? |  |  |  |  |  |  | QSDF, Mgmt Stds, Para A.2 |  |
| 1. Is ESI handled and stored in a manner that precludes the inadvertent alteration or destruction of evidence by human interaction or environmental conditions, and is the chain of custody maintained? |  |  |  |  |  |  | QSDF, Mgmt Stds, Para A.3 |  |
| 1. Is a digital forensic examination report written when an examiner provides expert opinion, interprets digital data, draws conclusions, or uses specialized digital forensic knowledge or techniques to recover/reconstruct info?\* |  |  |  |  |  |  | QSDF, Mgmt Stds, Para A.4 |  |
| 1. Do digital forensic examination reports or summaries of extractions or other activities, together with associated documentation in the official file, include the following: |  |  |  |  |  |  | QSDF, Mgmt Stds, Para A.4 |  |
| * 1. Identity of reporting organization. |  |  |  |  |  |  | QSDF, Mgmt Stds, Para A.4 |  |
| * 1. Case identifier or submission number. |  |  |  |  |  |  | QSDF, Mgmt Stds, Para A.4 |  |
| * 1. Identity of the submitter. |  |  |  |  |  |  | QSDF, Mgmt Stds, Para A.4 |  |
| * 1. Relevant dates, including report or summary date. |  |  |  |  |  |  | QSDF, Mgmt Stds, Para A.4 |  |
| * 1. Descriptive list of the evidence examined. |  |  |  |  |  |  | QSDF, Mgmt Stds, Para A.4 |  |
| * 1. Examination or other actions requested. |  |  |  |  |  |  | QSDF, Mgmt Stds, Para A.4 |  |
| * 1. Description of the examination or other actions, as appropriate. |  |  |  |  |  |  | QSDF, Mgmt Stds, Para A.4 |  |
| * 1. Name and signature (handwritten or digital) of the examiner. |  |  |  |  |  |  | QSDF, Mgmt Stds, Para A.4 |  |
| * 1. Results, conclusions, and derived items, as appropriate. |  |  |  |  |  |  | QSDF, Mgmt Stds, Para A.4 |  |
| * 1. Contemporaneous work notes (or detailed automated logs).\* |  |  |  |  |  |  | QSDF, Mgmt Stds, Para A.4 |  |
| 1. If the organization uses external forensic support, does it evaluate that entity’s ability to conduct the work consistent with the QSDF?\* |  |  |  |  |  |  | QSDF, Mgmd Stds, Para A.5 |  |
| 1. Does the organization have a quality management system to govern digital forensic methodologies and work products? |  |  |  |  |  |  | QSDF, Mgmt Stds, Section B and Para B.1 |  |
| 1. Are all forensic examinations administratively reviewed for consistency with organizational policy? |  |  |  |  |  |  | QSDF, Mgmt Stds, Para B.2 |  |
| 1. Are at least 50%\* (100% in 2024) of final digital forensic examination reports technically reviewed by another qualified examiner (peer reviewed) before the reports are published? |  |  |  |  |  |  | QSDF, Mgmt Stds, Para B.3 |  |
| 1. To the extent possible, does the organization ensure the tools they use to acquire ESI are validated to operate as intended and accurately acquire data? |  |  |  |  |  |  | QSDF, Mgmt Stds, Para B.4 |  |
| 1. Does the organization have a policy concerning the verification of significant findings when validated or generally accepted examination tools are not used?\* |  |  |  |  |  |  | QSDF, Mgmt Stds, Para B.5 |  |
| 1. Does the organization centrally control policies and other documents used for digital forensics to prevent the unintended use of obsolete versions?\* |  |  |  |  |  |  | QSDF, Mgmt Stds, Para B.6 |  |
| 1. Does the organization monitor all expert testimony given by its employees in criminal proceedings that supports digital forensics work performed by the employees.\* |  |  |  |  |  |  | QSDF, Mgmt Stds, Para B.7 |  |
| 1. Does the organization document deficiencies and failures potentially impacting the quality of digital forensic products and the corrective actions taken?\* |  |  |  |  |  |  | QSDF, Mgmt Stds, Para B.8 |  |
| 1. Does the organization review its quality management system annually\* to ensure the system is meeting the quality needs of the organization? |  |  |  |  |  |  | QSDF, Mgmt Stds, Para B.9 |  |
| 1. **PERSONNEL STANDARDS –** Personnel standards apply to all personnel performing digital forensic tasks and address qualifications and proficiency. | | | | | | | | |
| 1. Do personnel assigned to perform digital forensic activities possess technical competency for the tasks they are assigned. |  |  |  |  |  |  | QSDF, Personnel Stds, Section A |  |
| 1. Does the organization screen digital forensic applicants to ensure they possess the highest standards of conduct and ethics, including unimpeachable honesty and integrity? |  |  |  |  |  |  | QSDF, Personnel Stds, Para A.4 |  |
| 1. Does the organization have a policy that requires persons performing digital forensics to report any arrest, conviction, or other potential misconduct issue that would jeopardize their performance of duties? |  |  |  |  |  |  | QSDF, Personnel Stds, Para A.4 |  |
| 1. Do all personnel performing digital forensics attend a formal training program for the tasks they perform? |  |  |  |  |  |  | QSDF, Personnel Stds, Section A.7 |  |
| 1. Do personnel performing digital forensics demonstrate they are competent to perform those functions before performing independent work? |  |  |  |  |  |  | QSDF, Personnel Stds, A.8 |  |
| 1. Do forensic examiners receive a minimum of 120\* hours of training during every 3-year period? |  |  |  |  |  |  | QSDF, Personnel Stds, Para B.2 |  |
| 1. Do forensic specialists receive a minimum of 60\* hours of training during every 3-year period? |  |  |  |  |  |  | QSDF, Personnel Stds, Para B.2 |  |
| 1. Do forensic personnel pass a practical proficiency test at least once every 3 years? |  |  |  |  |  |  | QSDF, Personnel Stds, Para B.3 |  |

\*These are new or updated requirements in the 2019 QSDF, and organizations are not required to be fully compliant prior to October 1, 2020. Appropriate policies must be in place by October 1, 2020, and all work performed after this date must comply with the new standards.