



Performance Measure Verification Procedures				
Verification is assessing data accuracy, completeness, consistency, availability, and internal control practices that serve to determine the overall reliability of the data collected.				
Checklist Item		Yes	No	Comments
<i>Validation</i>				
Goal is appropriate to the identified mission of the organization.				The BLM participates in four mission areas of the DOI Strategic Plan.
	Performance measured has direct bearing (relationship) to goal in question.			The BLM uses a Strategic Matrix to map the relationship of performance to goals.
Goal is realistic and measurable.				There are twelve goals in the DOI Strategic Plan that directly relate to work that is realistic and measurable for the BLM. Those goals are included in the BLM Strategic Matrix.
	Goal is achievable in timeframe established.			The BLM participates in the setting of targets annually for each goal.
	Goal is neither too aggressive in its expectations nor set too low for easy achievement.			Targets are adjusted annually to reflect any change in trends or performance expectations.
Goal is understandable to users.				The BLM Strategic Matrix defines work processes and workload measures which tie users directly to goal outcomes.
	Terms in goal statement are unambiguous and/or terminology is defined.			The BLM participated in the review of the goal statements.
Goal is used in decision making.				Performance trends in each goal relate directly to the decisions managers make in allocating BLM resources.



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Checklist Item	Yes	No	Comments
<i>Validation - continued</i>			
			The BLM evaluates the level of performance in each goal annually and adjusts out year strategies to reflect priorities.
Checklist Item	Yes	No	Comments
<i>Standards and Procedures</i>			
Source data are well defined, documented; definitions are available and used.			Definitional templates are developed for all workload and performance measures. These templates define source data and are available to all employees on the intranet. Employees participate in annual review and update of the templates.
			Data definitions are well documented and distributed to those responsible for specific data collections.
			Responsible offices can document adherence to data definitions.
			Definitions and standards are used in a consistent manner for all parties involved in specific data collection.
Collection standards are documented/available/used.			Policy is issued annually to promote consistent use of standards and to establish specific areas of focus.
			Laws, bureau manuals, and program policy establish the standards used consistently across the BLM. These standards are available in every office. Quarterly reviews and program workshops are used to support and verify consistency of data collection.
Page 2 of 6			All workload and performance measures define the unit of measure, and the measurement process. Targets are negotiated with National Leads for each program and reviewed quarterly. State/Field Office case files and final reports back up the data used and are maintained on site by each office.



<i>Standards and Procedures continued</i>				
Checklist Item		Yes	No	Comments
	Data sources are documented.			All workload and performance measures have data sources listed. Data sources include electronic systems as well as case files and final reports.
Data reporting schedules are documented/distributed/followed.				Policy for timely data collection and reporting is issued annually.
	GPRA and other data reporting schedules linked to decision making are issued to all parties responsible for data collection and reporting is routinely practiced.			Schedules for reporting data in the DOI, APP&R and the BLM Performance Management Data System are distributed to all responsible parties and reporting is completed monthly, quarterly, and annually as specified in the measure criteria.
Collection staff are skilled, trained in proper procedures.				Program specialists have the required knowledge. The BLM conducts national program workshops and provides training classes to maintain employee skills.
	Those responsible for either collecting or assembling data are trained for the job.			Specialists receive the specified level of training for their program.
Data entry methodology is documented and followed.				Procedures for data entry are published and available to all employees. System administrators at all levels of the organization review use for compliance.
	Documentation of data entry procedures/protocols is understood by and used by data entry personnel.			Data entry manuals are posted on the intranet and available to all employees. Data entry policy and schedules are distributed to each office.
	Network of data sources is identified.			All workload and performance measures have data sources identified.
	Methods used are comparable for all data entry locations.			Standard policy is established for frequency and extent of data needed at all levels of the organization. Systems used require standard data entry at all locations.
Data are verified.				Review and verification occurs in a minimum of four times each year.



<i>Standards and Procedures continued</i>				
Checklist Item		Yes	No	Comments
	Calculations are checked.			Measurement is specific to each program and reviewed by State and National Program leads for accuracy.
	Data consistency checks are employed.			Quarterly review of performance data is required.
Procedures for making changes to previously entered data are documented and followed.				The record of change resides with HQ780.
Data are available when needed for GPRA reporting and other critical decision-making cycles.				Policy is distributed annually in the Planning Target Allocations, Annual Work Plan IMs.
Data entry staff are skilled/trained in proper procedures.				Train-the-Trainer sessions are conducted by the national office which also provides a help desk to answer questions. New employees receive on-the-job training from local administrators.
<i>Data Security and Integrity</i>				
Checklist Item		Yes	No	Comments
Duplicate copies or back-up system for data exists.				Performance data is backed-up as part of the nightly back-up of the Electronic Management Information System (EMIS).
	Procedures including frequency of backup system use, is documented, and followed.			The BLM systems run a backup every night.
	Disaster recovery plan in place.			The BLM disaster recovery plan covers all financial systems including the EMIS which houses performance data.
Data Security protocols are in place and effective.				The BLM provides the same high level of security for performance data that it does for financial data.
	Firewalls/password protection, access levels, etc. are established.			Firewalls/password protection, user rolls and access levels etc., are standard practices for reporting performance and financial data in the BLM.
Equipment and program reliability cannot compromise data accuracy.				Data collected for performance in the Performance Management Data System (PMDS) can be cross checked with data on other program



Validation and Verification Checklist

2022

				data collection systems such as Information Management and Reporting Systems (IMARS).
Data Security and Integrity				
Checklist Item		Yes	No	Comments
				To verify reliability in maintaining data.
Data Quality and Limitations				
Checklist Item		Yes	No	Comments
Accuracy limits of all data are identified.				All workload and performance templates include the measurement process and any additional definitions to clarify data or standards.
	Estimated data are identified, methodology for estimate is documented and is supportable; use of estimates is minimized.			The BLM does not use any estimated data.
	Data with margins of error due to accuracy of instrumentation or interpretive leeway are identified, and margin of error reported.			The measurement process is included in all workload and performance measure definitions.
	Incomplete data are identified, and extent of missing data is reported.			All data is complete and final for each reporting period.
	Preliminary data are identified and qualifications on data are described.			BLM does not use any preliminary data.
Any other data limitations are explained and documented.				Individual programs identify the data elements for related measures.
Method of handling anomalous data is established and used.				Written justification is required for deviations from historical trends.
	Data appears to be incongruous compared to other data obtained is re-evaluated and handled appropriately.			Quarterly reviews are conducted to evaluate data. Corrections and/or written justifications are required.
3 rd party evaluations are conducted.				3 rd party evaluations and audits of BLM programs would include the evaluation of performance data and collection criteria.
	Objective internal and/or external parties are			State and National program specialists review and verify



Validation and Verification Checklist

2022

	periodically used to verify accuracy/quality of data.			accuracy/quality of data.
Data Security and Integrity continued				
Checklist Item		Yes	No	Comments
	Use if other crosschecks on data quality such as comparison to similar databases are employed and documented.			Information in a variety of systems is used to crosscheck data quality. Some of those systems include: IMARS, AFMSS, and other systems.
Use of externally controlled data is minimized.				
	Need to use external data is established.			Where data already exists and is reliable, the BLM works with partners to acquire/share data.
	External data is identified.			For example, the BLM uses State EPA water quality reports.
Oversight and Certification				
Checklist Item		Yes	No	Comments
Accountability for data accuracy exists in performance standards.				Performance reporting is cascaded to every level of the organization and is included in employee evaluations.
	Accountability resides with all employees responsible for accuracy of data.			Employee evaluations include applicable criteria for meeting planned accomplishments and accuracy of data. Employees are required to provide written documentation for reported data.
Responsible officials certify that procedures were followed each reporting period.				Certification is required for the reporting period ending September 30, 2022 and will be on file October 15, 2022.
	Signed Certifications are filed.			Signed certifications will be on file with HQ780 after October 15, 2022.
Responsible officials certify that data is accurate each reporting period.				Certification is required for the reporting period ending September 30, 2022 and will be on file October 18, 2022.
	Signed certifications are filed.			Signed certifications will be on file with HQ780 after October 16, 2022.

Signature of Program Official:

I concur that the following verification of processes and procedures for this particular performance measure (or set of related measures) is complete and correct to the best of my knowledge.