***Instructions:***[0300-0382-005-C PROJECT PEER REVIEW](https://it.nc.gov/document/project-peer-review)

# 1.0 Project Information

|  |  |
| --- | --- |
| **Agency:** |       |
| **Project Name:** |       |
| **Business Owner(s):** |       |
| **Project Manager:** |       |

# 2.0 Peer Review Scope

*(Provide a scoping statement defining the specific area(s) subject to review.)*

|  |
| --- |
|       |

# 3.0 Attendees

|  |  |
| --- | --- |
| **Person** | **Agency** |
|       |       |
|       |       |
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**4.0 Supporting Plans and Documents**

|  |  |
| --- | --- |
| **Name** | **Location / URL** |
|       |       |
|       |       |
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**5.0 Identified Findings, Issues or Risks and Actions Required**

|  |  |  |  |
| --- | --- | --- | --- |
| **Finding** | **Issue or Risk** | **Actions** | **Responsible Party** |
|       |  |       |       |
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# 6.0 Review and Comment

| **Title** | **Name** | **Signature** | **Recommendation** | **Comments** | **Date****(MM/DD/YYYY)** |
| --- | --- | --- | --- | --- | --- |
| Project Manager |       |       | Initiator - NA |       |       |
| Agency PMO |       |       | [ ]  Concur[ ]  Non-Concur |       |       |
| Additional (list) |       |       | [ ]  Concur[ ]  Non-Concur |       |       |
| **Title** | **Name** | **Signature** | **Approval** | **Comments** | **Date****(MM/DD/YYYY)** |
| Agency CIO |       |       | [ ]  Yes [ ]  No |       |       |

# *The signatures above indicate an understanding of the purpose and content of the Project Peer Review. By signing this document or emailing approval of this document, they are agreeing to approve the Project Peer Review.*