Las Vegas Metropolitan Police Department
Forensic Laboratory
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MANAGEMENT SYSTEM MANUAL

LVMPD FORENSIC HANDBOOK
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NOTE: Hyperlinks were accurate at the time of manual publication.

LVMPD FORENSIC LABORATORY MANAGEMENT SYSTEM MANUAL

4.1 Title: ORGANIZATION

4.1.1 Organization in the LVMPD

The Las Vegas Metropolitan Police Department (LVMPD) was created by legislative action (see NRS 280). A basis for establishment of the LVMPD is contained in the Department Manual **1/000.00 – *Basis in Law for Establishment of Department / Basis in Law for Authority to Act***. The Forensic Laboratory is a publicly funded forensic laboratory and is operated by the LVMPD.

4.1.2 Vision, Mission and Goals

The Forensic Laboratory provides services and performs its duties in support of the Department's vision, mission, goals and values. See the Department Manual **1/000.03 – *Department Vision, Values, Mission and Goals*** for further details.

The Laboratory is responsible for participating in the LVMPD Strategic Plan (see Department Manual **7/000.00** - ***The Strategic Plan***), where the department's goals, and the strategies which assist in the accomplishment of these goals, are defined (see Department Manual **7/005.01 – *Goals and Strategies***).

In order to assist the LVMPD in accomplishing its mission the Laboratory will provide professional forensic services within the limits of its capability to the LVMPD and other law enforcement agencies including the scientific examination and analysis of evidentiary material and property, supervision and management of specific technical programs, assistance in scientific investigations, expert testimony concerning the analyses performed, the interpretation of technical data and laboratory findings, and other related forensic services and activities.

The forensic services provided shall meet all the requirements of the ANAB (ANSI (American National Standards Institute) -ASQ (American Society for Quality) National Accreditation Board) accreditation program. This includes conformance with the requirements in the following documents:

- ISO/IEC 17025:2005 General requirements for the competence of testing and calibration laboratories
- ANAB ISO/IEC 17025:2005 - Forensic Science Testing Laboratories Accreditation Requirements (AR 3028)
- *Quality Assurance Standards for Forensic DNA Testing Laboratories*
- *Quality Assurance Standards for DNA Databasing Laboratories*

The requirements for procedures used can be found in this Handbook (LVMPD Forensic Handbook) and the Detail/Unit Technical and Training Manuals.

4.1.2.1 National DNA Index System (NDIS)

The DNA Detail conforms to the requirements in the *NDIS Operational Procedures Manual,* the *Quality Assurance Standards for Forensic DNA Testing Laboratories* and the *Quality Assurance Standards for DNA Databasing Laboratories.* See the Biology/DNA Technical Manual for further information.

4.1.3 Permanent, Temporary and Mobile Facilities

All policies and procedures apply to work performed both at and away from the Forensic Laboratory. Laboratory work conducted outside of the Laboratory is addressed in the following locations:

- **6.0 – *Clandestine Laboratory Response*-** Seized Drugs Technical Manual.
- **1.02 / 04 – *Transportation of Evidence for Off-Site Examination*-** Firearms Technical Manual
- **5.2.1 – *Offsite Sample Collection*-** Biology/DNA Quality Manual
- **2.0 – *Calibration Procedures for Evidentiary Breath Instruments*-** Breath Alcohol Technical Manual

4.1.4 Forensic Laboratory Chain of Command

The Forensic Laboratory's position in the LVMPD, as illustrated in the LVMPD Organizational Chart **1.2 – *Organization in the LVMPD*** in the Administrative Manual, shows those positions that reside outside of the Forensic Laboratory, but are directly in the Forensic Laboratory's chain of command (Sheriff, Undersheriff, Assistant Sheriff, and Division Director/Deputy Chief). With the exception of the Sheriff, which is an elected position, class specifications for these positions are maintained by the LVMPD Office of Human Resources.

4.1.5(a) Authority to Identify Problems and Initiate Action

All members of the Forensic Laboratory are committed to a quality system in order to provide law enforcement, legal communities and citizens utilizing laboratory services confidence that results are accurate, relevant, and impartial. All members of the Forensic Laboratory are responsible for implementing and maintaining the management system and for identifying problems and opportunities for improvement in the Laboratory.

Forensic Laboratory Managers, Forensic Laboratory Supervisors and the DNA Technical Leader are responsible for the daily adherence to the management system in their respective Detail/Units. The Laboratory Director, Forensic Laboratory Managers, Forensic Laboratory Supervisors, Quality Manager and DNA Technical Leader have the authority to initiate actions to prevent or minimize departures from the quality system.

The responsibilities, educational requirements and authority of Forensic Laboratory members are defined in their class specifications. The class specifications are maintained by the LVMPD Office of Human Resources.

See **2.6 – *Budget*** for information regarding the Forensic Laboratories budget.

Note: In this Handbook, the title "Forensic Laboratory Supervisor(s)" encompasses both the Forensic Laboratory Supervisor and CODIS Administrator positions.

4.1.5(a).1 Director of Laboratory Services (Laboratory Director)

The Sheriff of the LVMPD appoints the Director of Laboratory Services. The Laboratory Director's responsibilities and authorities are defined in the class specification for Director of Laboratory Services. The class specifications are maintained by the LVMPD Office of Human Resources.

4.1.5(b) Undue Internal and External Pressure

The Laboratory Director, Forensic Laboratory Managers and Forensic Laboratory Supervisors make every effort to shield Forensic Laboratory personnel from internal and external pressures and influences (including commercial and financial) that could affect the quality of their work. If any questionable outside influence occurs (e.g. media request, time and/or request pressures from a detective or attorney), the analysts are directed to notify their Forensic Laboratory Manager, Forensic Laboratory Supervisor or the Laboratory Director immediately. Forensic Laboratory Managers and Forensic Laboratory Supervisors have the responsibility and authority to receive and take action on concerns that arise within their Details. Any deviation from the management system must be approved by the Laboratory Director, a Forensic Laboratory Manager, Forensic Laboratory Supervisor or the DNA Technical Leader.

To help ensure Laboratory members are not experiencing undue casework pressure for forensic analysis that are not considered routine (e.g. rush request), these requests are filtered through the appropriate Forensic Laboratory Manager. If needed, the Laboratory Director has the authority to incorporate staff adjustments to manage case workloads.

4.1.5(c) Confidential Information

In accordance with Department policy **4/105.09 – *Police Business Confidential***, Laboratory members will maintain the confidentiality of information gained in the performance of their casework assignments. All information received or generated in the process of analyzing cases for the Forensic Laboratory must be held at the highest level of confidentiality to include the electronic storage and transmission of results.

All electronic results are stored on computers/servers maintained by the LVMPD Information Technologies Bureau (ITB). The results are protected according to ITB policies and procedures.

The transmission of results is detailed in **5.10.3.3 - *Dissemination of Laboratory Results***.

4.1.5(d) Conflict of Interest

The Department has a code of conduct to help ensure that personnel will not be involved in any activities that would diminish confidence in the Forensic Laboratory's competence, impartiality, judgment or operational integrity (see Department Manual **4/103.00 – *Prohibited Acts While on Duty*** for further details).

Any Forensic Laboratory member involved in a laboratory case with a potential conflict of interest related to the case must immediately notify their Forensic Laboratory Manager, Forensic Laboratory Supervisor or the Laboratory Director. A Forensic Laboratory member is considered to have a potential conflict of interest in the following situations:

- A personal relationship with a victim, suspect, officer (however named), or witness involved in the case exists and extends beyond a professional relationship.
- The member has a financial interest in the case.

Upon being informed of the potential conflict of interest the Forensic Laboratory Manager/Forensic Laboratory Supervisor/Laboratory Director will reassign the case and ensure that the member with the conflict of interest is not involved in the analysis, technical or administrative review of the case.

4.1.5(e) Laboratory Organization

The LVMPD organizational chart illustrates the position of the Forensic Laboratory within the Department structure. The internal organization and personnel assignments are illustrated by the Forensic Laboratory organizational chart (see **1.2- *Organization* in the LVMPD** located in the Administrative Manual for further details):

The Laboratory is divided into six details:

- Administrative/Quality Detail
- Biology/DNA Detail
- Chemistry Detail
- Firearms Detail
- Latent Print Detail
- Toxicology Detail

The Director of Laboratory Services, a position appointed by the Sheriff, is responsible for the operations of the Forensic Laboratory. The Director reports to the Bureau Commander. An Administrative Assistant is assigned to the Bureau Commander. The Administrative Assistant is assigned under the CSI Section and is not in the Forensic Laboratory chain of command.

Forensic Laboratory Managers who report to the Director, and Forensic Laboratory Supervisors who report to a Forensic Laboratory Manager, are responsible for the day to day operations of each of the Details. A DNA Technical Leader is responsible for the day to day technical operations of the

Biology/DNA Detail. The DNA Technical Leader reports to the Laboratory Director.

The Laboratory is staffed with professional analysts who are assigned to one of the following classifications: Forensic Scientist Trainee, Forensic Scientist I, and Forensic Scientist II. Forensic Scientists report to the Forensic Laboratory Manager or the Forensic Laboratory Supervisor presiding over their Detail/Unit.

A "Manager/Forensic Laboratory Manager" (LVMPD classification title) is designated as the Quality Manager for the Laboratory. This individual manages the quality control and proficiency testing programs. The responsibilities of the Quality Manager are detailed in **4.1.5(f) - *Responsibilities for the Quality Program***.

Support personnel consist of the following classifications: Forensic Laboratory Technologist, Forensic Laboratory Aide, Evidence Technician, Senior Law Enforcement Support Technician (Sr. LEST), and Law Enforcement Support Technician (LEST).

Police Officers assigned to the NIBIN squad (NIBIN Technicians)are considered support personnel.

Part-time temporary positions, Investigative Aides (NIBIN Technicians, who must be former commissioned officers), Laboratory Assistants and volunteers may be utilized in the Laboratory when additional clerical or technical support is needed.

The LVMPD offers an Internship Program for students attending college. Interns may be assigned to the Forensic Laboratory if projects and resources are available. The Office of Human Resources does not have a class specification for interns or volunteers.

The LVMPD Office of Human Resources maintains detailed job descriptions entitled Class Specifications for all Forensic Laboratory staff. The NIBIN Technician job description is located in the Technical Requirements Manual ***5.2.4 – Job Descriptions and Class Specifications; NIBIN Technician***.

4.1.5(f) Responsibilities for the Quality Program

The Laboratory Director has the overall authority and responsibility for the quality program. The Quality Manager assumes responsibility for the implementation and operation of the program. The duties of the Quality Manager include:

- Maintaining and updating the LVMPD Forensic Handbook which includes the Management System and Technical Requirements Manuals.
- Proposing corrections and improvements in the quality system.
- Ensuring compliance with the ANAB program.
- Evaluating instrument calibration and maintenance records.

- Monitoring Laboratory practices to verify continuing compliance with established policies and procedures.
- Ensuring adherence to established schedules for inventories, safety inspections, manual revisions, audits, etc.
- Scheduling and coordinating quality audits.
- Evaluating results of management system audits.
- Selecting, training and evaluating internal auditors.
- Ensuring validation of new technical procedures.
- Investigating technical problems, proposing remedial actions and verifying their implementation.
- Soliciting feedback from the law enforcement and legal communities.
- Administering proficiency tests, evaluating results, and determining corrective action.
- Maintaining Qualification Files for Laboratory members which contain training records and documents pertaining to educational background.
- Recommending training of Laboratory members to improve the quality of Laboratory services.
- Proposing corrections and improvement in the management system.

Note: A Forensic Scientist (Quality Assistant) may be delegated to assist, or act as designee, for the Quality Manager.

Forensic Laboratory Managers/Forensic Laboratory Supervisors/DNA Technical Leader are responsible for:

- Maintaining and updating the technical and training manuals for their Details/Units.
- Continually improving the effectiveness of the management system.
- Ensuring that established quality assurance procedures and quality control practices are followed by their Details/Units.
- Ensuring compliance with the ANAB program
- Ensuring that new technical procedures are properly validated.
- Assisting in the investigation and remediation of technical problems.
- Recommending training of their staff, and proposing corrections and improvements in the quality system.

The technical staff, having independent responsibility for case work, is accountable for:

- Reviewing and being familiar with the applicable technical manuals and implementing the procedures in their work.
- Being familiar with the LVMPD Forensic Handbook to include, the Management System and Technical Requirements Manuals and implementing the procedures in their work.
- Conducting selected quality control checks and documentation according to established technical procedures.
- Participating in proficiency testing and quality audits.
- Assisting in the investigation and remediation of technical problems.
- Proposing corrections and improvements to the quality system.
- Testifying as an expert witness.

The technical support staff (Lab Technologists, Lab Aides, Part-Time Lab Assistants and NIBIN Technicians) are responsible for:

- Conducting selected quality control checks required in the quality control plans in accordance with class specifications.
- Being familiar with the LVMPD Forensic Handbook to include the Management System and Technical Requirements Manuals and implementing the procedures in their work.
- Reviewing and being familiar with the applicable technical manuals and implementing the procedures in their work.
- Participation in proficiency testing as required.
- Assisting in remediation of technical problems.
- Proposing corrections and improvements to the quality system.

The clerical support staff is responsible for:

- Being familiar with the LVMPD Forensic Handbook to include the Management System and Technical Requirements Manuals and implementing the procedures in their work.
- Proposing corrections and improvements to the quality system.

In addition, all members of the Forensic Laboratory Section are responsible for bringing any data or issue which appears to indicate quality control problems to the immediate attention of the appropriate Forensic Laboratory Manager/Forensic Laboratory Supervisor/DNA Technical Leader and the Quality Manager.

4.1.5(g) Supervision of Technical Staff

Forensic Laboratory Managers must possess the necessary skills and technical knowledge to effectively manage their individual Details/Units. If a Manager of a Detail/Unit does not have sufficient technical expertise in a specific Unit within their Detail, they may rely on an individual designated as the technically responsible person to address inquiries regarding the tests and the assessment of the tests performed in the Unit.

4.1.5(h) Technical Management

Forensic Laboratory Managers and/or Forensic Laboratory Supervisors, with the exception of the Biology/DNA Detail, have the overall responsibility to ensure the quality of the technical procedures performed in their Details/Units. The Forensic Laboratory Managers/Forensic Laboratory Supervisors have the authority to delegate responsibility of implementing the quality system within their Details/Units. The DNA Technical Leader in the Biology/DNA Detail has this responsibility. The Laboratory Director has the overall responsibility for the provision of needed resources through the budget process.

4.1.5(h).1 Technical Responsibility Designations

Technical responsibility designations are detailed in the Technical Responsibility Memo in Qualtrax.

4.1.5(i) Quality Manager

A "Manager/Forensic Laboratory Manager" (LVMPD classification title) is designated as the Quality Manager for the Laboratory. The Quality Manager has the responsibility and authority for the implementation and operation of the quality control and proficiency testing programs. The responsibilities of the Quality Manger are detailed in **4.1.5(f) – *Responsibilities for the Quality Program***. The Quality Manager reports to the Forensic Laboratory Director.

4.1.5(j) Key Managerial Personnel Coverage

The following table illustrates coverage for the positions of Laboratory Director, Forensic Laboratory Manager, Forensic Laboratory Supervisor, Quality Manager and DNA Technical Leader for absences both long (vacant) and short (illness/vacation) in duration.

	Laboratory Director	Chemistry Manager	DNA Manager	DNA Supervisor	DNA Technical Leader
Covered by	Forensic Laboratory Manager, or Quality Manager	Lab Director or Forensic Scientist II from the Chemistry Detail	Lab Director, DNA Technical Leader or a DNA Supervisor	Lab Director, DNA Forensic Laboratory Manager, DNA Technical Leader or Forensic Scientist II from the Biology/DNA Detail	DNA Manager, Forensic Laboratory Supervisor or Forensic Scientist II from the Biology/DNA Detail who meets the QAS requirements
	Firearms Manager	**Latent Print Manager**	**Toxicology Manager**	**Toxicology Supervisor**	**Quality Manager**
Covered by	Lab Director or Forensic Scientist II from the Firearms Detail	Lab Director or Forensic Scientist II from the Latent Print Detail	Lab Director or Toxicology Supervisor	Lab Director, Toxicology Forensic Laboratory Manager or Forensic Scientist II from the Toxicology Detail	Lab Director, Forensic Laboratory Manager, Forensic Laboratory Supervisor or Forensic Scientist II

4.1.5(k) Staff Meetings

Staff meetings will be held on a routine basis to remind Forensic Laboratory members of the importance of their roles in the management system, to keep Laboratory members informed of matters of mutual concern, to provide training opportunities and to provide an open forum for discussion of policies and relevant issues.

A general Laboratory staff meeting will be held every other month, schedules permitting. Staff meetings are mandatory and members are to arrange their work day accordingly. The Sr. LEST or another member of the clerical support staff will create the minutes of the meeting which will be maintained on the Forensic Laboratory SharePoint site. An agenda prepared by the Laboratory Director/designee may be uploaded to SharePoint along with or in lieu of the meeting minutes. Any Laboratory member who misses a staff meeting will bear the responsibility of reviewing the agenda and/or minutes.

Detail/Unit meetings will be held at least every other month. Documentation, through the use of an agenda, handwritten notes or minutes, of these meetings is to be maintained by the Detail Manager, Supervisor or Technical Leader.

A Laboratory member who feels that a pressing issue requires an open forum for discussion can request a meeting through his or her respective Manager/Supervisor. Meetings, both formal and informal, may be held at any time at the request of the Laboratory Director, Forensic Laboratory Managers, Forensic Laboratory Supervisor or Technical Leader.

4.1.6 Communication

During the staff meetings, discussions initiated by the Laboratory Director or the Quality Manager about the successes as well as issues with the management system will be encouraged. Documentation of the meetings will take place as described above in **4.1.5(k) - *Staff Meetings***.

Discussions regarding successes as well as issues with the management system will also be encouraged in Detail/Unit meetings.

4.1.7 Top Management and Key Management

Top Management – Management with laboratory wide responsibility (Laboratory Director and Quality Manager).

Key Management – Management with Detail/Unit specific responsibility (Forensic Laboratory Managers, Forensic Laboratory Supervisors and the DNA Technical Leader) includes top management.

The duties and responsibilities for these positions are located in the class specifications maintained by the LVMPD Office of Human Resources.

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4.2 Title: MANAGEMENT SYSTEM

Definition(s)

Good Laboratory Practice - The process, conditions, and operating procedures under which laboratory analyses are planned, performed, monitored, recorded, and reported in order to maintain the quality and integrity of the work product.

Laboratory System Software – Software installed on computers used to control analytical instruments (this does not include dynamic reference databases such as instrument libraries or individual characteristic databases).

Management System - The organizational structure, responsibilities, procedures, processes, and resources for implementing quality management; includes all activities which contribute to quality, directly or indirectly.

Quality Assurance - A management tool to ensure that quality control measures are being followed and the final product meets defined quality standards.

Quality Control - The day to day activities, techniques, and procedures used to monitor the quality of analytical data and to ensure that it satisfies specified criteria.

4.2.1 Management System

The Forensic Laboratory has established a management system in conjunction with the LVMPD. The management system is documented in the Department manual, this LVMPD Forensic Handbook and in accompanying Detail/Unit Technical Manuals. These manuals assure that the quality of the test results will conform to requirements of the ANAB accreditation program. All of the above referenced manuals have been implemented and are available to all Forensic Laboratory members. The Department manual is available on the LVMPD intranet at: http://metroweb.lvmpd.int/services/department/par/policy%20and%20research/forms/department%20manual.aspx

This LVMPD Forensic Handbook and the Detail/Unit Technical Manuals are located in Qualtrax. All Laboratory members are required to read and become familiar with the Department Manual, LVMPD Forensic Handbook and appropriate Detail/Unit Technical Manuals. Documentation of the review of the Department Manual and LVMPD Forensic Handbook is recorded on the *Administrative Task List*. Documentation of the review of the Detail/Unit Technical manuals is recorded in the appropriate Training Task List.

4.2.2 Laboratory Quality Policy Statement

The following Laboratory Quality Policy Statement (a-e) is issued under the authority of the Laboratory Director.

Objectives:

The objectives of the quality system are:

- To maintain and improve the quality of forensic science services provided to our department, other user agencies and the community.
- To ensure uniformity, accuracy, and accountability in analysis techniques and records.
- To identify quality related problems in all areas of operation and take corrective action to prevent their reoccurrence.
- To maximize the performance of analysts through a systems based approach that considers the interactions of the organization, management, and the analyst..

The objectives of the Laboratory Quality Policy Statement will be reviewed during management review.

4.2.2 (a) The Laboratory Management Team (Laboratory Director, Forensic Laboratory Managers, Forensic Laboratory Supervisors, the Quality Manager and the DNA Technical Leader) is committed to good professional practice and to the quality of testing in service to the customers.

4.2.2 (b) Forensic science plays a crucial role in the administration of justice and, therefore, requires that intensive measures be undertaken to ensure the reliability and accuracy of scientific findings. Forensic Laboratory members are committed to a quality system in order to provide law enforcement, legal communities, and citizens utilizing Laboratory services confidence that the results are accurate, relevant, and impartial. This system entails quality assurance guidelines and quality control procedures. The Laboratory analyses and related services performed by the Forensic Laboratory will meet generally recognized standards of good laboratory practice and laboratory safety measures.

4.2.2 (c) The quality assurance program is intended to provide a guide in identifying and implementing quality control elements consistent with standards of good laboratory practice.

4.2.2 (d) Quality assurance and quality control are primary functions and responsibilities of every member of the Forensic Laboratory Section. Every member of the Forensic Laboratory will familiarize themselves with the quality system and implement these policies and procedures in their work.

4.2.2 (e) The Forensic Laboratory Management Team and the entire Forensic staff is committed to compliance with the ANAB accreditation program and the continual improvement of the effectiveness of the management system.

4.2.2.1 Ethics

All Laboratory members are expected to adhere to the highest standard of professional ethics, conducting themselves with integrity and honesty. The following ethical obligations will specifically apply to Laboratory members:

- Ethical Obligations in the Examination of Evidence and Property
  - The integrity of all items in the analyst's care and custody will be properly maintained.
  - The analyst will use techniques and methods that have been proven accurate and reliable and will employ the appropriate standards and controls.
  - Members of the Laboratory will refrain from providing any misrepresentation of data upon which an expert opinion or conclusion is based and all conclusions and opinions will be supported by the appropriate facts and analyses.

- Ethical Obligations in Court Testimony and Depositions
  - Members of the Laboratory will not misrepresent their education, training, experience, or specialty area, nor will they extend their expertise beyond their field of competence.
  - Analysts will discuss their findings and the significance of the results in an unbiased, scientific manner.
  - Testimony rendered will be pertinent to the case at hand and will adhere to the scientific facts and interpretations as supported by the analyses.

During their first year of employment Forensic Laboratory members will participate in ethics training.

4.2.2.1 (a) *Guiding Principles of Professional Responsibility for Forensic Service Providers and Forensic Personnel*

The *Guiding Principles of Professional Responsibility for* Forensic Service Providers and Forensic Personnel document is located in Qualtrax in the Forensic Handbook folder.

4.2.2.1 (b) Review of *Guiding Principles*

The *Guiding Principles of Professional Responsibility Forensic Service Providers and Forensic Personnel* will be reviewed annually by all Forensic Laboratory members. The review will be documented and the documentation will be maintained in Qualtrax.

4.2.2.1 (c) Ethical Violations

Any violations of the ethical principles listed in the Guiding Principles of Professional Responsibility for Forensic Service Providers and Forensic Personnel document or in the LVMPD Department Manual will be

investigated and appropriate action will be taken. If necessary, a Statement of Complaint will be initiated.

4.2.3 Commitment to the Development of the Management System

The Management Team is committed to the development and implementation of the management system. A management system review is utilized for documenting the continual improvement (see **4.15 – *Management Reviews*** for further details).

4.2.4 Importance of Meeting Customer Requirements

Effective communication is essential to provide professional quality service to the LVMPD and other user agencies. The importance of providing confidence that the results are accurate, relevant and impartial to the law enforcement, legal communities and citizens utilizing Laboratory services is communicated to the Laboratory members in the Laboratory Quality Policy Statement (see **4.2.2(a-e) – *Laboratory Quality Policy Statement*** for further details).

4.2.5 Quality System Documents

The quality system is comprised of the following documents. The documents are listed in hierarchal order.

- LVMPD Department Manual (not generated by or under the control of the Forensic Laboratory)
- LVMPD Forensic Handbook
  - Administrative Manual
  - Safety Manual
  - Management System Manual
  - Technical Requirements Manual
- Detail/Unit Technical Manuals
- Detail/Unit Training Manuals
- Manufacturer/Instrument Manuals (not generated by the Laboratory)
- Laboratory system software
  - Database, word processing, spreadsheet, browser and other proprietary viewing software will not generally be controlled.
- LVMPD Department forms (not generated by or under the control of the Forensic Laboratory)
- Forensic Laboratory forms

4.2.6 Roles and Responsibilities

The roles and responsibilities of the Forensic Laboratory Managers, the Forensic Laboratory Supervisors, the Quality Manager, and the DNA Technical Leader are defined in ***4.1.5(f) – Responsibilities for the Quality Program.*** Other essential and marginal functions of the Forensic Laboratory Managers, the Forensic Laboratory Supervisors, the Quality Manager (Manager/Forensic Laboratory Manager), and the DNA Technical Leader are listed in the class specifications maintained by the LVMPD Office of Human Resources.

4.2.7 Management System Integrity

Changes to the management system shall be planned and implemented by a member of the Management Team. All changes to the manuals, under the control of the Laboratory, shall be reviewed and once approved, routed to the appropriate members of the Forensic Laboratory to notify them of the changes (see **4.3.3.1 – *Document Changes*** and **4.3.3.2 – *Tracking Document Changes*** for further details).

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4.3 Title: Document Control

Definition(s)

Controlled Document – A document that is made available in such a manner that ensures that the most current policies and/or procedures are used.

Document Control – The process of ensuring that documents that prescribe quality-affecting activities or specify quality requirements (controlled documents), including revisions, are reviewed for adequacy, approved for release by authorized personnel, and made available for use by personnel performing the prescribed activities.

Forms – A document used to facilitate the completion of specific tasks and complete documentation.

Manual – A compilation of controlled documents related to a specific Detail/Unit or type of document, such as Technical Manuals and the Forensic Handbook.

Uncontrolled Copy – A copy of a controlled document furnished for informational purposes. Any individual that uses a printed or downloaded copy from a manual is responsible for ensuring that actions based on the policy/procedure are in compliance with the controlled copy.

4.3.1 General Requirements

The Forensic Laboratory has established and implemented a procedure for controlling the distribution of documents related to the management system that are maintained by the Forensic Laboratory (see **4.2.5 – *Quality System Documents*** for a list of the documents). The policy is detailed below in **4.3.2.1-4.3.4**. Requests to release controlled documents outside of the LVMPD shall be approved by the Laboratory Director/designee.

The control of Manufacturer/Instrument Manuals and Laboratory System Software utilized by a Detail/Unit will be documented in that Detail/Unit's Technical Manual, if needed. The location of these documents will also be referenced in the Detail/Unit Technical Manual.

4.3.2.1 Laboratory Document Approval

All documents will be reviewed and approved prior to issue. The following documents will require approval in Qualtrax by the listed personnel (also considered the issuing authorities):

- LVMPD Forensic Handbook – Laboratory Director and Quality Manager
    - Safety Manual - Laboratory Director, Quality Manager and Health and Safety Liaison

- Detail/Unit Technical and Training Manuals – Laboratory Director, Detail Laboratory Manager and Quality Manager
- Biology/DNA Detail Manuals – Laboratory Director, DNA Manager, DNA Technical Leader and Quality Manager
- Breath Alcohol Technical Manual- Laboratory Director, Toxicology Manager, Quality Manager and a Forensic Analyst of Alcohol (FAA).

All current versions of authorized manuals maintained by the Forensic Laboratory are maintained in Qualtrax. Qualtrax is accessible by all Forensic Laboratory employees.

4.3.2.2(a) Authorized Laboratory Documents

In addition to the electronically maintained documents which are accessible by all Forensic Laboratory employees in Qualtrax; there is a controlled hard copy of the Toxicology Technical Manual in the Toxicology Detail. Making photocopies directly from the controlled hard copy Technical Manual is prohibited. All copies must be printed from Qualtrax.

Any individual that uses a printed or downloaded copy from a controlled document is responsible for ensuring that actions based on the policy/procedure are in compliance with the controlled document. Laboratory members are responsible for following approved policies and procedures. All obsolete uncontrolled copies of documents will be removed from the work areas so they cannot be used.

Printed copies of the Training Manuals may be stored by employees when being utilized as a part of their training program.

4.3.2.2(b) Laboratory Document Review

Detail/Unit Technical and Training Manuals and the Forensic Handbook will be reviewed and, where necessary, revised to ensure continuing suitability and compliance with applicable requirements. Each Detail/Unit will conduct an annual review of their manuals under the direction of their Laboratory Manager/Technical Leader. The Quality Manager will conduct an annual review and perform needed revisions to the Forensic Handbook.

4.3.2.2(c) Obsolete Laboratory Documents

Obsolete versions of the Forensic Handbook and all Technical and Training Manuals will be promptly removed from use. Qualtrax automatically archives the obsolete version of controlled documents upon publication of the revised document. The obsolete versions of the controlled hard copies will be placed in a shred bin for destruction.

4.3.2.2(d) Marking Archived/Obsolete Documents

Obsolete documents are automatically removed from general user view by Qualtrax and watermarked with the word “ARCHIVED”. View Archived Revision Rights must be granted in order to view obsolete documents. The Laboratory Director, Quality Manager, Quality Assistant, Forensic Laboratory

Managers, Forensic Laboratory Supervisors and the DNA Technical Leader are the only users with the View Archived Revision Rights in Qualtrax.

4.3.2.3 Unique Identification for Laboratory Documents

All quality system documents generated by the Forensic Laboratory shall be uniquely identified by a Qualtrax Document Number (a unique number automatically generated by Qualtrax).

All quality system manuals generated by the Laboratory will also have a page header and footer. The header consists of the manual name, document number, revision number, approval date, list of approvers (issuing authorities), and date published (date of issue).

The footer consists of page numbering in the format X of Y where Y is the total number of pages, and denotes *Uncontrolled Copy if not located in Qualtrax.*

4.3.3.1 Document Changes

All revisions to controlled documents are accomplished in Qualtrax. Any pertinent background information that is required to review/approve the revision will be provided to the reviewer/approver. Following any revisions, the new document will require the same approvals as detailed in **4.3.2.1 - *Laboratory Document Approval***.

4.3.3.2 Tracking Document Changes

Whenever a current document is revised, the track changes feature of Microsoft Word is automatically activated by Qualtrax when placed into Edit.

A tracked changes version is automatically saved in Qualtrax, embedded within the document. The tracked changes of the most recent revision are viewable any time after publishing by choosing the “View with Tracked Changes” option. The tracked changes will be archived during the subsequent revision of the document.

Each change made should have a Comment associated with it while the document being edited, using the New Comment function under Review in Microsoft Word. All changes to controlled documents are tracked in Qualtrax through version history in Document Properties under the History tab. Changes made and edit reasons are also documented in this location.

4.3.3.3 Handwritten Amendments

Handwritten amendments or changes to documents are not allowed.

4.3.3.4 Changes to Controlled Electronic Documents

A guide titled- *Revising Controlled Documents*, containing step by step instructions for making changes to controlled documents, is located in the Qualtrax Instructions folder in Qualtrax.

4.3.4 Forms/Worksheets

The Forensic Laboratory uses a multitude of forms for both administrative and analytical purposes. Many of the administrative forms are maintained and controlled outside of the Forensic Laboratory by the LVMPD. The forms maintained and controlled by the LVMPD will not be addressed in this policy.

The current version of Forensic Laboratory generated forms is accessible in Qualtrax or in LIMS. DNA forms linked to Workbooks are located in the H: drive.

Controlled forms shall be uniquely identified by a Qualtrax Document Number. Forms will also contain the issuing authority, issue and/or revision date and page numbering in the format X of Y where Y is the total number of pages.

The page numbering information may be removed from the footer of a completed form if the completed form becomes a part of a case file.

Saving of Laboratory generated forms outside of Qualtrax, LIMS or the H: drive (DNA forms linked to Workbooks only) is prohibited. Qualtrax automatically archives the obsolete version of controlled documents upon publication of the revised document.

LVMPD FORENSIC LABORATORY MANAGEMENT SYSTEM MANUAL

4.4 Title: Review of Requests, Tenders and Contracts

Definition(s)

Contract – The agreement between the laboratory and the customer.

Customer – A person or organization which requests the testing services of the laboratory.

Request – Process utilized by a customer when seeking analysis by the laboratory.

Tender – Laboratory's response to the customer regarding their request. This may include an automated notification.

4.4.1 Forensic Laboratory Examination Requests for Analysis

Department policy regarding requests for analysis is delineated in Department Manual **5/209.03 - *Laboratory Examination of Evidence***.

For LVMPD cases, Property Connect is the main method for requesting an analysis on a particular case. Verbal communication will still be accepted for Priority 0 and 1 cases. All other priorities should utilize Property Connect. For all attorneys and Outside Jurisdictions, the LVMPD 63, Forensic Laboratory Examination Request, is the main method for requesting an analysis on a particular case and will be manually entered into FRED by Laboratory personnel. Completion of the request will typically be performed by that detective or officer having primary investigative authority as determined by Department organization and policy. The request must be completed in its entirety or it may be rejected and/or returned to the requestor.

LVMPD 547, Forensic Lab Toxicology Request, will be used and submitted with the blood or urine kits.

Property Connect is an external component of FRED. Any request entered into Property Connect is automatically delivered to FRED after approval. LVMPD 63 requests may be presented to the Laboratory by inter-department mail service, fax, e-mail (Forensic Lab) or hand delivery. The request form is available electronically over the wide area network on the LVMPD templates. Requests received via LVMPD 63 or LVMPD 547 will be entered into FRED by Laboratory personnel. The request will be scanned into the RFLE Tab within the Lab Request of FRED and the paper copy will be destroyed.

Case assignment and prioritization are delineated in the Department Manual **5/209.03 – *Laboratory Examination of Evidence; Case Assignment and***

Prioritization. A "Rush Request" is one where there is a critical need for an analysis, usually immediate, to assist in an ongoing investigation or for presentation in court. All rush requests must first be discussed with the Laboratory Director or appropriate Forensic Laboratory Manager/Supervisor before analysis can proceed. Rush requests can be communicated orally, but should be followed with a request initiated through Property Connect or a completed LVMPD 63. See **4.7.1** – ***Laboratory Services/Case Prioritization*** located in this Handbook for further details.

Entry of the request into FRED is documentation of the contract for testing between the requestor (customer) and the Forensic Laboratory. All requests will be reviewed by a member of the Forensic Laboratory staff prior to acceptance into FRED.

A determination can be made by an investigative unit that a case has a potential for confidentiality risks and therefore should not follow our normal distribution and storage processes. The Laboratory Director has the discretion to authorize special requests of this nature. Requests for analyses of a sensitive or confidential nature will be funneled through the Laboratory Director or the Forensic Laboratory Managers/Supervisors. These cases (files, business records, etc.) will be marked as "Confidential Files" in FRED. Individuals will be defined for each case as to who will have access in the future. A Confidential Log with a numbering system has been established for this purpose and is maintained by the Laboratory Director.

Forensic Laboratory Examination Request Review

All requests submitted through Property Connect are reviewed by a member of the Forensic Laboratory. If errors are discovered on requests, the errors will either be corrected by the person reviewing the request or the request will be rejected depending on the type of error encountered.

Correcting Errors on Requests

The corrections are accomplished in Property Connect at the time of review.

The following errors will be corrected by a member of the Forensic Laboratory:

1. In the Details Tab- Requesting Officer will be changed to the requesting officer's name if Goto LVMPD is selected.
2. In the Details Tab Biology/DNA questions section- If "yes" is entered in the box under "Is this request a buccal swab submission for a CODIS hit follow-up?" and the request is not for a CODIS hit follow-up, the selection will be changed to "no".
3. In the Details Tab Biology/DNA questions section- If "yes" is entered in the box under "Has this case ever been processed for DNA analysis before?" and the case has not been previously processed for DNA, the selection will be changed to "no".
4. In the Evidence/Property Tab- buccal swab will be selected for the requestor if the requestor forgot to select the buccal swab(s).

5. In the Persons Tab- Persons first and last names will be corrected if they are entered in the wrong fields (first name in last name field and vice versa) or if the names are not capitalized.
6. In the Persons Tab- If the requestor selects and enters a victim's and/or subject's name in both the *Persons from external systems* and *Additional Persons* tables. The victim/subject's name will be removed from the *Persons from external systems* table.
7. In the Evidence/Property Tab- If it can be determined that the wrong exam type was selected based on other information provided in the request (e.g., a Latent Print Comparison is selected for a buccal swab), the exam type will be corrected.

Once the correction(s) has been made and the request has been approved, the requestor will be notified via an "Approval" email of the request approval and correction(s). The email will include an explanation as to why the correction(s) was made to the request. A copy of the email will be filed in the Lab Case Object Repository (OR) and a note will be entered in the Lab Case Comments field directing the reader to the OR for the email.

Example: 12/30/2015 See object repository for email to requestor notifying him/her of correction or selection made to request. m8168m

<u>Rejecting Requests</u>
Rejections for LVMPD submissions are accomplished in Property Connect at the time of review.

Requests will be rejected based on the following errors:

1. Related event(s) have not been requested. All related events must have their own request.
2. The evidence is not available in Property Connect.
3. Sample Limitations have been exceeded; normally DNA for exceeding the number of items to be analyzed.
4. CODIS eligibility has not been properly established.
5. Duplicate request (request already exists for same event number) without additional analyses requested (no action necessary).
6. Incomplete LVMPD 63 requests from the District Attorney's Office.
7. Toxicology requests received through Property Connect. Toxicology requests must be made utilizing LVMPD 547.

The requestor is sent a rejection email notifying them of the reason(s) the request was rejected and detailing how to fix the issue(s). The rejection email also contains a link to their request along with the following information:

Your Forensic Laboratory request under Event Number xxxxxx-xxxx has not been approved. Please open and edit your original request in Property Connect. Once the following changes have been made, please re-submit the edited request for approval.

The following link will allow you to open and edit your request:

Rejecting Requests- Outside Jurisdictions

Outside Jurisdiction (OJ) rejections are primarily performed after correspondence with the requestor has been unsuccessful. There are two exceptions. Seized Drugs requests that contain a hypodermic needle or other safety hazard and Toxicology requests for cases in which a valid breath test was performed can be terminated immediately.

Prior to rejecting a request from an OJ, the requestor will be given two weeks to respond to emails and/or phone calls.

1. If there is no reply to the first query, a second request for additional information will be made one week after the initial correspondence.
2. If there is no reply after the second week, the OJ will be notified that the request has been terminated.

After the requestor has been notified, the request will be entered into the LIMS, terminated, and notated. The notation will be documented in the Unit Record Communication Log and/or the Unit Record or Lab Case OR. Notations will vary depending on each situation.

If there is ongoing communication with the requestor concerning the issue(s), the request will not be terminated. However, if the communication between the requestor and the Forensic Laboratory stops, the two week notification process, described above, will begin again.

Rejection Emails

At the end of each month, rejection emails will be archived in the H: Drive at (H:\CB\Forensics\General\Property Connect Rejections-All) and in the PC (Property Connect) – Reject Archive folder located in the Forensic Lab email. The PC – Reject Archive folder only reflects the current and previous month's rejection emails.

Information from the emails will also be entered on an excel spreadsheet located at (H:\CB\Forensics\General\Property Connect Rejections-All) with the event number, requestor, reason for the rejection, and the result.

4.4.1 (a) Methods used

The methods typically used by the Forensic Laboratory Details/Units in the analysis of evidence are documented on the LVMPD intranet on the Forensic Laboratory page located at the following web address: http://metroweb.lvmpd.int/services/investigative/criminalistics/forensics/default.aspx.

For the Forensic Laboratory outside jurisdiction requestors, they are also documented on the LVMPD internet website on the Forensic Laboratory page located at the following web address: http://www.lvmpd.com/en-us/Pages/ForensicLaboratory.aspx

All of the analyses provided by the Forensic Laboratory are also documented in Property Connect and on the Forensic Laboratory Examination Request/Toxicology Request (LVMPD 63/547 respectively).

4.4.1(a)1 Communication of Database Searches

The extent of database (e.g., CODIS, AFIS, NIBIN) searches shall be communicated to customers and updated as needed. See Detail/Unit Technical Manual for further details.

4.4.1(b) Capability and Resources to Perform Services

Requests will be reviewed by the appropriate Forensic Laboratory Manager/Supervisor or assigned Laboratory personnel to determine if the request is appropriate and to ensure the Forensic Laboratory has the capability and resources needed to meet the request. In some instances, for example, DUI cases, the request represents ongoing and routine work performed for the LVMPD and other law enforcement agencies. In these instances review by the Manager/designee is unnecessary.

Laboratory management reserves the right to refuse any request for examination which it deems unreasonable or beyond the technical expertise of the Laboratory.

Detectives or jurisdictions requesting analysis involving expertise which is beyond the scope of the Laboratory will be advised about laboratories or agencies that can provide meaningful examinations in these areas (mitochondrial DNA). If the requestor wishes to have the examination performed and the evidence belongs to the LVMPD, the Laboratory may forward the evidence to the outside laboratory for examination. Use of an outside laboratory for analysis of LVMPD evidence is governed by Department Manual **5/210.20- *Release of Evidence*** and requires the approval of the Laboratory Director.

Occasionally, the LVMPD is asked to assist other agencies by collecting or disseminating evidence. These types of requests will be evaluated on a case by case basis with emphasis placed on establishing a cooperative effort between agencies.

4.4.1(c) Selection of Test Method

The appropriate method used to complete the analysis will be determined by the Forensic Scientist assigned the request. The following is documented on the LVMPD intranet and internet on the Forensic Laboratory web page *"Based on the type of evidence, information provided and the request received, the LVMPD Forensic Laboratory will select the appropriate method(s) of analysis. A summary of methods used is detailed in each Detail/Unit specific webpage located under the Forensic Laboratory heading."*

Submission of the request by the customer to the Forensic Laboratory is considered acceptance of the contract by the customer.

4.4.2 Records of Forensic Laboratory Examination Request Review

Records generated by the review process, including any significant changes will be maintained. All pertinent discussions relating to the request or the results of the analyses will be maintained in the appropriate Object Repository (e-mail) or documented (telephone conversations) in the appropriate Communication Log in FRED (see **4.4.1- *Forensic Laboratory Examination Requests for Analysis*, Forensic Laboratory Examination Request Review** for further details).

4.4.3 Review of Subcontracted Work

The Laboratory Director/designee will review all contracts with subcontractors prior to award to ensure that the subcontractor has the capability and resources to perform the service requested, and the appropriate test method is selected by the subcontractor which is able to meet our needs. Subcontracted work that involves Biology/DNA analysis will be handled in conjunction with the DNA Technical Leader and the policies delineated in the Biology/DNA Technical manual will be followed.

4.4.4 Deviation from Requests

If the Forensic Laboratory Manager, Forensic Laboratory Supervisor, DNA Technical Leader or Forensic Scientist assigned the request determines that a deviation from the request is needed, the requestor will be notified by telephone, memo or e-mail prior to commencement of the analysis. Any communication that is of particular importance to a case shall be maintained in the appropriate Object Repository (e-mail) or memorialized utilizing the appropriate Communication Log in FRED under the appropriate Lab Number. Only e-mails of a professional nature should be added to the appropriate Object Repository. If an e-mail contains both communications of particular importance to the case as well as non-relevant communications, the case pertinent portion of the e-mail should be memorialized utilizing the Communication Log in FRED under the appropriate Lab Number.

4.4.5 Amending a Request

When necessary, Forensic Laboratory personnel may add or cancel analyses to a particular case. Requests for additional analyses may also be received from the requestor. If either the requestor or analyst assigned to the case requests a change in services, this must be discussed with the requestor and documented in FRED under the appropriate Lab Number.

LVMPD FORENSIC LABORATORY MANAGEMENT SYSTEM MANUAL

4.5 Title: Subcontracting of Tests and Calibrations

Definition(s)

Regulatory Authority – A public authority or government agency responsible for codifying and enforcing rules and regulations and imposing supervision or oversight for the benefit of the public at large.

Subcontracting – Utilizing another testing laboratory to perform analysis on evidence when the LVMPD Forensic Laboratory has the capability to perform the requested analysis and has accepted the evidence to test (agreed to perform the requested analysis). Court ordered reanalysis is NOT subcontracting.

4.5.1 Competency of Subcontractors

If the Forensic Laboratory subcontracts out forensic testing to other testing laboratories, the Forensic Laboratory will select a competent testing laboratory based on the following criteria:

- The subcontracted testing laboratory is accredited to ISO 17025 standards to perform the testing required or
- By documented review of any of the following:
  - Accreditation or certification, if applicable
  - Most recent external audit
  - Site visit documentation

If any Biology/DNA analyses are being subcontracted, the policies delineated in the Biology/DNA Technical manual will be followed.

4.5.1.1 Subcontractors Accreditation

If available, the subcontractor will be accredited to an appropriate international standard by an accrediting body that is a signatory to the ILAC Mutual Agreement Recognition Arrangement with a Scope of Accreditation covering the services being subcontracted.

4.5.2 Advising LVMPD Requestors

The following is documented on the LVMPD intranet on the Forensic Laboratory web page: *"The Forensic Laboratory reserves the right to subcontract out any laboratory service. By submitting a request for analysis to the Forensic Laboratory, the requestor agrees to the outsourcing."*

4.5.2.1 Advising Outside Jurisdiction Requestors

If the Forensic Laboratory determines that it is necessary to subcontract out any laboratory service requested by an outside jurisdiction, approval will be solicited from the person requesting the testing through documented phone

conversation, e-mail or formal letter. The documentation of the approval will be maintained in FRED under the appropriate Lab Number.

If an outside jurisdiction grants authorization to send sexual assault kits for analysis to an outside laboratory, the Outside Jurisdiction Agency Authorization form documenting the authorization will be maintained in Qualtrax.

If a contract exists with an outside jurisdiction (e.g., NHP) and the outside jurisdiction is not charged by the subcontractor for the work conducted by the subcontractor, prior approval for the subcontracting does not need to be sought.

4.5.3 Responsibility of Subcontracted Work

The Forensic Laboratory is responsible for the quality of the work product of the subcontractor, except in the case where the requestor or a regulatory authority (court) specifies which subcontractor is to be used.

4.5.4 Documentation of Subcontractors

The Laboratory Director/designee will maintain documentation of all subcontractors that the Forensic Laboratory uses for forensic testing and will maintain a record of compliance with ISO 17025 standard **4.5.1 – *Competency of Subcontractors*** for the work in question.

LVMPD FORENSIC LABORATORY MANAGEMENT SYSTEM MANUAL

4.6 Title: Purchasing Services and Supplies

Definition(s)

Critical Consumables, Supplies and Services - A consumable, supply or service which must meet one or more crucial specifications to ensure the quality of the test result. In this context, "crucial" means significant or important.

Disposables – Designated to be thrown away after use (e.g., latex gloves).

4.6.1 Laboratory Supplies and Materials

All staff members are to note when Laboratory supplies are getting low and should be re-ordered and report this information as soon as possible on the bulletin boards, in the appropriate ordering binder, by e-mail or by note to the Laboratory Aide/designee or Forensic Laboratory Manager/Supervisor. Employees are encouraged to periodically inventory the supplies they use to ensure that adequate stock is on hand.

Supplies which are needed on a routine basis should be maintained with adequate stock and not permitted to reach critical levels. This includes the various kits utilized by the Department – blood alcohol, sexual assault, buccal swab, convicted offender and urine cups. Supplies of these items are especially critical because they are special order custom items which can take months to receive.

Ordering laboratory supplies is a duty assigned to the Forensic Laboratory Aides/designee. However, other members of the Laboratory can order supplies.

Routine laboratory supplies such as chemicals and disposables are usually ordered through the use of the blanket purchase order system. The Sr. LEST maintains a list of those companies holding blanket purchase orders and a file is created for each vendor that has been assigned a blanket purchase order at the beginning of each fiscal year. This file is used to maintain copies of all invoices, packing slips and vendor information (phone number, account number, purchase order number.) Any order(s) placed must be recorded on the "Blanket PO's" spreadsheet which is maintained in the following location: H:\CB\Forensics\General\Blanket Purchase Orders. Any conversations held as a follow-up to an order may be recorded on a case communication log, a memo, and/or an email and should be placed in the vendor file or added as a comment on the spreadsheet.

The following details the ordering and receiving process:

- For vendors with **blanket purchase orders-** place the order and annotate the "Blanket PO's" spreadsheet in its entirety.
- Purchase of items from a vendor which do not have a blanket PO can be accomplished by submitting supply and equipment requests to the Forensic Laboratory Managers/Supervisors with the following information:
    - item description
    - catalog and/or model numbers of the items for purchase
    - quantities
    - unit costs
    - shipping charges
    - address and phone number of the vendor
    - contact person who quoted the prices
    - date of the price quote
    - If approved, the pertinent information will be forwarded to the Sr. LEST who will place the request in the SAP system.
- Receive supplies by opening boxes and checking the enclosed packing slips against what was ordered and items received for correctness.
    - Inspect the item(s) for obvious damage
        - Any breakage or discrepancies (issues) are to be noted on the packing slip.
        - Any discrepancies between the item(s) and the packing slip shall be reported to the appropriate Forensic Laboratory Manager/Supervisor and the Sr. LEST.
        - A Laboratory Aide/designee will follow up with the vendor to correct any issues noted.
        - The item(s) shall not be placed into service unless the issue is resolved.
    - Initial and date packing slip.
        - The packing slip is then immediately passed on to the Sr. LEST.
    - Items received will be stored in the appropriate location (e.g., refrigerator, freezer, supply room).
    - Chemicals received must be dated with received and expiration dates on the label and the chemicals must be added to Resource Manager.
        - If the chemical is new to the Forensic Laboratory or the maximum amount on hand has increased, the electronic Chemical Inventory located on the wide area network (H:\CB\Forensics\General\Chemical inventory (MSDS)\Chemical Inventory) must also be updated.
        - All chemicals will be stored in a safe manner in the appropriate location.
        - MSDS'/SDS' should be filed and forwarded to the Safety Detail, if necessary.

- If an item(s) that has been put into service is subsequently found to be defective (e.g., not the expected quality), the appropriate Forensic Laboratory Manager/Supervisor/DNA Technical Leader shall advise all possible users of the item(s) and halt the use of the item(s) until it is assessed for suitability.

Credit Card Purchases
The use of the department credit card is reserved for emergencies and can only be used for items that cost less than $200. The Laboratory Director must approve all purchases on the department credit card prior to usage.

Seized Drugs Supplies
Special ordering procedures established by the DEA are necessary when ordering certain controlled substances and these orders typically take extra time. DEA forms bearing the Laboratory Director's signature must accompany the order and orders for certain controlled substances cannot be placed online or over the phone. The special DEA forms, Form 222, are maintained in the Chemistry Laboratory Manager's office. Upon receipt, controlled substances must be added to the inventory (see section **2.8 – *Inventories*** in the Administrative Manual) and the DEA form must be annotated.

Ammunition
Ammunition may be purchased from a local vendor as the need arises. Specialty ammunition may also be purchased from other sources. Use of ammunition for anything but department related matters is strictly forbidden.

Office Supplies
A LEST/designee handles ordering of office supplies directly from the vendor in accordance with procedures set by the Logistics Bureau. Employees requiring office supplies should place their order on the Supply Order Form located in the mail room or notify the appropriate LEST/designee who will submit the necessary paperwork.

See 4.6.4- *Critical Supplies and Services*, Critical Services for the selection and purchasing of critical services.

4.6.2 Inspection and Verification of Supplies and Reagents
The Forensic Laboratory will ensure that purchased supplies, reagents and consumable materials that affect the quality of tests are not used until they have been inspected and/or verified as complying with standard specifications or requirements defined in Detail/Unit Technical manuals.

4.6.2.1 Inspection
Inspection is defined as ensuring by review that the item ordered has been received and is not visibly defective or damaged. Documentation of inspections will be recorded on the packing slip. The inspection will include the initials of the person performing the inspection and the date.

If the inspection fails, the item will not be placed into service and the Forensic Laboratory Manager/Supervisor/DNA Technical Leader will be notified. The vendor will be contacted to arrange for a resolution of the issue.

Forensic Laboratory Managers/Supervisors/DNA Technical Leader will maintain records of any defective products and take this into account when preparing their review of critical supplies.

4.6.2.2 Verification

Verification is defined as ensuring by testing or quality control check that an item ordered complies with requirements defined in a test method. An inspection shall be included as a part of verification.

Each Detail/Unit defines which supplies, reagents, and/or consumables that they use require verification (all critical supplies require verification). The quality control measures used for the verification will be delineated in the appropriate Detail/Unit Technical Manual. Verification documentation shall be maintained by the appropriate Detail/Unit.

Any supplies, reagents and/or consumables that affect the quality of tests conducted that do not meet Laboratory established quality standards will not be used for casework and will be reported to the appropriate Forensic Laboratory Manager/Supervisor/DNA Technical Leader. Any issues noted will also be reported to the vendor. Documentation detailing the issue will be maintained by the appropriate Detail/Unit. This documentation will be taken into account when preparing the review of critical supplies.

4.6.3 Review of Purchasing Documents for Technical Content

Purchase requests (order sheets) for reagents, supplies or services that affect the quality of the tests may include information such as: type, class, grade, precise identification, specification or other technical data (technical needs).

Orders which contain technical needs that affect the quality of the tests must be evaluated and approved to verify the item(s) meet the requirements set prior to placement of the order. The two options for approval are detailed below:

- The approval may be granted by the Detail/Unit Forensic Laboratory Manager/Supervisor/DNA Technical Leader or by another technically competent individual (Forensic Scientist) by initials, initials/P# or by a signature placed on the order sheet prior to placement of the order.

- Orders may be placed from a previously made vendor and/or supply list approved by the Forensic Laboratory Manager/Supervisor/DNA Technical Leader.

4.6.4 Critical Supplies and Services

Critical Supplies

Each Detail/Unit will determine the critical supplies for their area, if applicable, and note the critical supplies in their Detail/Unit Technical Manuals.

The Details(s)/Unit(s) will maintain a list of vendors that have been approved for purchasing of critical supplies. Prior to adding a vendor to the list, a review of the supplier/service provider will be conducted. This review will include a review of one or more of the following criteria:

- ISO accreditation.
- Known experience of the vendor's products and/or services determined from past performance.
- Quality of product/service provided by vendor as related to requirements in documented procedures (verification).
- Ability of vendor to provide service/product in a necessary time frame.
- Service or description of supplies/materials vendor is approved to provide.

If a critical supply vendor is not ISO accredited, the Forensic Laboratory Manager/Supervisor/DNA Technical Leader whose Detail/Unit will be utilizing the critical supply will sign off on a memo attesting to the appropriateness of the vendor. The memos will be maintained as a part of and/or with the vendor list.

The critical supply lists will be evaluated as a part of the annual Management Review.

Critical Services

External calibration vendors for all calibrations of equipment where the calibration of the equipment has a significant effect on:

a) The accuracy or validity of sampling or a test result, or
b) The total uncertainty of the test result

will be accredited to ISO 17025by an IAAC or ILAC MRA signatory and the type of equipment being calibrated must be listed on their scope of accreditation. This applies to the Forensic Laboratory equipment listed below:

ASTM 1 Weights-Seized Drugs and Latent Prints
Balances- Seized Drugs and Toxicology's analytical balance
Calipers- Firearms
Digital Thermometer– Breath Alcohol
Driftcon®- Biology/DNA
Micrometers- Firearms
Pipettes- Seized Drugs and Toxicology
Pipettor/Dilutors-Toxicology
Rulers- Firearms
Sound Meter- Firearms
Thermal Cycler Thermometer & Probe- Biology/DNA
Thermometers- Quality; Biology/DNA; Toxicology; Seized Drugs

Trigger Pull Weights- Firearms

Each Detail/Unit Technical Manual contains a Quality Control Plan that details the calibration and maintenance of the equipment/instrumentation utilized in their Detail/Unit. Critical services specific to a Detail/Unit are noted in their Technical manual, if applicable.

The critical service vendors will be evaluated as a part of the annual Management Review.

Quality Control Plan

	Instrument	Frequency	Criteria	Corrective Action
NIST Thermometers	VWR/Control Company Model # 15551-284 SN: 170786098	**External:** None **Internal:** None Replace when calibration certificate expires. Spare NIST Thermometers assigned to Biology/DNA Detail will be replaced every year per QAS.	**Within +/- 1° Celsius** Calibration certificates will be stored in Qualtrax or Resource Manager. The Manufacturer Instruction Manual can be found on VWR website (www.vwr.com) or in Qualtrax.	If the thermometer appears to be damaged or exhibits any characteristics that may affect its accuracy: 1. Tag out of use. 2. Replace with a NIST Thermometer that meets the criteria. 3. Properly dispose of the original NIST thermometer.
	VWR/Control Company Model # 15551-284 SN: 170786113			
	VWR/Control Company Model # 61161-310 SN: 181080024			
	VWR/Control Company Model # 61161-364 SN: 181096079			
	VWR/Control Company Model # 61161-364 SN: 181096081			
	VWR/Control Company Model # 61161-364 SN: 181096085			

	Instrument	Frequency	Criteria	Corrective Action
	VWR/Control Company Model # 61161-364 SN: 181096100			
	VWR/Control Company Model # 61161-310 SN: 181098645			
	VWR/Control Company Model # 76204-528 SN: 181175752			
	VWR/Control Company Model # 10048-684 SN: 181191775			
	VWR/Control Company Model # 10048-684 SN: 181215998			
	VWRControl Company Model # 76204-528 SN: 181232871			

4.6.4.1 Mandatory Critical Designation

Reference standards, reference materials, and calibrations of equipment and reference standards used to establish or maintain measurement traceability shall be viewed as critical. See Detail/Unit Technical Manuals for those supplies and services deemed critical by the Details/Units.

LVMPD FORENSIC LABORATORY MANAGEMENT SYSTEM MANUAL

4.7 Title: Service to the Customer

4.7.1 Laboratory Services/Case Prioritization

The following analytical services are offered to the Southern Nevada Law Enforcement community and may be performed on evidentiary items and property submitted to the Forensic Laboratory:

BIOLOGY/DNA DETAIL

1) **Presence of biological material** - examination of items for the presence of biological fluids and materials such as blood, hair roots, semen, etc.
2) **DNA** - the extraction of DNA from items and the subsequent typing and comparison, including short tandem repeats (STRs).
3) **Combined DNA Index System (CODIS)** - administration of the local CODIS database, including the maintenance of the system. The analysis and entry of offender and case generated DNA profiles into CODIS for forensic DNA database samples to develop potential investigative leads in cases.

CHEMISTRY DETAIL

1) **Seized Drugs** - weight, analysis and identification of pills, powders, liquids, plant material and other suspected contraband for the presence of controlled and non-controlled substances and dangerous drugs; response and assistance in the investigation of clandestine drug laboratories.
2) **Trace Materials** - examination, identification and comparison of tear gas/pepper spray, general unknowns, physical matches, and fire debris.

FIREARMS DETAIL

1) **Firearms** - test firing of weapons to determine operational ability; comparison of bullets and cartridge cases; determination of the make and model of a firearm from fired bullets and/or cartridge cases; chemical and/or mechanical restoration of obliterated serial numbers; distance determinations
2) **National Integrated Ballistic Information Network (NIBIN)** – Search eligible cartridge case images through the NIBIN database to develop potential investigative leads in cases.

LATENT PRINT DETAIL

1) **Latent Print Development** - Develop, document, and recover latent prints from items of evidence.
2) **Latent Print Comparison** - Compare latent prints recovered from crime scenes and items of evidence to exemplar prints of individuals.
3) **Automated Fingerprint Identification System (AFIS)** - Search eligible latent prints through AFIS databases to develop potential investigative leads in cases.

TOXICOLOGY DETAIL

1) **Blood and urine alcohol** - the examination of blood or urine by headspace gas chromatography to determine alcohol concentration.
2) **Breath alcohol** - the maintenance of the state mandated breath alcohol program which includes the calibration and maintenance of breath instruments, training and certification of breath instrument operators, preparation of simulator solutions, and repair of breath instruments and simulators.
3) **Toxicology (Drug Screen/Confirmation)** - examination of blood and urine for the presence of prohibited and controlled substances.

The Forensic Laboratory values and encourages communication and cooperation with the members of the law enforcement community (customers) utilizing the Laboratory's services. The customers may meet with the Detail/Unit Manager/Supervisor and/or Forensic Scientist assigned to their case to discuss potential testing, a court appearance, or to review results and conclusions of testing. In order to preserve the confidentiality of other customer's cases and preserve the flow of testing, the Forensic Laboratory will not normally permit the customer to be present during testing.

The customer is responsible for communicating any need for expediting case analysis. The process for case prioritization is detailed below.

Case Prioritization

When necessary, to meet the demands of an investigation, a judicial deadline, or evidence preservation, certain cases may be given priority status when resources permit and are warranted by the seriousness of the case. All remaining cases with merit will be prioritized on the basis of the date the request was received by the Laboratory. The analysis priority initially assigned to the case can change as the situation of the case changes, if the investigator relays the appropriate information to the Laboratory.

Cases requiring a quick response are referred to as "rush" requests. There are three levels of rush requests: Priority 0, Priority 1, and Priority 2 which are delineated in the Department Manual **5/209.03 – *Laboratory Examination of Evidence; Case Assignment and Prioritization***.

Cases may also be prioritized based on the nature of the case. For example, a violent crime against a person may receive a higher priority than a crime against property case. An item of evidence that requires handling and

analyses by multiple sections of the Laboratory may receive a higher priority as delaying the analyses may result in a loss of evidence.

Normally, the analysts bear the responsibility for setting case priorities unless the case is assigned by a Forensic Laboratory Manager/Supervisor due to its "rush" status. However, determining priorities is a task more suited for the journey level analyst and senior members of the Laboratory staff. It would be appropriate for new members of the Laboratory and those entry level members to seek guidance from experienced analysts or Laboratory Managers when setting priorities.

4.7.2 Customer Feedback

In a continuing effort to improve the quality of the services provided, the Forensic Laboratory will solicit feedback from the law enforcement and legal agencies utilizing the services of the Laboratory. This process will be initiated automatically upon the release of all Forensic Laboratory Reports of Examination by FRED. The Quality Manager will track the feedback, both positive and negative. All feedback will be evaluated and utilized to improve the quality system. Records of actions taken by the Laboratory in response to feedback received will be retained by the Quality Manager. The feedback received will be disseminated by the Quality Manager accordingly.

The policies set forth in **4.8 – *Complaints*** will be followed for any complaints received as a result of the feedback process.

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4.8 Title: **Complaints**

4.8 Customer Complaints

Complaints regarding Laboratory employees, Laboratory practices, analyses, etc., made by any user agency or other party will be brought to the attention of the respective Forensic Laboratory Manager(s)/Supervisor(s). Depending upon the seriousness of the complaint, the Laboratory Director may be notified. Forensic Laboratory Managers/Supervisor(s) have the responsibility and authority to handle concerns within their Detail/Units. The complainant will also be contacted with a follow-up to their complaint, if identifying information is provided. The Quality Manager will maintain records of all investigations and actions taken by the Laboratory.

Dependent upon the severity of the complaint and the cause of the compliant, corrective action may be pursued.

4.8.1 Forensic Laboratory Personnel Complaints

Employees are a valuable resource for ideas to improve Laboratory operations and services and are encouraged to share suggestions and/or complaints with Forensic Laboratory management. Employees should discuss constructive criticisms with Forensic Laboratory management and develop solutions to those issues that they feel are problematic or which can be performed in a more efficient manner. Such communication is important in helping to improve or maintain a positive work environment. The Complaint Form (located in Qualtrax- document number 5425) can also be filled out anonymously.

Any Forensic Laboratory member complaints will be handled similarly to customer complaints. The Quality Manager will maintain records of all investigations and actions taken by the Laboratory.

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4.9 Title: Control of Nonconforming Testing and/or Calibration Work

Definition(s)

Nonconforming Work - When any aspect of laboratory testing, or the results of the testing, do not conform to laboratory procedures.

4.9.1(a) Nonconforming Work

The inaccurate analysis of evidence and misinterpretation of data are serious errors which can have adverse effects on the results of a criminal investigation. All members of the Forensic Laboratory have an ethical obligation to report any wrongdoing or technical problems observed in the Laboratory, including those noted which occur outside their area of assignment, to the Quality Manager, and their respective Forensic Laboratory Manager/Supervisor/DNA Technical Leader or the Laboratory Director. The Laboratory Managers/Supervisors/DNA Technical Leader, Quality Manager and/or Laboratory Director will be responsible for evaluating the problem, determining the cause, and recommending, documenting and conducting any corrective measures deemed necessary.

Depending upon the severity of the problem or error, a course of action will be pursued and may include, but is not limited to: fact-finding, issuance of a corrected Forensic Laboratory Report of Examination, issuance of a Corrective Action Request, technical review by analysts experienced in the technical area of the error, technical procedure review, evidence reexamination, technical competency assessment, monitored casework, cessation of casework, and/or additional training. If warranted, corrective action may also include the use of the progressive disciplinary process defined through LVMPD regulation and collective bargaining agreement.

Serious allegations of wrongdoing or criminal behavior may be pursued through the remedies defined in department regulations, including the use of the Internal Affairs Bureau.

4.9.1(b) Evaluation of Significance of Nonconforming Work

To determine the appropriate action, an assessment of the severity is needed in addition to identifying the type of problem. The Forensic Laboratory Manager/Supervisor/DNA Technical Leader will arrange a discussion with the analyst to determine the extent of the problem and in conjunction with the Quality Manager will determine if the situation warrants notification of the Laboratory Director.

4.9.1(c) Correction of Nonconforming Work

A course of corrective action must be taken immediately if an error in the examination or interpretation of physical evidence is discovered. The Laboratory Managers/Supervisors/DNA Technical Leader, in conjunction with the Quality Manager, have the responsibility and authority to make a decision about the acceptability of the nonconforming work and its impact on current, past, and future work and/or the need to repeat testing.

4.9.1(d) Notification of Customers (Requestors)

If an error in the examination or interpretation of evidence requires completion of a Corrective Action Report, the requestor will be notified and documentation of the notification will be retained. If the deficiency has affected previously reported analyses, the Forensic Laboratory Manager/Supervisor/DNA Technical Leader will determine any actions that may be necessary to address the problem including contacting the requestor of the affected analyses or the District Attorney's Office. Documentation of the notification will be retained.

4.9.1(e) Authorizing Resumption of Work

If any of the corrective action taken included suspension of casework, the Laboratory Director along with the appropriate Forensic Laboratory Manager/Supervisor/DNA Technical Leader will authorize the resumption of casework based on the completion of the appropriate corrective action.

4.9.2 Initiation of Corrective Action

If the evaluation of the nonconforming work indicates that the issue could recur or a violation of a policy or procedure is identified, a Corrective Action Request will be initiated (see **4.11 – *Corrective Action*** for further details).

LVMPD FORENSIC LABORATORY MANAGEMENT SYSTEM MANUAL

4.10 Title: **Improvement**

4.10 Improving the Effectiveness of the Management System

The Forensic Laboratory in an effort to continually improve the quality of the services provided will:

- Establish and review quality objectives (see **4.2.2 – *Laboratory Quality Policy Statement*** for further details)
- Conduct corrective actions for identified nonconformances (see **4.11 – *Corrective Action*** for further details)
- Conduct preventive actions to reduce the likelihood of nonconformances occurring and to take advantage of improvement opportunities (see **4.12 – *Preventive Action*** for further details)
- Perform annual audits (see **4.14 – *Audits*** for further details)
- Perform annual Management System Reviews (see **4.15 – *Management Reviews*** for further details)
- Analyze data (see **5.9.2 - *Quality Control Data*** in the Technical Requirements Manual for further details)
- Utilize quality policy (see the **Management System** and **Technical Requirements Manuals** for further details).

LVMPD FORENSIC LABORATORY MANAGEMENT SYSTEM MANUAL

4.11 Title: Corrective Action

Definition(s)

CAPA (Corrective Action Preventive Action) Workflow – A Workflow developed in Qualtrax to record and track any identified or potential quality issues.

Substantive - Potentially having a significant bearing on the quality of work of the laboratory, even if for a short period of time (see Level 1 definition).

4.11.1 Corrective Action

Notification

Every questionable situation/incident involving a quality issue must be brought to the immediate attention of the Quality Manager by the person discovering the issue or their Manager/Supervisor/Technical Leader. This will allow the Quality Manager to determine the needed course of action (No action needed, Preventive Action Report, Corrective Action Report, ANAB notification).

ANAB requires disclosure of all substantive occurrences of non-compliance within 30 calendar days of determining the non-compliance has occurred. Any event that may require the notification of ANAB shall be brought to the immediate attention of the Laboratory Director by the Quality Manager. Final determination of notification will be made by the Laboratory Director in conjunction with the Quality Manager.

Corrective Action Process

Through the course of Laboratory operations, situations will arise that necessitate steps be taken to evaluate, document, adjust and/or review current practices or events within the Laboratory. Examples might include casework problems, proficiency testing irregularities, failure to follow established procedures/policies, etc. This does not include an approved temporary modification to an existing method. Occurrences documented may vary in severity from negligible to significant.

The corrective action process consists of two steps:

- Corrective Action Request via the CAPA Workflow
- Corrective Action Report

A Corrective Action Request is a tool used to identify issues and initiate corrective action. A Corrective Action Request will be initiated as soon as the nonconformance is noted by the Quality Manager. The Corrective Action Report will be completed within 30 days of the request. In certain circumstances the 30 day time frame may need to be extended. In these

situations the Quality Manager will be notified indicating the reason for the delay.

When an issue that may require a Corrective Action Report is identified the appropriate Detail/Unit Forensic Laboratory Manager, Forensic Laboratory Supervisor or DNA Technical Leader will be immediately notified.

A member of the appropriate Management Team or a member of their Detail/Unit will initiate a CAPA Workflow as soon as practical after notification of the potential issue.

A guide titled- *CAPA Workflow- Corrective Action*, containing step by step instructions for initiating and completing the CAPA Workflow, is located in the Qualtrax Instructions folder in Qualtrax.

The Quality Manager will review the information provided in the CAPA Workflow and determine if a Corrective Action Report, Preventive Action Report or no further action is needed and inform the appropriate Forensic Laboratory Manager/Supervisor/DNA Technical Leader.

If a Corrective Action Report or Preventive Action Report is needed, the Forensic Laboratory Manager/Supervisor/DNA Technical Leader will notify the person identified as responsible for completion of the Corrective Action Report.

4.11.1.1 Corrective Action Completion Timeframe

The Corrective Action Report will be completed within 30 days from the date the issue is noted by the Quality Manager. Unless extenuating circumstances exist, the correction actions determined in **4.11.3- *Selection and Implementation of Corrective Actions*** shall be implemented within 90 days from the date the issue is noted by the Quality Manager. Any extenuating circumstances delaying the completion of the Corrective Action Report or the determined corrective actions will be documented. The documentation will include an anticipated date of completion.

4.11.2 Corrective Action Reports (CAR)/Root Cause Analysis

The Quality Manager, appropriate Forensic Laboratory Manager/DNA Technical Leader/Supervisor and all involved persons will meet to discuss the corrective action and begin the process of determining the root cause(s), corrective action(s) and preventive measure(s).

The meeting will begin the corrective action process by investigating the situation in order to determine the root cause(s). The person responsible for completing the Corrective Action Report will document the following items on the Corrective Action Report:

- Applicable event number(s) and crime type
- Relevant instrument information, if needed
- A description of the incident
- The effect of the discrepancy (impact of the deficiency)

- Date of the incident
- The determined root cause(s)
- The corrective action(s) taken
- The preventive measure(s) taken

If the corrective action involves casework and the evidence or results are impacted, the requestor of the affected case shall be notified. The notification shall be documented in the appropriate area on the Corrective Action Report. The date the notification is made will also be documented.

4.11.3 Selection and Implementation of Corrective Actions

During the CAR meeting potential corrective actions shall be identified. The corrective action(s) selected will be:

- To a degree appropriate to the magnitude of the problem
- The most likely to eliminate the problem and preclude recurrence

After initial completion of the CAR the person responsible will:

- Forward the CAR to their Detail/Unit Forensic Laboratory Manager/Supervisor/DNA Technical Leader and the Quality Manager for review prior to distribution
- Once accepted, the CAR will be forwarded to the Laboratory Director for approval
- Any changes made to the CAR by the Detail/Unit Forensic Laboratory Manager, Supervisor, DNA Technical Leader, Quality Manager and/or Laboratory Director will be discussed with all involved personnel to ensure accuracy of the final draft before routing
- Once approved, the CAR will be uploaded into Qualtrax and routed as appropriate
- A copy of the CAR will be uploaded into the Object Repository under the associated Lab Number, uploaded into Resource Manager for the associated instrument/equipment, placed in instrument log books (if appropriate)

Any required changes resulting from a corrective action shall be documented on the CAR and implemented.

In the Biology/DNA Detail, corrective actions must be approved by the DNA Technical Leader prior to implementation.

The Detail/Unit Forensic Laboratory Managers/Supervisors/DNA Technical Leader and/or the Quality Manager have the responsibility to ensure the corrective action is implemented. Acknowledgement of the implementation will be documented in the CAPA Workflow.

4.11.4 Monitoring of Corrective Actions

The Quality Manager in conjunction with the Detail/Unit Forensic Laboratory Managers/Supervisors/DNA Technical Leader will be responsible for ensuring that the corrective actions have been effective.

This determination may take place during the review of Corrective Action Reports as a part of the Management Review (see **4.15 - *Management Reviews*** for further details). This determination will be documented in the CAPA Workflow.

4.11.5 Additional Audits

If the nonconformance involved in the corrective action represents a serious risk to the quality of the Forensic Laboratory's work product, an audit of the affected area shall be conducted as soon as possible in accordance with **4.14 –*Audits***.

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4.12 Title: **Preventive Action**

4.12 Preventive Action

Preventive action is a tool used to identify an apparent area of needed improvement in policies or procedures.

Preventive action is also a component of the corrective action process and is included on the Corrective Action Report. In this instance, it is used to prevent reoccurrence of the issue(s) identified on the Corrective Action Report (**see 4.11 – *Corrective Action*** for further details).

4.12.1 Preventive Action Request (PAR) Form

Preventive action requests may be submitted by any Forensic Laboratory member who identifies a potential source of nonconformity or opportunity for improvement in technical procedures or procedures in the quality system. When such opportunities are identified, they will be documented in the CAPA Workflow. A guide titled- *CAPA Workflow- Preventive Action Request*, containing step by step instructions for initiating and completing the CAPA Workflow, is located in the Qualtrax Instructions folder in Qualtrax.

If it is determined that a Preventive Action Request is necessary, the Preventive Action Request form will be utilized. The following will be documented on the Preventive Action Request:

- A description of the potential nonconformity and/or opportunity for improvement
- An action plan, including resources needed for implementation
- Documentation of any revisions needed to forms or manuals (if necessary)

After initial completion of the PAR the person responsible will:

- Forward the PAR to their Detail/Unit Forensic Laboratory Manager/Supervisor/DNA Technical Leader and the Quality Manager for review
- Once accepted, the PAR will be forwarded to the Laboratory Director for approval
- Any changes made to the PAR by the Detail/Unit Forensic Laboratory Manager, Forensic Laboratory Supervisor, DNA Technical Leader, Quality Manager and/or Laboratory Director will be discussed with the person responsible for the PAR to ensure accuracy of the final draft
- Once approved, the PAR will be uploaded into Qualtrax and routed as appropriate

4.12.2 The Detail/Unit Forensic Laboratory Managers/Supervisors/DNA Technical Leader have the responsibility to ensure initiation of the actions identified in the PAR. Acknowledgement of the initiation will be documented in the CAPA Workflow.

The appropriate Detail/Unit Forensic Laboratory Manager/Supervisor/DNA Technical Leader in coordination with the Quality Manager will be responsible for monitoring the preventive action to reduce the likelihood of an occurrence of the nonconformity. The results of this monitoring will be documented in the CAPA Workflow. Preventive Action Requests will be reviewed as a part of the annual Management Review (see **4.15 - *Management Reviews*** for further details).

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4.13 Title: Control of Records

Definition(s)

Administrative Records - Records, whether electronic or hard copy, that do not constitute data or information resulting from testing, such as case related conversations, chain of custody records, corrective action reports, and other pertinent information.

Case Record - Administrative records, examination records, and any other applicable technical records, whether electronic or hardcopy, generated or received by the laboratory pertaining to a particular case, which may be stored in one or more locations.

Case File - Administrative records, examination records, and any other applicable technical records, whether electronic or hardcopy, generated or received by a laboratory pertaining to a particular case, which are stored together as a packet in the file room.

Category of Testing - A specific type of analysis within an accredited discipline of forensic science.

Discipline - A major area of casework as specified by ANAB for which a laboratory may seek accreditation.

Examination Records - The documentation, whether hard copy or electronic, of procedures followed, tests conducted, standards and controls used, diagrams, printouts, photographs, observations and results of testing and examinations. Examination records constitute part of "technical records," for the purposes of interpreting and applying 4.13.2.

Technical Records - Accumulations of data and information which result from carrying out tests and/or calibrations and which indicate whether specified quality or process parameters are achieved. They may include forms, contracts, work sheets, work books, work notes, control graphs, external and internal test reports and calibration certificates, customers' notes, papers and feedback.

4.13.1.1 Access, Storage and Location of Quality and Technical Records

The Forensic Laboratory will follow the mandatory retention periods established by the LVMPD Retention Schedule located at W:\Records Retention Destruction Schedule. Records may be disposed any time after the minimum retention period has been met. The retention periods may apply to original documents, paper and electronic, that are controlled by the Laboratory. Quality and technical records that are generated by the Forensic Laboratory are identified below:

Record	Access*	Storage Location		Retention
Archived Forms	LD, FLM, QM,TL	Prior to 2015: H:\Criminalistics\Forensics\Manager	2015 and After: Qualtrax	Indefinitely
Archived Handbook/Manuals	LD, FLM, QM,TL	Prior to 2015: H:\Criminalistics\Forensics\Manager	2015 and After: Qualtrax	Indefinitely
Audit Records	All Staff	Prior to 2015: Hard Copy in QM Office	2015 and After: Qualtrax	Accreditation Cycle or 5 Years, whichever is longer
Breath Calibration (Data and Notes)	FAA	Current Instruments: Breath Alcohol Database (BrAD) Prior Instruments: FAA Office		7 Years
Operator Certifications (retention of copies, originals are with the DMV) & Class Attendance Records/Breath Testing Certification Application	FAA	FAA Office		5 Years
Case Files (Homicide, OIS, Sexual Assault)**	All Staff	File Room (for cases worked outside of FRED). FRED for cases worked inside the LIMS		Per LVMPD Retention Schedule
Case Files (other than Homicide, OIS, Sexual Assault)	All Staff	File Room** (for cases worked outside of FRED). FRED for cases worked inside the LIMS		Per LVMPD Retention Schedule
Case file Digital Images (not stored directly in the case file)	All Staff	H:\Criminalistics\Forensic Data Archive (for cases worked outside of FRED). FRED for cases worked inside the LIMS		Per LVMPD Retention Schedule
Controlled Document Changes	LD, FLM, QM,TL	Prior to 2015 H:\Criminalistics\Forensics\Manager	2015 and After: Qualtrax	Indefinitely
Corrective Action Reports	All Staff****	H:\Criminalistics\Forensics\Manager, Hard Copy in QM Office		Indefinitely
Detail/Unit Manuals	All Staff	H:\Criminalistics\Forensics	2015 and After: Qualtrax	Indefinitely
Firearms Inventories	LD, FLM, QM,TL Firearms Staff	H:\Criminalistics\Forensics\General\Firearms		Until Superseded
Forensic Handbook	All Staff	Qualtrax		Indefinitely
Forms	All Staff	Qualtrax, Resource Manager, Y:Drive (DNA forms tied to Workbooks only)		Indefinitely
Laboratory Monthly Statistic Reports	LD, FLM, QM,TL	Laboratory Director's Office, Storage Room		Indefinitely
Management Reviews	All Staff	Qualtrax		Accreditation Cycle or 5 Years, whichever is longer
Material Safety Data Sheets/ Safety Data Sheets (MSDS/SDS)	All Staff	H:\Criminalistics\Forensics\General\Chemical Inventory (MSDS), Hard Copies in Bullpen		30 Years
Proficiency Test Records	LD, FLM, QM,TL	Prior to 2015: File storage room or File room	2015 and After: FRED & Qualtrax	Accreditation Cycle or 5 Years, whichever is longer

Record	Access*	Storage Location		Retention
Preventive Action Requests	All Staff	QM Office	2014 and After: Qualtrax	Accreditation Cycle or 5 Years, whichever is longer
Qualifications File	LD, FLM, QM,TL	Qualtrax		Per LVMPD Retention Schedule
Quality Control Data***	All Staff	Detail/Unit, File Storage Room, FRED		7 Years
Witness Critiques	LD, FLM, QM,TL	Prior to 2015 QM Office	2015 and After: Qualtrax	Accreditation Cycle or 5 Years, whichever is longer

*LD-Lab Director, FLM-Forensic Laboratory Managers/Supervisors, QM-Quality Manager and Quality Assistant, TL-DNA Technical Leader, FAA-Forensic Analyst of Alcohol
**Any case files other than Homicides and Officer Involved Shootings (OIS), that are over 5 years old may be stored in boxes off site under the control of the Forensic Laboratory. Any Outside Jurisdictions case files other than homicides that are over 3 years old may be stored in boxes off site under the control of the Forensic Laboratory.
***Homicide case files contain copies of data from batched standards, if applicable. All data included in case files are maintained utilizing the retention period of the case file.
****Corrective Action Reports that are deemed sensitive in nature are accessible by LD, FLM, QM, TL and involved parties only.

Administrative File System (cases worked prior to the implementation of FRED)

The Laboratory's Administrative File System contains the case files of all reports of analyses (except confidential cases) for cases worked prior to the implementation of FRED. The case files are maintained by year in event number order. Outside jurisdiction cases are segregated from the LVMPD cases according to each individual jurisdiction and in numerical order by event number or case number. All homicide files and files related to officer involved shootings are maintained in a separate "Homicide File" area. Sexual assault files are maintained in a separate sexual assault area. Those cases designated as special confidential cases, which includes the department's random drug screen program, are maintained separately in the Laboratory Director's or designated Forensic Laboratory Manager's office.

Clerical support staff members are responsible for the maintenance of the administrative file system. The clerical support staff has the authority to control the filing and removal of Laboratory report files.

All cases worked in FRED (implemented October 07, 2013) are maintained in FRED. FRED generates a unique number (Lab Number) for each case processed by the Forensic Laboratory. The cases in FRED are identified and indexed by Lab Number and can be searched using a range of available information (e.g., the Lab Number, event number, case number, subject name). Access to the case files in FRED is based on assignment and controlled by the LIMS Administrators. Case records stored in FRED will follow the mandatory retention periods established by the LVMPD Retention Schedule located at W:\Records Retention Destruction Schedule. Records may be disposed at any time following the minimum retention period.

Positive Department, Pre-Employment, and all Commissioned Supervisor samples are stored in FRED and marked confidential.

The records stored in Qualtrax are identified by title and indexed using a detailed tree structure and can be searched using a range of available information (title, document number, key words). Access to the records in Qualtrax is based on assignment and controlled by the Qualtrax Administrators. Those records located in Qualtrax described in the table above will be maintained as detailed above. The records may be disposed at any time following the minimum retention period.

Case File Removal (cases worked prior to the implementation of FRED)
Case files may be removed from the administrative file system for review, supplemental analysis, and testimony. Any Forensic Laboratory member requiring a file should make a request for file removal to the LEST/designee covering the front desk.

Clerical support staff has the authority to request that analysts adhere to established file removal policies and respond to file audits and follow-up questions.

A *File Check-Out Sheet* for the removal of case files is located in the file room. When a case file is removed from the administrative file system, the LEST/designee covering the front desk will annotate the log and the Laboratory member will be required to initial that the file was received. In addition, an out card will be completed and placed in the file in the appropriate event number order. The out card will contain the event number of the file removed, the date it was removed, and who received the file.

If a Forensic Laboratory member requires a case file and clerical staff is not present to annotate the log or out card, the member removing the file from the administrative file system will complete the appropriate steps. However this should only take place in **emergency** situations, the procedure of choice is to receive the file through the clerical staff.

All case files will be returned promptly when the review, testimony, or supplemental analysis is completed. Analysts are not to retain case files on their desks or in their own personal files - these are the property of the LVMPD. The case file will be returned to the LEST/designee covering the front desk. The LEST/designee will sign the log sheet in the presence of the analyst indicating that the file was returned. Under no circumstances is the analyst to replace the file in the administrative files.

Since the case files are the property of the LVMPD and are maintained by the Forensic Laboratory, it is contrary to policy to leave *original* case file records with any court. If ordered by the court to leave the originals, the analyst will advise the court of this policy and the importance of the work notes and other case records in rendering accurate testimony. If the court is unyielding, the analyst will request, in open court, that a copy of all documentation be made for the lab's file system. The analyst will request that an officer of the court (bailiff, DA, etc.) annotate the copy with initials and a date. The analyst will

inform their respective Laboratory Manager that the originals were retained by the court upon return to the Laboratory.

Case File Audit

Clerical support staff members are responsible for the maintenance of the administrative file system. As such, periodic audit or review of all out files should be conducted. Analysts will cooperate with this review, recognizing that it is part of the Laboratory's quality control process and will make every effort possible to locate any outstanding files.

4.13.1.1.1 Case Record

A case record may include the following document types:

- Formal Laboratory Report of Examination (see 5.10 – *Reporting the Results*)
- Case notes (see 4.13.2.2)
- Technical documentation
- Administrative documentation

Technical Documentation

Technical Documentation is generated during an analysis and may include, but is not limited to the following items:

- Tests conducted
- Standards and controls used
- Diagrams
- Spectra
- Photographs (digital images)
- Printouts
- Charts

Technical documentation may be stored in FRED or in other locations as detailed in Detail/Unit Technical Manuals. Applicable Lab numbers, page numbers and analysts' initials must appear on technical documentation that is generated as a hardcopy and uploaded into FRED or stored outside of FRED.

Digital images associated with cases that were worked prior to the implementation of FRED, are stored by event number in a secure folder in the following location: H:\CB\Forensic Data Archive utilizing the breakdown of the subfolders as detailed below:

- Forensic Data Archive
  - Detail
  - Analyst Name
    - LVMPD
    - Outside Jurisdiction (OJ)

For supplemental analyses the digital images are stored with the addition of the word supplemental to the name of the folder (e.g. 12 0913-1234 Supplemental, 12 0913-1234 Supplemental-2, etc.).

Digital images associated with cases worked in FRED are stored in the Unit Record Object Repository under the appropriate Lab Number.

Administrative Documentation
Administrative documentation may include, but is not limited to the following items:

- Technical review forms
- Forensic Laboratory Examination Request (LVMPD 63)
- Forensic Lab Toxicology Request (LVMPD 547)
- Correspondence such as related letters, Memoranda, and/or e-mails received or sent
- Discovery materials (Document Release Receipt, court order, subpoena duces tecum)
- Associated Corrective Action Reports

4.13.1.1.2 Identification of Administrative Documentation
Administrative documentation received or generated for a specific case shall be identified with the event number and/or Lab Number and member's initials. If the documents are bound in some manner (e.g., electronically scanned as a packet into FRED), the unique identifier and initials only need to be present on the first page of the administrative documentation.

4.13.1.2 Record Storage
All records shall be legible and shall be stored and accessible as defined in **4.13.1.1- *Access, Storage and Location of Quality and Technical Records.*** All records shall be maintained in a manner to prevent damage, deterioration and loss. Record retention schedules are defined in **4.13.1.1.** Case files undergoing Technical and/or Administrative Review may be temporarily taken off-site (Manager/Supervisor/Technical Leader/Forensic Scientist's home) to facilitate the review process.

4.13.1.2.1 Record Retention Policy
The mandatory retention periods are established by the LVMPD Retention Schedule. The LVMPD Records and Fingerprint Bureau is responsible for considering applicable legal requirements regarding retention of records.

4.13.1.2.2 Scanning Original Records for Electronic Storage
Hardcopy case documentation may be maintained by scanning into the Lab Case or Unit Record Object Repository associated to the appropriate Lab Number. Once the original hardcopy documentation has been scanned into the Lab Case or Unit Record Object Repository, a verification will be performed by comparing the original to the scanned copy to ensure every page scanned in properly. Once it is verified that the scanned copy is an accurate copy of the original, the original hardcopy document will be destroyed.

4.13.1.2.3 Abbreviations
Abbreviations or symbols are acceptable in examination documentation as long as they are readily comprehensible or a key is included with the notes or

detailed in the appropriate technical manual (see **4.13.2.2 – *Case Notes*** for further details).

4.13.1.3 Record Security

In accordance with Department policy **4/105.09 – *Police Business Confidential,*** members will not release any information gained in the performance of their casework assignments. All records generated in the process of analyzing cases for the Forensic Laboratory must be held at the highest level of confidentiality.

All records are securely stored in FRED, Qualtrax, in the Forensic Laboratory or by the LVMPD Records and Fingerprint Bureau as outlined above in **4.13.1.1- *Access, Storage and Location of Quality and Technical Records.***

4.13.1.4 Electronic Records

All electronic records on the Forensic Laboratory shared drive (H:drive) are backed up by the LVMPD Information Technologies Bureau (ITB) according to their policies and procedures. The Quality Manager in coordination with the Laboratory Director is responsible for determining access to the folders in the shared drive. The actual access to the folders is granted by ITB. In the Biology/DNA Detail, electronic data from the instruments is stored on the H:drive. Only the Quality Manager and those employees assigned to the Biology/DNA Detail have access to the DNA designated folders on the H:drive. Data stored on the H: drive is automatically backed up by ITB. (see the Biology/DNA Technical Manual for further details).

Records stored in FRED are maintained on a dedicated server utilized only by the Forensic Laboratory and maintained and backed up by ITB according to their policies and procedures. Access to the records via FRED is limited by the necessity of having an account within FRED which is maintained by the LIMS System Administrator(s).

Any amendments to examination records maintained in FRED are tracked through a version history in FRED (see **4.13.2.3.1- *Changes to Electronically Stored Documentation*** for further details). Amendments to worksheets in FRED can only be performed by the person who has custody of the Unit Record in FRED. The transferring of a Unit Record in FRED is tracked by FRED. The rights to transfer a Unit Record are limited to transfers within the same Detail/Unit only. Changes to items in the Object Repository are tracked through version history. As required by their duties as LIMS Administrators, LIMS Administrators have the ability to amend records. These amendments are also tracked through version history.

Records stored in Qualtrax are maintained on a dedicated server utilized for Qualtrax only and maintained and backed up by ITB according to their policies and procedures. Access to the Forensic Laboratory records stored in Qualtrax is limited by viewing necessity determined and maintained by the Qualtrax Administrators.

Amendments to both controlled and uncontrolled records in Qualtrax are tracked through a version history. Changes to records stored in Qualtrax are limited by setting strict editing rights through the security tab in Qualtrax. These rights are maintained by the Qualtrax Administrators. Changes to records are documented through a version history in Qualtrax and deletion rights are only granted to the Qualtrax Administrators.

Back-up of the electronic data from equipment/instruments is detailed in the appropriate Detail/Unit Technical Manuals.

4.13.2.1 Technical (Case) Records

The procedures in this section **(4.13.2)** address the compilation of case documents that should be prepared at the time of the analytical process or during a supplemental analysis.

The compilation of documents shall contain sufficient information to establish an audit trail and to enable an independent, competent Forensic Scientist and/or Forensic Laboratory Manager/DNA Technical Leader/Supervisor to evaluate the analysis done and interpret the data. The documentation shall include the identity of personnel responsible for sampling, performance of each test and checking of results. An accurate retest may not be possible, so it is essential that a complete case record is compiled, should a review be required.

The group of documents prepared at the time of analysis is referred to as the case record. All LVMPD incidents (cases) are assigned a unique event number. Event numbers are computer generated numbers that are created when a call is dispatched. Event numbers consist of twelve digits. The first four digits represent the year, month (YYMM). The remaining eight digits are computer generated and begin with 00000001 at midnight each night and are sequentially issued.

FRED generates a unique number (Lab Number) for each case worked by the Forensic Laboratory. The Forensic Laboratory uses the Lab Number as the unique identifier for the case.

4.13.2.1.1 Records Supporting Conclusions

Case records shall include adequate documentation so that in the absence of the case analyst, another competent analyst or supervisor could evaluate what was done and interpret the data. In addition to the requirements listed in this procedure, Detail/Unit Technical Manuals may list case documentation and report guidelines specific to that area. When indicated, requirements listed in technical manuals will be followed.

4.13.2.1.2 Technical Case Record Requirements

Each technical record shall:

a) be traceable to a unique identifier (Lab Number):

For cases worked in FRED
The unique identifier (Lab Number) is located on each LIMS screen for the Unit Record associated with that case.

Files stored in the Unit Record Object Repository shall include at least the following information within the file name: a Detail/Unit designator followed by a space and the Lab Number, (e.g., FA 13-05962 photo) if the Lab Number is not already recorded on the file itself. The approval of the file locks the file, and identifies the person who approved it.

Due to data being automatically associated to several Lab Numbers in FRED as a result of batching, standards packets in the Toxicology Detail are exempt from the above listed naming convention.

For cases worked and stored outside of FRED
Each page or document (including the front of a page and the back of the page, if the back side exhibits case information) must bear the following:

- **Event Number, Case Number, or Other Identifier**
  The event number, outside jurisdiction case number, or other identifying number (e.g. confidential case number) must appear on each page contained within the case file. If the case or event number is automatically printed on the page (e.g. on an instrument printout) this requirement is met.

- **Initials of the Examiner**
  Each page must bear the handwritten initials, the first initial/ P# /last initial or signature of the analyst. Initials should be placed on the bottom right hand corner of each page or form. Unlike the event number, examiner's initials automatically printed on a page are not sufficient - the initials must be handwritten.

- **Page Number**
  All case file documentation generated prior to the completion of the technical and/or administrative review of the report will be page numbered. Pages will be numbered sequentially and no subdivisions or letters are permitted (e.g., 2a and 2b **cannot** be used). The first page of the notes or case documentation will use the format X/Y or X of Y where Y is the total number of pages. For example, 1/26 indicates that it is the first page out of 26 total pages. Only the first page need indicate the total number. Subsequent notes or documentation need only bear the specific page number. Page numbers associated with a supplemental examination must be annotated as such (see **5.10.9 – *Amendments to Test Reports – Supplemental Reports*** in the Technical Requirements Manual for further details). Administrative pages added after a case file has been completed and filed,

such as a memo or letter, need not be page numbered but must bear the event/case number and must be initialed.

- Documents added to the case file by the clerical support staff (Case Cross Reference Sheet, ODV memos, e-mails, the LVMPD Forensic Lab Case Tracking Form, etc.) require applicable case numbers (if not already present) and member's initials.

b) reflect the dates the testing was performed:
Testing dates may be reflected as a range of dates or the date of individual test performance. The recording and documentation of dates associated with an analysis may also be Detail/Unit specific. If a Detail/Unit determines specific dates must be recorded, these relevant dates will be recorded according to established technical manual protocol.

The start date will be defined in the Detail/Unit Technical Manual. The end date shall be defined as the Distribution Date on the laboratory report once it is released.

c) be of a permanent nature:
Notes shall be handwritten in ink or typed and must be legible to facilitate review. Pencil (including colored pencils) or colored ink may be appropriate for diagrams or tracings or for highlighting specific written material (see **4.13.2.2 – *Case Notes*** for further details). Any documentation captured in a non-permanent manner (pencil) will be rendered permanent by copying or scanning.

4.13.2.2 Case Notes

Notes must be prepared in order to document the examination and handling of a case, to aid the analyst in recall of details regarding the case, and to allow adequate review of work performed. Case notes are located in worksheets in FRED or are prepared outside of FRED and imported into the Lab Case or Unit Record Object Repository associated to the appropriate Lab Number.

Handwritten or typed notes or worksheets detailing the analytical process shall be prepared at or near the time of the event or observation being recorded. Should an event be recorded later, a notation (including the date) must indicate the reason for the delay. Notes can be maintained on a work form, however the forms shall be consistent within a given Detail/Unit and approved by the respective Forensic Laboratory Manager/Supervisor/DNA Technical Leader.

Handwritten notes may be subsequently typed, however all original handwritten notes must be maintained by scanning into the Unit Record Object Repository and associated to the appropriate Lab Number. Once the original notes have been scanned into the Unit Record Object Repository

they will be verified by comparing the original to the scanned copy to ensure every page scanned in properly. Once it is verified that the scanned copy is an accurate copy of the original, the original notes shall be destroyed.

The following list of information is to be included within the case notes or worksheets:

- **Chain of custody information.** The official chain of custody for all evidence handled by the Laboratory will be maintained electronically through the ACE evidence tracking system (see **5.8.1.1- *Chain of Custody*** in the Technical Requirements Manual for further details).

- **Description of the evidence associated with the case, including booking officer, package numbers, and item numbers, if applicable.** The evidence must be described in sufficient detail in the case notes to aid the analyst in recall or testimony. Unusual characteristics can be described, or may be photographed or diagramed.

- **Loss or damage to an item or package** deemed as significant must be recorded. This does not refer to the routine use of a sample during analysis but rather refers to a significant change, such as breaking a vial of blood, consuming a whole tablet during seized drugs analysis, or tearing an evidence bag during handling.

- **Significant interactions** with other technical staff members or Bureau members (such as Crime Scene Analysts) must be recorded. An example of such an interaction would be the collection of biological material by a DNA analyst from a bullet in the possession and control of a firearms examiner.

4.13.2.2.1 Documentation of Rejected Data

If an observation, data, or test result is rejected, the reason, the identity of the individual(s) taking the action and the date shall be recorded in the case record.

4.13.2.3 Corrections to Hard Copy Case Documentation

Corrections (additions and/or deletions) made to hard copy documentation prepared outside of FRED require the initials of the analyst making the correction. Deletions are indicated with a single line strikeout over the incorrect data or information, the addition of corrected material, and the initials of the analyst making the correction. Any corrections in either handwritten or typed notes found as a part of the technical or administrative review process will be handled in the above described manner with the addition of the date of the correction. Corrections and/or deletions are not considered redactions. Correction fluid/tape is prohibited!

4.13.2.3.1 Changes to Electronically Stored Documentation

Any change made to examination records stored in LIMS, including those as a result of verification, technical or administrative review, are automatically tracked through a version history in FRED.

FRED maintains versions of the approved items in the Object Repository. FRED also maintains versions of the worksheet that can be downloaded and compared if necessary. Only the latest version is directly accessed from the Unit Record. To find all the previous versions, highlight the Worksheet banner, right click and select Worksheet Document Properties and click on the Version History.

Electronic changes to uploaded case record documentation that do not affect the results or conclusions after it has been released (i.e. for discovery or court purposes), do not necessitate a new report to be issued. Errors discovered on the documentation/notes should be either printed, hand-corrected (see **4.13.2.3 Corrections to Hard Copy Case Documentation**), or similarly corrected using PDF software, and re-uploaded to the case record in FRED. A technical reviewer, preferably the original technical reviewer, must document in the case record that the changes were reviewed, either by initialing and dating the changed pages, or uploading a memo to the Unit Record Object Repository. The technical reviewer will also add a comment to the Unit Record comment box. For discovery or court purposes, the updated case records must then be disseminated to the original recipient(s) of the released records.

LVMPD FORENSIC LABORATORY MANAGEMENT SYSTEM MANUAL

4.14 Title: **Audits**

4.14.1 General

Audits are an important aspect of the quality assurance process. Audits are an independent review conducted to check compliance with quality standards established by the Laboratory, *ISO/IEC 17025*, ANAB, the *FBI Quality Assurance Standards for Forensic DNA Testing Laboratories,* and the *FBI Quality Assurance Standards for DNA Databasing Laboratories.* Audits are not punitive in nature and are the primary tool to provide management with an evaluation of the Laboratory's performance in meeting its quality policies and objectives and its compliance with policies and procedures.

Audit Procedure

The Quality Manager and/or DNA Technical Leader will plan and organize audits, to include choosing an audit team as well as providing any internal auditor training needed and starting an Audit Workflow in Qualtrax. The Quality Manager and/or DNA Technical Leader will notify Laboratory staff, as appropriate, with audit dates and basic information concerning the audit.

An Audit plan will be developed by the Quality Manager/Quality Assistant. It will include the following information:

- Audit Dates
- Audit Objectives
- Audit Criteria
- Audit Scope
- Auditor Names and Assignments
- Auditor Training Dates (if needed)
- Items Provided to Auditors
- Required Items from Detail/Units

The Audit Plan will be provided to all members of the audit team in advance of the audit. The auditors will prepare for the audit by attending the Internal Auditor training, if needed, and by reading the appropriate Manuals.
The auditors will perform the audit and complete the appropriate Internal Audit Checklist. At the conclusion of the audit, a closing meeting will be held by the Quality Manager and all potential findings will be discussed amongst the audit team. The final version of the Internal Audit Checklist will be provided to the Quality Manager. The Quality Manager will use the Internal Audit Checklist to create the Audit Report and initiate the Audit Findings Workflow (see **4.14.3- *Audit Findings Documentation*** for further details).

4.14.1.1 Internal Audits

Internal audits will be conducted by members of the Criminalistics Bureau who have received appropriate audit training or by external personnel who

are qualified to conduct Forensic Laboratory audits in each respective Detail/Unit as required. Audit team member qualifications for the Biology/DNA Detail will be reviewed and approved by the DNA Technical Leader prior to the audit. The audits will be conducted against the Forensic Laboratory's Management System and ANAB ISO/IEC 17025 accreditation criteria in all Details/Units, as well as against the *FBI Quality Assurance Standards for Forensic Casework and* the *FBI Quality Assurance Standards for Databasing* in the Biology/DNA Detail. Specific findings will be discussed with the Detail Forensic Laboratory Managers/Supervisors/DNA Technical Leader following the completion of the audit.

With the exception of the Breath Alcohol Unit, each Detail/Unit shall be audited at least annually. The time frame between audits shall be no greater than 18 months.

Records of each audit will be maintained in Qualtrax. Internal audit records will include:

- The Audit Report, including date(s) of the audit, Detail/Unit(s) audited, name of the auditor(s), and findings
- The Internal Audit Document

External Audits

Every other year an external audit of the Biology/DNA Detail is required to effect compliance with the *FBI Quality Assurance Standards for Forensic DNA Testing Laboratories,* and the *FBI Quality Assurance Standards for DNA Databasing Laboratories*. The audits will be conducted against the *FBI Quality Assurance Standards for Forensic Casework and* the *FBI Quality Assurance Standards for Databasing*.

4.14.1.2 Direct Observation

Internal audits shall include direct observation of a sampling of testing within each discipline.

4.14.2 Audit Findings and Corrective Action

If any audit findings cast doubt on the effectiveness of Laboratory operations or on the correctness or validity of Laboratory results the corrective action process shall be initiated in a timely fashion. Corrections to include a determination of a root cause will be established within 30 days from the completion of the Audit Report for all audit findings. All determined corrections will be implemented within 90 days from the completion of the Audit Report. Any extenuating circumstances delaying the completion of the determined corrective actions will be documented. The documentation will include an anticipated date of completion.

If it was determined that a deficiency may have affected previous casework, the appropriate notifications (requestor, District Attorney, etc.) will be made in writing.

4.14.3 Audit Findings Documentation

Following completion of an internal audit, an Audit Report will be written by the Quality Manager. The report will be distributed to and signed by the Forensic Laboratory Managers/Supervisors/DNA Technical Leader, the Laboratory Director and the auditors as appropriate. This report will detail the area of activity audited, findings of the audit and report on areas that are exceptional (if noted) as well as areas that require corrective action. An Audit Findings Workflow will be initiated in Qualtrax for each Detail/Unit in need of some type of corrective action. This Workflow will list the finding, the standard the finding was against, and the date the Audit Report was completed.

Once an Audit Findings Workflow is launched, the Detail/Unit Forensic Laboratory Manager/Supervisor and/or DNA Technical Leader will determine the root cause and appropriate corrective actions needed to remedy the finding. Once the corrective actions associated with each finding have been completed and implemented, the Workflow will be returned to the Quality Manager for further action as needed. If the corrective action requires completion of a Corrective Action Report, then the procedures in **4.11 – *Corrective Action*** will be followed.

4.14.4 Audit Corrective Action Implementation

Findings reported through audits will be remediated to the satisfaction of the Laboratory Director, Quality Manager and appropriate Forensic Laboratory Manager/Forensic Laboratory Supervisor/DNA Technical Leader.

A follow-up audit will be conducted by the Quality Manager in conjunction with the appropriate Forensic Laboratory Manager/Forensic Laboratory Supervisor/DNA Technical Leader to ensure that the listed actions were implemented and effective. This follow-up audit is documented in the Audits Workflow.

During the Management Review (see **4.15 - *Management Reviews*** for further details), the Quality Manager, in conjunction with the appropriate Forensic Laboratory Manager/Forensic Laboratory Supervisor/DNA Technical Leader, will review the corrective actions from the previous year to ensure that corrections are still being implemented and were effective.

4.14.5 Off-Site Surveillance Conformance Review

The Laboratory will submit documents and/or records to support conformance with all requirements listed in the conformance checklist-**ANAB *Minimum Requirements for Assessment Activities***. The documents/records will be uploaded into the assigned ShareFile “Customer Docs & Records” folder according to the ANAB - Surveillance and Re-Assessment Schedule. The ANAB - Surveillance and Re-Assessment Schedule is located in Qualtrax. The completed conformance checklist shall be provided to ANAB no later than 30 days prior to the scheduled surveillance activity.

The ***Minimum Requirements for Assessment Activities*** will indicate that the list of documents/records to upload will include, but will not be limited to:

- Quality Manual (however named)
- Proficiency Testing program:
    - ANAB Testing = FM 3056 PT/ILC (Proficiency Test/Inter-Laboratory Comparisons) Four-year Plan
    - A list of all proficiency/ILC tested personnel with the following information on all PT/ILC tests completed by each person during the most recent complete calendar year.
        - Test identifier
        - Discipline
        - Category
        - Type (internal or external)
        - Outcome
- A summary of the results of the most recent management review
- A summary of the results of the most recent internal audit
- Records of open corrective action(s) and those completed corrective actions since the last assessment activity
- A list of newly implemented test or calibration methods that are included in a discipline covered by your Scope of Accreditation

See **ANAB PR 3078-** ***Minimum Requirements for Assessment Activities ANAB AR 3028 Testing Accreditation Program*** and **ANAB MA 3033-** ***Accreditation Manual for Forensic Service Providers*** for further details.

4.14.6 Other Audits

Audits can be initiated for many different reasons and can encompass many different areas. Below is a sampling of audit types.

- Security Audit – An audit of the secured keys is conducted on an annual basis
- Evidence Audit – Evidence audits are conducted twice a year on all evidence located in the Forensic Lab Node.
- Logbook Audits, as needed
- Case Record Audits, as needed

LVMPD FORENSIC LABORATORY MANAGEMENT SYSTEM MANUAL

4.15 Title: Management Reviews

4.15.1 Management System Review

The Laboratory Director, Forensic Laboratory Managers, Forensic Laboratory Supervisors, Quality Manager and DNA Technical Leader will conduct a review of the Laboratory's Management System and testing activities to ensure continuing suitability and effectiveness.

The review shall take account of the following for the year under review:

- Quality objectives
- Resources (budget)
- Administrative Manual review
- Safety Manual review
- Management System Manual review
- Technical Requirements Manual review
- Quality control activities
- Corrective Action Reports
- Preventive Action Reports
- Reported incidents closed out no further action needed
- Recent internal audits
- Recent external audits
- Assessments by external bodies
- Other audits
- Competency tests
- Proficiency tests
- Internal training evaluations
- External training evaluations
- Complaints (Customer and Forensic Laboratory member)
- Surveys (customer feedback)
- Witness critiques
- The suitability of policies and procedures
- Performance Standards
- Staffing overview
- Changes in the volume and type of work
- Training provided by staff
- Training received by staff
- Evaluation of critical supply vendor lists
- Evaluation of critical service vendors
- Evaluation of the Measuring Equipment Traceability Memo
- Other Reports from Managers/Supervisors/Technical Leader
- Recommendations for improvement from the previous Management Review
- Recommendations for improvement

The appropriate Management Review form will be utilized by the Laboratory Director, Forensic Laboratory Managers, Forensic Laboratory Supervisors, Quality Manager and/or DNA Technical Leader to document the above listed topics.

Revisions deemed necessary as part of this review process will be made to the existing policies and procedures in accordance with **4.3.3.1-4.3.3.4 – *Document Control***.

4.15.1.1 Frequency of Management Reviews

The comprehensive review of the Forensic Lab Management System referenced above in **4.15.1** will be conducted at least annually.

4.15.2 Management Review Documentation

The Management Review, including the findings from the review, will be documented on the Management Review form. Any actions that result from findings identified during the Management Review shall also be documented on the Management Review form and be initiated in an agreed upon and timely fashion. The Management Review report(s) will be maintained in Qualtrax.