San Diego County Sheriff's Department Regional Crime Laboratory

2020 – 17025T&C - Surveillance Assessment

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Data collected on 2020-11-17

ANSI National Accreditation Board

United States

This assessment report summarizes the outcome of the recent accreditation activity. A separate document, the assessment plan, provides information on the type of activity (*e.g.,* reassessment, surveillance activity, scope extension), the date(s) of the activity, the assessment team members, the requirement documents and the scope by discipline that was assessed for each location. The assessment plan, together with this report, provides a complete picture of the accreditation activity.

The ANSI National Accreditation Board (ANAB) evaluated the competence of the forensic service provider and conformance with all applicable accreditation requirements for the scope of accreditation listed in the assessment plan. Objective evidence of implementation was assessed. The results of an assessment activity are based on a sample of records, locations, and personnel that were available at the time of the activity. Witnessing is an additional technique used in on-site activities.

REQUIREMENTS:

ISO/IEC 17025:2017 General requirements for the competence of testing and calibration laboratories & ANAB ISO/IEC 17025:2017 Forensic Science Testing and Calibration Laboratories Accreditation Requirements (AR 3125) evaluated over the accreditation cycle are summarized in the following broad categories:

General requirements related to the forensic service provider's commitment to impartiality and confidentiality in its activities.

Structural requirements related to the range of activities, management structure, the authority, roles and responsibilities of personnel. Documented procedures which ensure a consistent application of activities and the validity of results.

Resource requirements related to the impartiality of personnel. Requirements for a training program, competency testing, authorizations and ongoing monitoring to ensure the competence of personnel. Facility and security suitability for activities. Records and procedures for equipment to ensure proper functioning and where applicable, establishment of metrological traceability. Requirements for externally provided products and services.

Process requirements related to the handling of test and calibration items in a manner to maintain the integrity of the item. Requirements for chain-of-custody of items to be tested and appropriate methods and procedures. Ensuring the required performance of the methods along with monitoring the validity of the results. Requirements to ensure results are supported by sufficient technical records and are reported accurately, clearly, unambiguously and objectively. Procedures for nonconforming work and a documented process for handling complaints. Requirements related to the laboratory information management system protection and integrity of data and information.

Management system requirements related to policies and objectives appropriate for the scope of activities. Requirements to control internal and external documents and records. Requirements to address risks and opportunities and timely, well-documented corrective actions. Requirements for an internal audit program and management reviews.

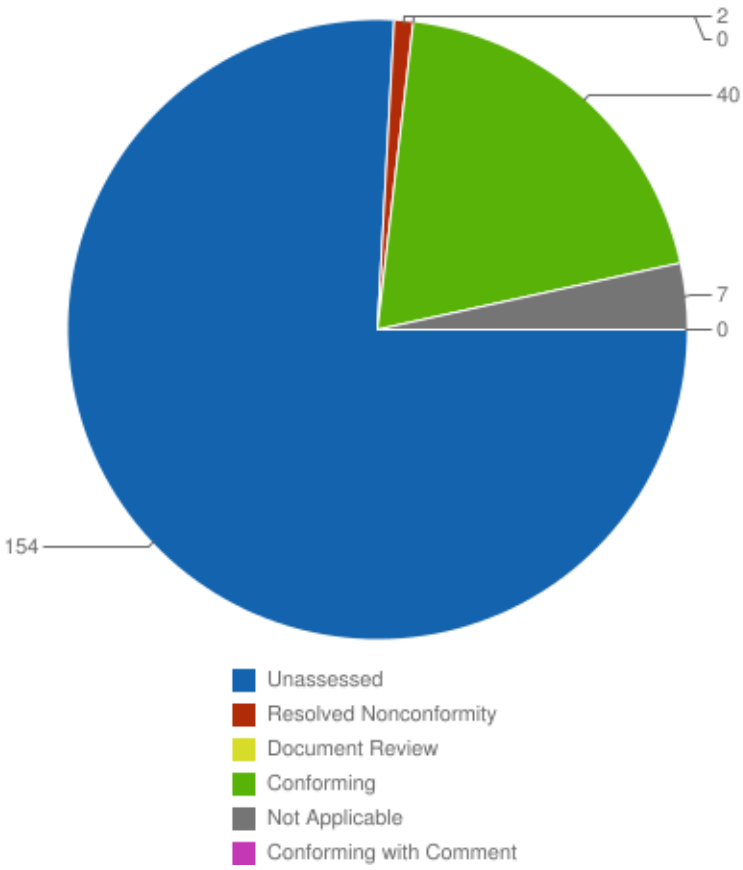
The accreditation activity also evaluates forensic science provider’s conformance with their own management system requirements.

ASSESSMENT RESULT:

Based on the assessment techniques and sampling reviewed during the assessment activity, the assessment team found that the forensic service provider demonstrated competence to operate a management system that fulfills all applicable accreditation requirements, including those specified within their management system.

Any comments (opportunities for improvement) or nonconformities identified during this assessment activity are noted below. All nonconformities will be resolved prior to an accreditation decision by ANAB and a summary provided in a subsequent assessment activity report.

Summary of Comments



Audit Comments

7.1 Review of requests, tenders and contracts

7.1.9 ANAB Accreditation Requirement

Resolved Nonconformity

Requirement

Is the extent of database (e.g., DNA profiles, friction ridge, ballistics, biometrics) searches communicated to customers and updated as needed?

ANAB NOTE 1 “extent” will be specific to the database but may include aspects of the scope or range of the search (e.g., local, state, national, international), the frequency of the search or if the customer is required to make a request to elevate the scope of the search or to have a search performed.

ANAB NOTE 2 This may be communicated on a case-by-case basis, in the report, or in a general customer communication.

Add Nonconformity Resolution Workflow

The extent of the database searches are not communicated to the customer in the Firearms and Toolmarks Discipline reports.

Due Date & Responsible Party : until 2021-01-25 (Add Nonconformity Resolution Workflow completed)

Completion note: Corrective action was conducted which included a root cause, quality action plan, and completion of the plan.
An evaluation of the impact to the customer was conducted.
The Laboratory Revised the technical procedure manual to allow for a report to state Standard Regional Area for IBIS searches.
Objective evidence of report examples was provided.
The example reports included language to describe the extent of the database search. The statement informs the customer of which database was searched, the length of the search, and if any further action will occur due to continued searching.

The Nonconformity is resolved.

7.8.2 Common requirements for reports (test, calibration or sampling)

7.8.2.1 ISO/IEC 17025:2017

Resolved Nonconformity

Requirement

Does each report include at least the following information, unless the laboratory has valid reasons for not doing so, thereby minimizing any possibility of misunderstanding or misuse:
a) a title (e.g. “Test Report”, “Calibration Certificate” or “Report of Sampling”)?
b) the name and address of the laboratory?
c) the location of performance of the laboratory activities, including when performed at a customer facility or at sites away from the laboratory’s permanent facilities, or in associated temporary or mobile facilities?
d) unique identification that all its components are recognized as a portion of a complete report and a clear identification of the end?
e) the name and contact information of the customer?
f) identification of the method used?
g) a description, unambiguous identification, and, when necessary, the condition of the item?
h) the date of receipt of the test or calibration item(s), and the date of sampling, where this is critical to the validity and application of the results?
i) the date(s) of performance of the laboratory activity?
j) the date of issue of the report?
k) reference to the sampling plan and sampling method used by the laboratory or other bodies where these are relevant to the validity or application of the results?
l) a statement to the effect that the results relate only to the items tested, calibrated or sampled?
m) the results with, where appropriate, the units of measurement?
n) additions to, deviations, or exclusions from the method?
o) identification of the person(s) authorizing the report?
p) clear identification when results are from external providers?

NOTE Including a statement specifying that the report shall not be reproduced except in full without approval of the laboratory can provide assurance that parts of a report are not taken out of context.

ANAB NOTE 2 A legal requirement that dictates the information to be included in a report is a valid reason to not include one or more listed report elements.

ANAB NOTE 3 i) Date(s) may be reflected as a range of dates or the date of each test or calibration.

ANAB NOTE 4 o) Authorization of the report does not have to be performed by the same person(s) who authorized the results. (see ISO/IEC 17025:2017 7.8.1.1).

Add Nonconformity Resolution Workflow

The Laboratory Service Reports in Crime Scene Investigation discipline do not consistently include the method used for performing presumptive testing of body fluids.

Due Date & Responsible Party : until 2021-01-25 (Add Nonconformity Resolution Workflow completed)

Completion note: Corrective action was conducted which included a root cause, quality action plan, and completion of the plan.
An evaluation of the impact to the customer was conducted.
The Laboratory CSI Section Supervisor met with the section to discuss how to report the method used for performing presumptive testing of body fluids.
Objective evidence of report examples was provided.
The example reports included language to describe the type of method used to perform the presumptive testing. Several reports were provided with the updated language.
The Nonconformity is resolved.