



ASCLD/LAB-*International* Surveillance Activity Report

San Diego County Sheriff's Department Regional Crime Laboratory

Premises visited:
5255 Mt. Etna Drive, San Diego, CA 92117

Premises not visited:
N/A

Surveillance Activity: Expanded Surveillance Visit
Surveillance Activity Date: November 15-16, 2016

Surveillance Assessor(s):
Brandon Sacco
Technical Assessor(s):
Abby Schwaderer
Jennifer Howard

ASSESSMENT OBJECTIVES

To conduct limited scope conformance monitoring of management and technical operations and to report the findings in a fair and impartial manner to the customer and to ASCLD/LAB for the purpose of continuing ASCLD/LAB-*International* accreditation in accordance with the scope of accreditation. Applicable requirements from ISO/IEC 17025:2005, the ASCLD/LAB-*International* Supplemental Requirements for the Accreditation of Forensic Science Testing Laboratories (2011), applicable ASCLD/LAB-*International* policies and the documented management system were used for this assessment.

SCOPE OF ACCREDITATION

The Laboratory requested the removal of Toxicology: Urine Alcohol. There are no additional changes to the current scope of accreditation.

REVIEW OF CORE ACCREDITATION REQUIREMENTS

During the surveillance activity, the following were evaluated for conformance:

- Management organization
- Proficiency testing program and records
- Corrective action records
- Internal audit records
- Management review records
- Appropriate use of the ASCLD/LAB accreditation symbol

REVIEW OF TECHNICAL COMPETENCE

During the surveillance activity, personnel qualification records and technical records were evaluated for conformance and the performance of accredited services was witnessed.

CONCLUSIONS

Based upon a sampling of objective evidence during the surveillance activity, one or more nonconformities must be addressed to be operating in conformance with applicable accreditation requirements (refer to the attached Nonconformities and Comments). There were no comments provided. Comments are an opportunity for potential improvement of a conforming practice.

REPORT AUTHORIZATION

As the surveillance assessor, I affirm that this report represents a true and accurate accounting of the findings of the ASCLD/LAB-*International* surveillance activity.

The next assessment activity is:

Choose an activity type. **To be included in the final report.**

Choose Performance Declaration requirement.

Surveillance Assessor: Brandon Sacco



Signature

December 5, 2016

Date

DISTRIBUTION LIST

Michael Grubb, Laboratory Director
Anthony DeMaria, Laboratory Quality Manager/Asst Laboratory Director
ASCLD/LAB Office





ASCLD/LAB-*International* Nonconformities and Comments Choose an item.

San Diego Sheriff's Department Regional Crime Laboratory
Surveillance Activity - Expanded
Dates: 11/15/16 – 11/16/16
Assessor: Brandon Sacco

INSTRUCTIONS

FOR EACH NONCONFORMITY LISTED:

As applicable, a forensic service provider must follow requirements in ISO/IEC 17025:2005, 4.9 Control of nonconforming testing and/or calibration work and/or 4.11 Corrective action as well as the provider's own management system requirements for the resolution of all nonconformities identified during an assessment activity. Actions taken to resolve a nonconformity may include correction, corrective action based on root cause analysis or a combination of both. The type of action taken will be based on an evaluation of the significance of the nonconforming work (4.9) or the necessity to perform corrective action based on management system policy and procedure (4.11).

- Within 30 days of the assessment activity report date, a plan for resolution and a time schedule for implementation must be provided and accepted.
 - Describe the plan for achieving and documenting conformity which may include: correction, evaluation of significance, halting and resuming work, customer notification, corrective action, monitoring of effectiveness or additional audits.
- Within 90 days of the assessment activity report date, objective evidence of plan implementation to a level to ensure no negative impact to the work product or integrity of the evidence/item must be provided and accepted.
 - If corrective action is required by the plan, it is acknowledged that there will be instances where all aspects of the corrective action process may take more than 90 days to complete. However, within the 90 days, sufficient objective evidence must be provided to ensure that there is no longer a negative impact to the work product or integrity of the evidence/item.

FOR EACH COMMENT PROVIDED: There is no requirement to respond to a comment.

NC 1

Premises Name (if more than one): Not Applicable

REQUIREMENT: ASCLD/LAB-International 2011 Testing Supplemental

5.8.1.1 - Forensic science laboratories shall be able to demonstrate that the evidence examined and reported on was that submitted to the laboratory. A "chain of custody" record, which reflects the receipt of evidence and all internal transfers, shall be maintained. **Each person shall acknowledge by a signature, initials, equivalent identification, or secure electronic equivalent, at the time of transfer, when they take possession of evidence or transfer evidence to a storage location.** The chain of custody shall include the date of receipt or transfer and a description or unique identifier of the evidence.

DESCRIPTION OF THE NONCONFORMITY:

While a hardcopy chain of evidence is maintained for all other transfers within the laboratory, analysts routinely transfer evidence into the forensic alcohol storage shared custody location. In practice, records of these transfers are documented by checking the "FA Storage" disposition box on the forensic alcohol blood/urine sample inventory worksheet along with the date of transfer. No signature, initials or equivalent identification is recorded for this transfer.



DUE DATE for Resolution Plan: 1/4/17
DUE DATE for Resolution Completion: 3/5/17

PLAN AND TIME SCHEDULE FOR RESOLUTION

Plan and time schedule submitted by Forensic Service Provider:

Date Submitted: [Click here to enter date.](#)

Information:

[Click here to enter text.](#)

Date Submitted: [Click here to enter date.](#)

Information:

[Click here to enter text.](#)

Revision requested or Acceptance by the Assessor:

Date Responding: [Click here to enter date.](#)

Information:

[Click here to enter text.](#)

Date Responding: [Click here to enter date.](#)

Information:

[Click here to enter text.](#)

OBJECTIVE EVIDENCE OF PLAN IMPLEMENTATION

Objective Evidence submitted by the Forensic Service Provider:

Date: [Click here to enter date.](#)

Information:

[Click here to enter text.](#)

Revision requested or Acceptance by the Assessor:

Date: [Click here to enter date.](#)

Information:

[Click here to enter text.](#)

SUMMARY OF PLAN AND OBJECTIVE EVIDENCE

TO BE COMPLETED BY THE ASSESSOR at the completion of resolution

Date: [Click here to enter date.](#)

Summary of Plan:

[Click here to enter text.](#)

Summary of Objective Evidence:

[Click here to enter text.](#)

