

# **ASCLD/LAB REMEDIATION REPORT**

**NOVEMBER 2002 INSPECTION  
CORRECTIONS**

**SAN DIEGO SHERIFF'S DEPARTMENT  
REGIONAL CRIME LABORATORY**

**April 21, 2003**

## INTRODUCTION

This is the report of the ASCLD/LAB® accreditation inspection of the San Diego Sheriff's Department Regional Crime Laboratory, San Diego, California. This inspection was conducted November 13-16, 2002.

The ASCLD/LAB® inspection team consisted of the following members:

**Richard Frank, Team Captain**, Staff Inspector, ASCLD/LAB, Towson, Maryland

**Howard Birnbaum**, Arizona Dept. of Public Safety, Phoenix, Arizona

**Alan Hatch, PhD**, Tucson Police Dept., Tucson, Arizona

**Elaine M. Pagliaro**, Connecticut Dept. of Public Safety, Meriden, Connecticut

**Andrew B. Jordan**, South Carolina Law Enforcement Division, Columbia, South Carolina

**Karla K. Taylor**, Los Angeles County Sheriff's Dept., Los Angeles, California

**Clifton Vander Ark**, Arizona Dept. of Public Safety, Phoenix, Arizona

**Anna T. Yoder**, Pennsylvania State Police, Greensburg, Pennsylvania

This report and the findings, observations, conclusions and recommendations are for pre-decisional purposes only. The inspection was performed using the principles, standards and criteria established in the 2001 version of the ASCLD/LAB® Accreditation Manual and the FBI "Quality Assurance Audit For Forensic DNA and Convicted Offender DNA Databasing Laboratories."

## LABORATORY OVERVIEW

The Regional Crime Laboratory is part of the San Diego County Sheriff's Department and provides laboratory services to all law enforcement agencies within San Diego County. Crime Laboratory Manager Ronald E. Barry[\*] reports to Commander Charles Lane, Law Enforcement Support Services, San Diego Sheriff's Department. Four supervising criminalists, each responsible for specific disciplines, a quality manager, a senior clerical employee and an administrative specialist report to Mr. Barry. The Laboratory provides services in Controlled Substances, Toxicology (Alcohol only), Trace Evidence, Biology, Firearms/Toolmarks (Firearms only), Questioned Documents and Latent Prints. The Laboratory has a staff of 47 testifying analysts and 16 support staff. In addition there are currently six Forensic Interns who perform casework and may testify.

The Laboratory also provides Crime Scene services but has elected not to apply for accreditation in this discipline.

[\*Note: Ronald E. Barry retired as Crime Laboratory Manager in January 2003, and Greg Thompson was hired to take his place. The lab notified ASCLD/LAB of this change of management by submitting a new application.]

## STANDARDS AND CRITERIA

All of the criteria were scored YES with the following exceptions:

- 1.1.2.5 (E) DO CLEARLY WRITTEN AND WELL UNDERSTOOD PROCEDURES EXIST FOR THE PREPARATION, STORAGE, SECURITY AND DISPOSITION OF CASE RECORDS OR REPORTS?

**“The laboratory’s procedures do not contain information on storage, security and disposition of case records or reports.”**

**CORRECTION: A procedure for the storage, security, and disposition of case records (Section 6.2.19, “Case Record Storage, Security, and Disposition”) was written and added to the Crime Laboratory Manual. See Appendix A.**

- 1.1.2.7 (E) DO CLEARLY WRITTEN AND WELL UNDERSTOOD PROCEDURES EXIST FOR THE CALIBRATION OF EQUIPMENT AND INSTRUMENTS?

**“The Latent Print Section Policy and Procedure Manual does not contain a policy for conducting and documenting maintenance of instruments and equipment as required by the laboratory’s Quality Manual.”**

**CORRECTION: A procedure for conducting and documenting maintenance of instruments and equipment was written (Section 9.9.14.7, “Instrumentation”) and added to the Latent Print Development Section’s Policy and Procedures Manual. The procedure includes a requirement for the preparation of a specific Use and Maintenance Log for each instrument used in the development of latent prints. See Appendix B.**

- 1.3.3.1 (E) DOES THE LABORATORY HAVE AND USE A DOCUMENTED TRAINING PROGRAM IN EACH FUNCTIONAL AREA FOR EMPLOYEES WHO ARE NEW, UNTRAINED OR IN NEED OF REMEDIAL TRAINING?

**“The training programs for the Controlled Substances, Latent Print and Latent Print Development Sections do not specify the competency tests (practical and/or written) and the acceptable performance level which must be demonstrated to successfully complete the training program.”**

**CORRECTION (Controlled Substances Analysis):** On February 6, 2003, the Controlled Substance Analysis Training Outline (Section 9.4.12) was modified to specify that examiners must correctly identify all qualifying samples and receive a score of 80% or higher to pass written examinations. See Appendix C.

**CORRECTION (Latent Prints – ALPS):** A section was added to the ALPS Section Training Manual (Section 9.9.12.8, “Completion of Training”) specifying the various criteria and performance levels that must be demonstrated to successfully complete the ALPS training program. See Appendix D.

**CORRECTION (Latent Print Development):** A section was added to the Latent Print Development Section’s Policy and Procedures Manual (Section 9.9.14.12, “Training”) specifying acceptable performance levels and competency requirements. See Appendix E.

“The documented training program in the Latent Print Section does not include protocols for training Forensic Evidence Technicians who perform presumptive blood tests and collect bloodstain samples in the laboratory.”

**CORRECTION:** A procedure was written (Section 9.5.11.1.2.4, “Internal Proficiencies: Blood Presumptive Testing and Collection”) and all Forensic Evidence Technicians have successfully completed the training program. See Appendix F.

1.4.1.3 (E) IS EVIDENCE STORED UNDER PROPER SEAL?

“Blood and urine evidence to be sent to a contractor laboratory is not properly sealed (individually or bulk) while stored in the Laboratory or forwarded to the contractor. The evidence is also returned by the contractor in an unsealed condition.”

**CORRECTION:** On February 25, 2003, the Blood Alcohol Section implemented a new policy requiring that a seal be placed on all evidence containers that are used to transport blood and urine evidence to and from the contractor toxicology laboratory. The Forensic Alcohol Section Manual was modified to reflect the changes in this policy (Section 9.7.4.7.1, “Check-Out” and Section 9.7.4.7.2, “Check-In”). Also, all section personnel signed a memo verifying review of the new policy. See Appendix G.

1.4.2.4 (E) DOES THE LABORATORY CONDUCT AND DOCUMENT AN ANNUAL REVIEW OF ITS QUALITY SYSTEM?

“The laboratory has not conducted and documented an annual review of its quality system.”

**CORRECTION:** On December 17, 2002, the Crime Laboratory Manual was revised to allow the Quality System Review to be performed by a review group composed of laboratory personnel. (Previously, reviews had to be performed by non-laboratory personnel.) After making this change to the policy, five members of the laboratory’s Executive Management Team performed a Quality System Review of the laboratory. See Appendix H.

1.4.2.7 (E) ARE THE TECHNICAL PROCEDURES USED BY THE LABORATORY DOCUMENTED AND ARE THE DOCUMENTS AVAILABLE TO LABORATORY PERSONNEL FOR REVIEW?

“The Questioned Documents Section Procedure Manual is primarily a listing of section policies and training guidelines entitled “Program of Instruction for Forensic Document Examiners.” The technical procedures are limited to eight flow diagrams which do not document the protocols with sufficient description or discussion.”

**CORRECTION:** The Questioned Documents Section Procedure Manual was revised to include required descriptions and discussions of technical procedures. See Appendix I.

“The Policy and Procedure Manual for the Latent Print Section does not contain a procedure for the actual process of latent print comparisons and reliability checks of reagents.”

**CORRECTION (Latent Prints – ALPS):** A section was added to the ALPS Section Manual (Section 9.9.6.1.3, “Identification Process”) specifying the procedure to be used by examiners for performing latent print comparisons. See Appendix J.

**CORRECTION (Latent Print Development – Reagents):** The following three sections of the Latent Print Development Section’s Policy and Procedures Manual were modified to provide for reliability checks of reagents in the latent print development process: Section 9.9.14.5.2 (“Reagents – Policies, Procedures, and Protocols”), Section 9.9.14.6.1 (“Quality Control/Quality Assurance”), and Section 9.9.14.6.2 (“Processing Techniques”). These policies include reagent

**reliability verification requirements applicable to each reagent prepared or used by latent print development personnel. See Appendix K.**

- 1.4.2.8 (E) ARE APPROPRIATE CONTROLS AND STANDARDS SPECIFIED IN THE PROCEDURES AND ARE THEY USED AND DOCUMENTED IN THE CASE RECORD TO ENSURE THE VALIDITY OF EXAMINATION RESULTS?

**“The Policy and Procedure Manual for the Latent Print Processing Section does not address the use of controls.”**

**CORRECTION: Section 9.9.14.6.1 (“Quality Control/Quality Assurance”) of the Latent Print Development Section’s Policy and Procedures Manual was modified to include a requirement statement indicating that reliability validation must include both reagent preparation verifications as well as positive process control methods. Section 9.9.14.6.2 (“Processing Techniques”) was modified to include a requirement for the inclusion of a positive process control into each processing method (the Amido Black processing procedure has been included as a reference). Finally, procedures were developed and inserted into the section’s Chemical Processing Manual for the preparation and use of positive process control samples. See Appendix L.**

- 1.4.2.10 (E) DOES THE LABORATORY ROUTINELY CHECK THE RELIABILITY OF ITS REAGENTS?

**“The Controlled Substance Analysis Manual requires monthly reliability testing of reagents. Monthly entries in the reliability testing documentation for Fast Blue BB reagent were missing in each drug examiner’s reagent reliability log.”**

**CORRECTION: On February 5, 2003, a memo was given to CSA analysts informing them that any and all reagents (including the Fast Blue BB developing reagent) found in their workstations or fume hoods must be checked for reliability once each month and the results recorded in their reagent reliability logs, even if the reagents were not used during that month. See Appendix M.**

1.4.2.12 (E) ARE THE INSTRUMENTS/EQUIPMENT IN PROPER WORKING ORDER?

“There is an unmaintained microscope in the Trace Analysis Section without a “Do Not Use” sign on it.”

**CORRECTION:** The microscope was removed from the section and transferred to County Salvage. **See Appendix N.**

1.4.2.13 (E) ARE THE INSTRUMENTS/EQUIPMENT PROPERLY CALIBRATED?

“No calibration documentation exists for three balances in the Controlled Substances Section.”

**CORRECTION:** On February 6, 2003, the Controlled Substances Analysis Section Manual (Section 9.4.11.5, “Proper Maintenance of Balances”) was modified and the Bulk Balance Check and Balance Check Logsheet was revised to correct the lack of documentation for the three balances. **See Appendix O.**

“The Trace Procedure Manual requires that the microspectrophotometer be calibrated annually with a full set of filters. No documentation for the 2001 or 2002 annual calibration was found.”

**CORRECTION:** On November 19, 2002, the Trace Section’s microspectrophotometer was calibrated with all four filters on. **See Appendix P.**

1.4.2.14 (E) DO THE EXAMINERS GENERATE AND DOES THE LABORATORY MAINTAIN, IN A CASE RECORD, ALL THE NOTES, WORKSHEETS, PHOTOGRAPHS, SPECTRA, PRINTOUTS, CHARTS AND OTHER DATA OR RECORDS USED BY EXAMINERS TO SUPPORT THEIR CONCLUSIONS?

“The Questioned Documents Section Procedure Manual requires that the condition of package sealing be recorded in the case notes. This requirement was not met in seven of eight cases reviewed.”

**CORRECTION:** As of December 2002, section examiners began noting the condition of package sealing as described in the Questioned Documents Section Procedure Manual. **See Appendix Q.**

“Examination documentation in most of the hair analysis cases does not contain observations supporting conclusions.”

**CORRECTION:** On November 18, 2002, Criminalist Merritt was advised that examination documentation in hair analysis cases needs to contain proper observations that support conclusions. Criminalist Merritt agreed to immediately begin using the San Diego County Sheriff's Crime Laboratory's Trace Analysis Section Hair Worksheet for all casework involving hair examinations and comparisons. Also, please note that conversations with inspectors during the inspection indicated that this issue was limited to examiner Merritt and did not involve other examiners in the section. See Appendix R.

“Latent print comparison notes in victim elimination cases for one latent print examiner do not support the conclusions in reports.”

**CORRECTION:** Latent Print Examiner (LPE) Diane Do was counseled concerning the use of the term “elimination” as it relates to latent print comparisons. Other examiners in the section were also informed of this issue. In order to standardize the use of latent print terms, examiners have been instructed to use the “SWGFAST Glossary of Identification.” Section 9.9.9.3 (“Glossary – Identification”) was added to the ALPS Section Manual to document this change. See Appendix S.

“Forensic alcohol reports issued by the laboratory also contain results of drug toxicology examinations by a contract laboratory.”

**CORRECTION:** As of April 16, 2003, results of drug toxicology examinations will no longer be included in forensic alcohol reports issued by the laboratory. See Appendix T.

“Approximately half of the case notes reviewed in the Forensic Alcohol Section contained corrections which were not initialed single-line strikeouts.”

**CORRECTION:** On March 24, 2003, section personnel were informed that errors in case notes must be corrected by making a single-line strikeout and placing their initials next to the correction. See Appendix U.

- 1.4.2.16 (E) DOES THE LABORATORY HAVE, USE AND DOCUMENT A SYSTEM OF TECHNICAL REVIEW OF THE REPORTS TO ENSURE THAT THE CONCLUSIONS OF ITS EXAMINERS ARE REASONABLE AND WITHIN THE CONSTRAINTS OF SCIENTIFIC KNOWLEDGE?



**“A Firearms Section case report involving distance determination was technically reviewed by a trainee. The trainee does not have the necessary expertise gained through training and experience to conduct such a review.”**

**CORRECTION: On April 2, 2003, trainee Anthony DeMaria was informed that he could not review any casework involving distance determinations until he has gained the necessary expertise to conduct such reviews. See Appendix V.**

- 1.4.2.19 (E) IF THE LABORATORY HAS AN INDICATION OF A SIGNIFICANT TECHNICAL PROBLEM, IS THERE A PROCEDURE IN WRITING AND IN USE WHEREBY THE LABORATORY INITIATES A REVIEW AND TAKES ANY CORRECTIVE ACTION REQUIRED?

**“The laboratory has a written procedure, however, after the discovery of an error on a latent print comparison proficiency test, the laboratory did not follow established policy for the handling of a significant technical problem.”**

**CORRECTION: When a Class II proficiency test error is discovered, the Quality Assurance Manager will immediately contact the supervisor and the person who committed the error will be removed from casework until an investigation has been performed and appropriate actions have been taken to resolve the matter. See Appendix W.**

- 1.4.3.4 (I) WAS EACH EXAMINER PROFICIENCY TESTED ANNUALLY IN EACH SUBDISCIPLINE IN WHICH CASEWORK WAS PERFORMED?

**“Proficiency testing is not conducted annually in each subdiscipline in which casework is performed.”**

**CORRECTION: On February 25, 2003, it was determined that subdiscipline proficiency testing in the Trace Section will be conducted in accordance with Section 7.13.3 of the Crime Laboratory Manual. See Appendix X.**

- 1.4.3.5 (I) DOES THE LABORATORY CONDUCT PROFICIENCY TESTING USING RE-EXAMINATION OR BLIND TECHNIQUES?

**“The laboratory does not conduct proficiency testing using re-examination or blind techniques.”**

**COMMENT: The laboratory will accept a failing score for this criterion.**

2.9.4 (E) DID ALL TECHNICAL SUPPORT PERSONNEL SUCCESSFULLY COMPLETE AN APPROPRIATE PROFICIENCY TEST, ANNUALLY?

**“The Forensic Evidence Technicians who perform presumptive blood tests and collect blood stains from evidence in the laboratory have not been proficiency tested.”**

**CORRECTION: A procedure for the proficiency testing of Forensic Evidence Technicians (FETs) who perform presumptive blood tests and collection of blood (Section 9.5.12.4.1, “Training: Bloodstain Presumptive Testing and Collection”) has been written, and the QA Manager will administer proficiency tests to the FETs as outlined in the new procedure. See Appendix Y.**

**All criteria for 2.10 Crime Scene were scored N/A because the laboratory elected not to apply for Crime Scene accreditation.**

## SUMMATION OF CRITERIA RATINGS

	<u>Total Possible</u>	<u>Total Yes</u>	<u>Total No</u>
Essential	70	57	13
Important	46	44	2
Desirable	20	20	0
Percent Essential:		81	
Percent Important:		96	
Percent Desirable:		100	

Areas sought for accreditation are as follows:

**Controlled Substances**  
**Toxicology (Alcohol only)**  
**Biology**  
**Trace Evidence**

**Firearms/Toolmarks (Firearms only)**  
**Questioned Documents**  
**Latent Prints**

Prepared by: Richard S. Frank, Team Captain

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Ralph M. Keaton, Executive Director

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Date