

**ASCLD/LAB®
INSPECTION REPORT**



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

Inspected: November 13-16, 2002

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.

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.

- 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.

- 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.

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 blood stain samples in the laboratory.

- 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.

- 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.

- 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 Document 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.

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.

- 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.

- 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.

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

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

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.

- 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 Document 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.

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

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

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

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

- 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.

- 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.

- 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.

- 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.

- 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.

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

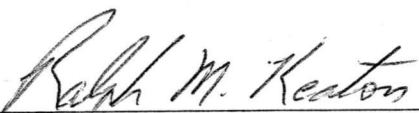
	<u>Total Possible</u>	<u>Total Yes</u>	<u>Total No</u>
Essential	70	57	13
Important	46	44	2
Desirable	20	20	0
Percent Essential:		81	
Percent Important:		96	
Percent Desirable:		100	

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



Ralph M. Keaton, Executive Director

11-25-02
Date

RECOMMENDATIONS

- 1.1.2.11** A procedure should be established in the Laboratory's manual system to prepare and obtain necessary approvals for a position description.
- 1.3.3.1** The training guideline outlined in the Questioned Document Section Procedure Manual should be updated. Several new references are available, and new issues (i.e. Daubert, validation studies, etc.) have arisen that should be included as training material.
- 1.4.2.1** The Quality Manual should be revised to include all elements identified in the accreditation manual.
- Consistent wording should be used when referring to ASCLD/LAB approved proficiency test providers.
- Glass analysis should be added to the Quality Manual as a type of examination offered.
- 1.4.2.3** The laboratory should ensure that all future audits comply with its Quality Manual.
- 1.4.2.9** A procedure should be developed to ensure continuing stability of controlled substance standards.
- 1.4.2.14** The laboratory should standardize its policy for making strike-outs on examination documentation. Currently, nearly half of the forensic disciplines require that strike-outs be dated as well as initialed. The remaining disciplines only require that strike-outs be initialed.
- All final reports from the Forensic Alcohol Section should include concentration units.
- 1.4.2.16** The technical review process in the Latent Print Section should be clarified in all pertinent sections of the Latent Print Section Procedure Manual and personnel should be briefed as to the difference between a verification and a technical review.
- 3.4.3** The Laboratory should document in its safety program what is required to be accomplished in performing its regular monitoring and annual reviews.