



San Diego County Sheriff's Department Regional Crime Laboratory

2022 - 17025T&C - Reassessment

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ANSI National Accreditation Board

United States

Description

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.

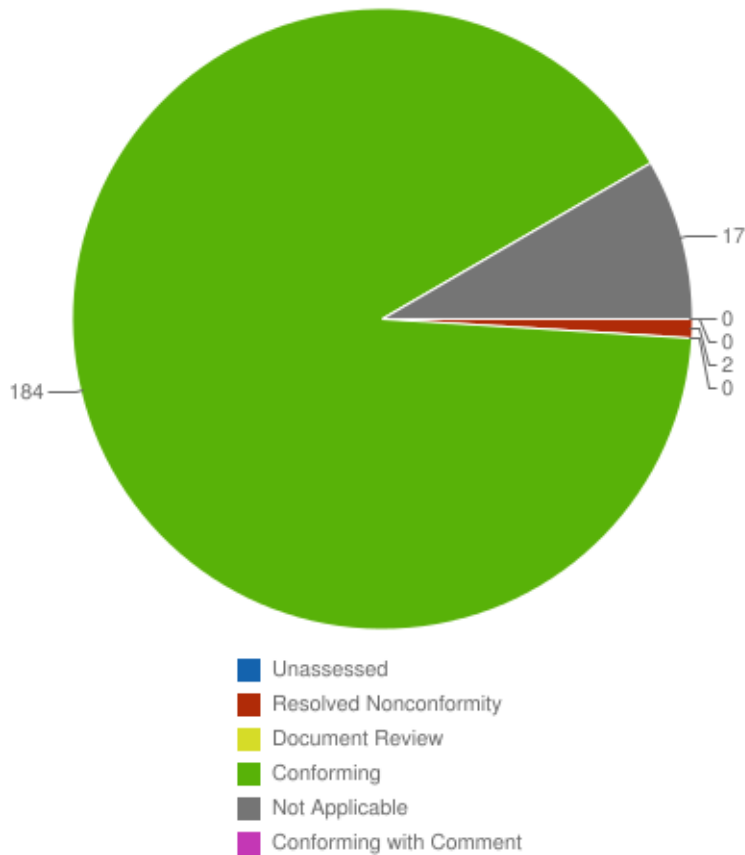
The accreditation activity also evaluates forensic science provider's conformance with their own management system requirements.

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

7.2.1 Selection and verification of methods

7.2.1.1 ISO/IEC 17025:2017

Resolved Nonconformity

Requirement

Does the laboratory use appropriate methods and procedures for all laboratory activities and, where appropriate, for evaluation of the measurement uncertainty as well as statistical techniques for analysis of data?

NOTE "Method" as used in this document can be considered synonymous with the term "measurement procedure" as defined in ISO/IEC Guide 99.

Nonconformity Resolution Workflow

The Document Examination discipline does not have written methods and procedures for document authentication and/or printer process identification.

Corrective Action Closure Note: The laboratory performed a cause analysis and evaluated the extent of the conforming work. They concluded past work was not impacted as protocols had been followed. They have revised the Technical Procedures Manual to add procedures for document authentication and/or printer process identification and held a section meeting to inform all examiners of the changes to the manual. This nonconformity is resolved.

7.7 Ensuring the validity of results

Requirement

g).1 When a verification of a result is carried out:

- a) was it conducted by an individual who is currently authorized to perform the testing?
- b) was a record of the verification made and did the record identify who performed the verification, when it was performed, and the result of the verification? and
- c) was the resolution of any discrepancy recorded?

ANAB NOTE 1 a) See requirements of 6.2.6 in ISO/IEC 17025:2017.

ANAB NOTE 2 b) Verification may be recorded for each result verified or as a summary for all results verified.

l) Is there a procedure for the technical review of technical records, including reports, and testimony? Does the procedure:

- 1. require that a technical review be performed by an individual that has been competency tested to perform the testing or calibration work that is being reviewed?
- 2. preclude an individual from technically reviewing their own work?
- 3. define the method to be used to ensure a representative sample of technical records and reports in each discipline are subjected to technical review?
- 4. define the method to be used to ensure testimony in each discipline is reviewed?
- 5. define the method to be used to conduct and record the review?
- 6. ensure that the results, opinions and interpretations are accurate, properly qualified and supported by the technical record?
- 7. ensure conformance with methods and applicable management system documents? and
- 8. describe a course of action to be taken if a discrepancy is found?

ANAB NOTE 1 An individual conducting the technical review need not be an employee of the forensic service provider, currently proficiency tested or currently performing the work.

ANAB NOTE 2 An individual who performs a verification can also perform a technical review.

ANAB NOTE 3 The frequency may vary for different disciplines.

Nonconformity Resolution Workflow

The laboratory's procedure for the evaluation of testimony requires that each analyst/examiner be reviewed by a competent evaluator at least once per accreditation cycle. During this accreditation cycle, the testimony of one analyst in the Toxicology discipline was not reviewed and no testimony evaluations were conducted in the discipline of Toxicology - Calibration.

Corrective Action Closure Note: The laboratory performed a cause analysis and evaluated the extent of the nonconforming work. They revised their Quality Manual to include alternate means to evaluate testimony (reviewing testimony transcripts or recordings) and to include administrative hearings as an allowable form of testimony that can be evaluated. They also held a meeting with all involved personnel to address the necessity of the evaluations and the means by which they may do so and since that meeting they have evaluated testimony. This nonconformity is resolved.