

Idaho

Bureau of Forensic Services

Quality Manual

January 30, 1998

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Table of Contents

| | |
|-----------|---|
| QM0100.97 | INTRODUCTION |
| QM0200.97 | QUALITY ASSURANCE POLICY STATEMENT |
| QM0300.97 | ORGANIZATION AND MANAGEMENT STRUCTURE |
| QM0400.97 | RELATIONSHIPS AND RESPONSIBILITIES IN QUALITY SYSTEM |
| QM0500.97 | JOB DESCRIPTIONS, EDUCATION, AND TRAINING RECORDS |
| QM0600.97 | DOCUMENTATION OF CASE RECORDS AND PROCEDURE MANUALS |
| QM0700.97 | LABORATORY'S PROCEDURES FOR ENSURING MEASUREMENTS ARE TRACEABLE TO APPROPRIATE STANDARDS, WHERE AVAILABLE |
| QM0800.97 | TYPES AND EXTENT OF EXAMINATIONS CONDUCTED |
| QM0900.97 | VALIDATION AND VERIFICATION OF TEST PROCEDURES |
| QM1000.97 | EVIDENCE HANDLING |
| QM1100.97 | MAJOR EQUIPMENT AND REFERENCE MEASUREMENT STANDARDS |
| QM1200.97 | CALIBRATION AND MAINTENANCE OF EQUIPMENT |
| QM1300.97 | VERIFICATION PRACTICES FOR ENSURING COMPETENCE OF EXAMINERS |
| QM1400.97 | GAINING FEEDBACK AND TAKING CORRECTIVE ACTION WHEN ANALYTICAL DISCREPANCIES ARE NOTED |
| QM1500.97 | MONITORING COURT TESTIMONY |
| QM1600.97 | PROTOCOL PERMITTING DEPARTURES FROM DOCUMENTED POLICIES AND PROCEDURES |
| QM1700.97 | DEALING WITH COMPLAINTS |
| QM1800.97 | DISCLOSURE OF INFORMATION |
| QM1900.97 | QUALITY AUDITS AND QUALITY SYSTEM REVIEW |

QM0100.97

INTRODUCTION:

- A. This quality manual is issued to describe the quality assurance system of the Idaho Bureau of Forensic Services (BFS) in compliance with the general quality system requirements of the ASCLD/LAB. The policy of BFS hereafter referred to as BFS is to apply the system to all activities undertaken on behalf of the customers or an accrediting organization.
- B. The mission of BFS is to provide quality and impartial scientific analysis, testimony, crime scene investigation, education, and research to the criminal justice system. Toward this end, BFS provides services to following agencies:
 - 1. Local, state, and federal law enforcement agencies.
 - 2. Public defenders within the state of Idaho.
 - 3. Other entities by court order or as case law dictates.

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QM0200.97

QUALITY ASSURANCE POLICY STATEMENT:

- A. **Commitment by Management:** The commitment by management could not be stated stronger than by naming the Laboratory Manager as the Quality Manager. When the Manager is out of the laboratory, an acting manager is designated from the criminalists and assumes the manager's functions.
- B. **Quality policy:**
1. In a timely manner, provides quality forensic services to the criminal justice system in Idaho.
 2. Provides submitting agencies of BFS with high quality scientific analysis that is scientifically beyond reproach and is able to withstand the most rigorous challenges in the court system. Complete objectivity is critical.
 3. Develops and utilizes new technology to improve the quality of the analysis of physical evidence.
 4. Provides an environment that is safe from contamination, deleterious effects, and secure for all items submitted.

Details for this policy are covered in various policies. Many of these policies are from the BFS policy manual. They are reproduced as required for this manual.

QM0300.97

ORGANIZATION AND MANAGEMENT STRUCTURE:

- A. The Bureau Chief at the BFS reports directly to the Police Services Division's Assistant Director (Figure 1), who in turn reports directly to the Director of The Department of Law Enforcement.
- B. BFS performs alcohol, breath alcohol, controlled substances, criminalistics/trace, DNA, firearms, serology, and toxicology.
- C. The organizational structure of the BFS is shown in Figure 3. The Laboratory Manager, who is also the Quality Assurance Manager, oversees the daily operations of the laboratory. The Manager provides administrative supervision for the professional and clerical staff.

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RELATIONSHIPS AND RESPONSIBILITIES IN QUALITY SYSTEM:

- A. The Manager has the ultimate responsibility for implementing and maintaining the Quality Assurance Manual and program. The Manager is responsible for overseeing the program and the support staff and technical sections. More specifically, the Manager reviews job descriptions, approves training, monitors evidence intake and return, authorizes purchases, monitors proficiency testing, verifies peer review, approves discrepancies, oversees the review of courtroom testimony, approves departures from BFS policies and procedures, deals with complaints, is responsible for disclosure of information, and reviews the quality audits.
- B. The staff and lab manager have the responsibility of working within the Policy and Procedure Manuals. The staff and manager must report deviations from policy to the Bureau Chief. More specifically staff and the lab manager is responsible for:
1. Updating training records.
 2. Maintaining and updating procedure manuals. Manuals are kept consistent in all three labs.
 3. Ensuring that measurements are traceable to appropriate standards.
 4. Determining the type and extent of the examinations they perform.
 5. Validating and verifying test procedures.
 6. Calibrating and maintaining equipment.
 7. Proficiency testing.
 8. Internal quality control schemes.
 9. Technical peer review.
 10. Detecting and recommending corrective action for analytical discrepancies.
 11. Monitoring courtroom testimony.
 12. Recommending departures from the Policy Manual or from the Procedures Manuals.

QM0500.97

JOB DESCRIPTIONS, EDUCATION, AND TRAINING RECORDS:

- A. All personnel have job descriptions and training records. Training records are kept by the manager and DLE/Training to demonstrate:
 - 1. Having attained minimum technical education level(s).
 - 2. Having received on-the-job training for specific duties.
 - 3. Having satisfactorily completed proficiency testing.
 - 4. Training to enhance career potential.
- B. Each individual is responsible for updating his or her training record on file in the manager's office and DLE/training.
- C. The lab manager actively encourages personnel to participate in technical associations and meetings, and to attend training courses that help enhance forensic laboratory analytical skills or skills that enhance operation of the laboratory.

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DOCUMENTATION OF CASE RECORDS AND PROCEDURE MANUALS:

- A. Current master case files are maintained on site.
- B. The Policy Manual is maintained by the Administrative staff of BFS. New policies and changes in current policies, other than grammar, are provided to all staff for review and comment before final discussion at a staff meeting. New policies, and changes to current policies and procedures will be documented with a memo in the front of each manual, and an original of the changes will be provided to each holder of the manual.
 - 1. Supporting documents listed below detail how documents are controlled to assure that obsolete documents are not in the laboratory:
 - a. Case Record Storage and Disposition
 - b. Destroying Case Records or Reports
 - c. Laboratory Notes and Conclusions, Records Retention, and Casework Documentation
 - 2. In addition, an Archival Manual will be maintained in one location with all the old and new policies and procedures.
- C. Policy changes can be recommended by any member of the staff.
- D. Included with this section are the relevant policies.

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FORENSIC SERVICES POLICY MANUAL

POLICY NUMBER: 91-304.00

POLICY SECTION: Casework Documentation

Subject of Policy: Case Record Storage & Disposition

Date Approved/Revised: June 18, 1991

- .01 Retention of records: Records will be retained following department guidelines. In addition to the case files, it is recommended that at least one other file system be retained which provides the suspect(s) and victim(s) associated with the case and which could be searched either chronologically (e.g.--log books) or alphabetically (e.g.--card file). Case files will consist of all of the documentation for a particular case, with the exception of certain material kept in notebooks which pertain to several cases (such as data from alcohol quantitation controls, enzyme photographs, etc.) These exceptions shall be cross-referenced in the case notes.
- .02 Storage of case records: Case records, both active and inactive, will be stored in a place which is accessible only to members of the Forensic Section. Ideally this area will have a low potential for record damage from fire, water, heat, humidity, and other types of degradation. A duplicate of the case report (not lab notes, etc.) will be stored at the DLE warehouse in Meridian.
- .03 There being no statute of limitations on homicide cases, files pertaining to these cases will be stored separately and kept indefinitely.

FORENSIC SERVICES POLICY MANUAL

POLICY NUMBER 91-305.00

POLICY SECTION: Casework Documentation

Subject of Policy: Destroying Case Records or Reports

Date Approved/Revised: June 18, 1991

Guiding principles: Occasionally a document must be destroyed that has confidential or sensitive information present. These documents should be destroyed in such a manner that information cannot be casually acquired.

01. Case documents must be retained at the laboratory in a secure area until they can be properly destroyed.
02. Documents, records, or files containing sensitive information can be burned or shredded. Prior to being destroyed a supervisor must approve and be signatory to such action.
03. Any duplicated, copied, or waste reports/files should be destroyed in a manner described above.

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FORENSIC SERVICES POLICY MANUAL

POLICY NUMBER 91-301.00

POLICY SECTION: Casework Documentation

Subject of Policy: Laboratory Notes and Conclusions, Records Retention, and Casework Documentation

Date Approved/Revised: June 11, 1991

Guiding principle: The records kept on each case should be extensive enough to enable an independent examiner in the field to determine how testing and observations were conducted. An independent examiner should be able to reconstruct the reasoning that formulated any opinions stated in the report.

- .01 The notes should contain an adequate description of the evidence container, the evidence, the condition of seals, and date the evidence was opened. Beginning net weight/count and the reserve weight/count or amount of material consumed, when evidence consists of controlled substances, will appear in reports and file notes.
- .02 Case generated graphs, spectra, and printouts, or reproductions of such, must remain in the case file.
- .03 Tests or observations should be clearly stated in the notes for each case. Simple analyses such as marihuana, require observations that could be fitted to a simple form. Results or observations can be documented by drawing diagrams (e.g.--microcrystalline tests) or making photocopies (e.g.--TLC plates). Results can also be documented with photographs (e.g.--electrophoresis plates).
- .04 All notes and supporting documents must have the case number and analyst's initials present.
- .05 The original notes, the final report copy, evidence receipts, any police reports provided, and other documents generated while a case is being processed in the laboratory should be stored together in the laboratory case file.

POLICY NUMBER 91-301.00, cont.

POLICY SECTION: Casework Documentation

Subject of Policy: Laboratory Notes and Conclusions, Records
Retention, and Casework Documentation

- .06 A report's conclusion is based on the results of the analysis. This conclusion should be fair, accurate, complete, and expressed so that the reader will not give unreasonable weight to it. The fairness of the opinion is a measure of how well the analyst formulates ideas that properly assess the results of an analysis. A complete opinion should express strengths and weaknesses of the analysis.

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LABORATORY'S PROCEDURES FOR ENSURING THAT MEASUREMENTS ARE TRACEABLE TO APPROPRIATE STANDARDS, WHERE APPLICABLE:

- A. The procurement of major equipment and reference measurement standards is under the control of the manager and the appropriate staff. The administrative section maintains an inventory system. The inventory system assigns and attaches a number to each item exceeding \$300. All major instrument purchases are traced in this manner.
- B. Reference measurement standards are used in the calibration of measurement equipment, assessment of a measurement method and assigning values to secondary standards. Reference measurement standards are traceable to international standards, such as NIST, wherever possible. In-house reference standards are established by comparison of results to results obtained with accepted data bases or other interlaboratory standards.
- C. Each procedure manual should include what quality controls and/or standards should be used.
 - 1. The allowable results or range should be included.
 - 2. Step (s) to be taken if results or QA fall out of range.

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FORENSIC SERVICES POLICY MANUAL

POLICY NUMBER 91-605.00

POLICY SECTION: Quality Control

Subject of Policy: Writing and Following Procedure Manuals

Date Approved/Revised: June 25, 1991

Guiding principles: In order to assure that a quality result can be obtained, protocols must be established and followed, and the necessary materials and controls to conduct these procedures used.

- .01 All routinely performed examinations must be available in written form in a procedure manual. The written technical procedure must be based on methodology generally accepted in the field or by data gathered and recorded in a scientific manner.
- .02 The written technical procedure must designate appropriate controls and adequate instrumentation in addition to methodology.
- .03 The instruments used must be calibrated as required.
- .04 When performing an examination for which a technical procedure has been established, the criminalist must use standards, reagents, quality control, and instrumentation as required.
- .05 Experimental results are usually obtained while concurrently running a standard and/or quality control. These results should be documented in case notes as appropriate.
- .06 The criminalist must perform an examination according to the written procedure, with few exceptions. Exceptions would include an unusual sample, instrument breakdown, or unusual circumstances warranting deviation from generally followed protocol. Reasons for this deviation must be justified and documented in case file. The deviation must follow a generally accepted scientific method. Supervisory approval must precede procedural deviations.
- .07 The procedure manual must be updated as procedures change.

QM0800.97

TYPES AND EXTENT OF EXAMINATIONS CONDUCTED:

BFS provides scientific analysis on physical evidence collected by law enforcement agencies in Idaho. In addition, it provides technical advice and court testimony to law enforcement agencies, courts, and other governmental bodies in this region. These services include examination of evidence from criminal incidents including:

1. Arson examination for accelerants.
2. Alcohol analysis, performing quantitation I blood, urine, other body fluids, and liquor samples.
3. Analysis of body fluids from crimes of violence with classical serological techniques; typically, identify as blood, speciate, and ABO.
4. Analysis of body fluids for DNA using polymerase chain reaction
5. Identification of drugs of abuse: qualitative and quantitative.
6. Firearms evidence to determine type of weapon, distance, and comparison of questioned to known.
7. Identification and comparison of trace evidence to determine common origin.
8. Shoeprint and tire track comparisons.
9. Toxicology.

QM0900.97

VALIDATION AND VERIFICATION OF TEST PROCEDURES:

- A. Validation and verification of test procedures are performed each time a new or modified procedure is implemented. Analytical techniques shall undergo a validation study per department documented procedures.
- B. Validation will be carried out following American Society of Crime Laboratory Directors (ASCLD) Guidelines.
- C. The manager shall approve and accept all validation studies.
- D. Copies of relevant documents are included with this section.

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FORENSIC SERVICES POLICY MANUAL

POLICY NUMBER 91-603.00
POLICY SECTION: Quality Control

Subject of Policy: Adoption of New Procedures

Date Approved/Revised: June 25, 1991

New or unusual analytical procedures must be thoroughly tested using known controls prior to implementation on casework. The tests should be performed on materials similar to those encountered in case material and be completely documented. All new procedures must be based on principles that are accepted by the scientific community or supported by data gathered and recorded in a scientific manner. Time, cost, specificity, and accuracy should also be considered when developing new procedures.

New procedures must ultimately pass muster with other analysts and the Bureau Chief. Changes in procedures and new methods or procedures must be written up by the analyst, and supporting documentation of results included with this. The method will then be disseminated for review and possible retesting. Once approved for inclusion into a methods manual, by general consensus recommended by the laboratory managers, the method can become part of the routine methodology for a particular discipline.

QM1000.97
EVIDENCE HANDLING

Handling of evidence is well documented in policies that describe the duties and responsibilities with respect to handling and storage of all evidence received by BFS. The policies specifically address the following issues:

1. Storage of evidence
2. Tracking of evidence
3. Custody of evidence
4. Protecting the integrity of the evidence
5. Evidence receipts
6. Numbering
7. Documentation

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FORENSIC SERVICES POLICY MANUAL

POLICY NUMBER 91-151.00
POLICY SECTION: Evidence Handling

Subject of Policy: Receiving Evidence

Date Approved/Revised: May 29, 1991

Guiding principles: It is important to receive evidence in a manner which preserves its integrity. If evidence is received sealed, the need for an evidence technician in court proceedings is minimized. It is essential to document the chain of custody on all evidence received.

- .01 Whenever possible, all evidence should be received by an evidence technician.
- .02 Inspect all evidence seals. A proper seal is one which cannot be opened without visible disruption. Typically tape or a heat seal, overwritten with initials constitutes a proper seal.
- .03 Barring unusual circumstances, all unsealed evidence that is delivered in person must be sealed by the submitting party.
- .04 When unsealed evidence is not personally submitted, the criminalist assigned the case should either seal the evidence in the presence of an evidence technician or take immediate possession of the evidence. If the criminalist is unavailable, the evidence technician should seal the evidence and notify a supervisor. The evidence receipt shall reflect condition of unsealed evidence when received in such a manner from a common carrier.

Toxicology and blood alcohol kits that are submitted unsealed, will be properly sealed by an evidence technician and this information noted on the receipt.

POLICY NUMBER 91-151.00, cont.
POLICY SECTION: Evidence Handling

Subject of Policy: Receiving of Evidence

- .05 Staples and unsigned heat seals do not constitute proper seals. Stapled, unsealed, or unsigned heat-sealed evidence received by mail should be handled according to .04 above.
- .06 A receipt must be prepared for all evidence. The original will be returned to the submitting party and a copy kept in the case file.
- .07 All evidence items shall be marked with a case number and when applicable, an item number. The item number is determined by counting the total number of items submitted and designating the individual item as 1 of __, 2 of __, etc. If evidence is an addition to a case previously submitted, use the original case number with an alphabetical suffix (e.g.--#17325 A, 1 of __, 2 of __, etc.)
- .08 Information about the evidence, including chain of custody, will be transferred to the logbook. Chain of custody should also be documented on all evidence containers.
- .09 Unless the submitted evidence requires special handling or storage (i.e.--refrigeration or freezing), it will be place in the evidence vault until checked out for analysis. Evidence requiring special storage (i.e.--clandestine laboratory samples, physiological fluids, etc.) Shall be handled as required.

FORENSIC SERVICES POLICY MANUAL

POLICY NUMBER 91-152.00

POLICY SECTION: Evidence Handling

Subject of Policy: Handling Evidence in the Laboratory

Date Approved/Revised: May 30, 1991

Guiding principle: There should be a written record which verifies who has custody of evidence at all times and evidence should be stored so that only the examiner has access to it. Destructive analysis of evidence should consume as little of the sample as possible with notification of proper personnel if this cannot be accomplished.

- .01 To document transfer of evidence and location, the criminalist must sign the logbook. When the analyst retrieves evidence from a refrigerator or freezer, it should be noted in the logbook (e.g.--from freezer). Urine and blood samples for alcohol or toxicological analysis need not be logged as to location within the laboratory.
- .02 Evidence should not be transferred between evidence technician and analyst unless it is sealed. Evidence (except controlled substance material) may be passed from one analyst to another for purposes of analysis.
- .03 Evidence which has financial value (e.g.--drugs, weapons, etc.) must be stored in such a way that only a single criminalist or any evidence technician has access to it at any given time.
- .05 Evidence must be resealed prior to being returned to the vault or an evidence technician.
- .06 Analysts should use as little sample as possible. If the analyst must use more than half of any sample, an attempt should be made to notify the prosecutor or the officer. The fact that a sample was totally consumed should be noted in any report. Conservation of evidence is the primary goal whenever destructive testing is involved.

POLICY NUMBER 91-152.00, cont.
POLICY SECTION: Evidence Handling

Subject of Policy: Handling of Evidence in the Laboratory

- .07 If an analyst determines that all or part of any evidence should be forwarded to another analyst within the Bureau, no release is required. Should analysis, for whatever reason be required outside this Bureau, (the analyst and supervisor will review such a request, and) the submitting agency or prosecutor (will be apprised of this need prior to) should be consulted before forwarding such evidence. Any consultation regarding transfer of evidence must be documented.
- .08 Evidence returned to the evidence technician, for placement in the evidence vault after analysis, should be handled in reverse of .01 above.

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FORENSIC SERVICES POLICY MANUAL

POLICY NUMBER 91-153.00

POLICY SECTION: Evidence Handling

Subject of Policy: Returning Evidence

Date Approved/Revised: May 30, 1991

Guiding principles: When evidence is returned to a submitting party, this action must be documented. Evidence should be returned only to the party having legal responsibility for it.

01. All evidence will be returned to the submitting party through either the U.S. Postal Service, United Parcel Service, or a representative or designee of the submitting agency. Any returned acknowledgement of delivery notice(s) are to be placed in case files.
- .02 Evidence returned to an agency or individual is recorded on proper receipts or logbooks kept in the laboratory.
- .03 Chain of custody information is recorded on any evidence containers and in the logbook.
- .04 Evidence may be released to any party designated by the prosecutor, once authority of the case has been transferred. Evidence may be released to any party named in a valid court order. When evidence is released to persons outside the submitting agency, a written release must be received by this Bureau and this notice must be retained in the laboratory case files.

FORENSIC SERVICES POLICY MANUAL

POLICY MANUAL 91-154.00

POLICY SECTION: Evidence Handling

Subject of Policy: Protecting Evidence from Loss and Contamination

Date Approved/Revised: May 30, 1991

Guiding Principle: Once an analyst has taken possession of evidence the individual has the responsibility to preserve its integrity. Diligence should be exercised to ensure that loss or contamination and/or cross-transfer does not occur and thereby diminish the value of the evidence or its analysis.

- .01 All items should remain unsealed for as short a time as possible. Temporary closures (paper clips, clamps, etc.) should be used to minimize loss and/or contamination while evidence is open.
- .02 Trace evidence must be preserved. Clean paper should be placed under any items which carry potential trace evidence (e.g.--hairs or fibers). When practical, this collection paper can be used as a wrapper for subsequent handling of the item. Evidence containing question and known samples shall be opened and sealed in such a manner as to prevent cross-transfer or contamination during the preparation for and the actual analysis.
- .03 If a portion of an item is removed for testing, that sample shall be marked or placed in a marked container.
- .04 Any items requiring special storage conditions to maximize its evidentiary value shall be maintained in those preferred conditions to the maximum extent possible (e.g.--arson evidence in closed containers, bloodstains cold and dry, etc.).

FORENSIC SERVICES POLICY MANUAL

POLICY MANUAL 96-155.00

POLICY SECTION: Evidence Handling

Subject of Policy: Analysis of Multiple Exhibits in Drug Cases

Date Approved/Reviewed: June 3, 1996

Guiding Principle: Decisions to analyze only certain exhibits in cases with large numbers of items, has historically been left to the criminalist. The Bureau implements these guidelines to provide consistency in this decision making process. It is felt that following these criteria will provide faster turn-around in drug cases which require a report for the preliminary hearing, yet enable the agent to substantiate the most serious charges.

- .01 Examinations on controlled substances will be confined to exhibits that will substantiate the charges. This would entail analyzing only a single exhibit when multiple exhibits are present for the same charge. It would also include substantiating only the felony charge, especially when small amounts of marihuana are also present in a submission. Probable cause exhibits would be examined, so the agent can substantiate the reason for the investigation. The idea of doing only certain exhibits initially, would prevent loss of valuable analysis time, especially when a suspect may be pleading to the one or few most serious charges early in the judicial process. Quantitative analysis is only performed for investigative purposes when additional buys will be made or where needed to substantiate charges.
- .02 The investigator or prosecutor may resubmit a case for additional analysis if needed. When the reason for an analysis seems pointless, the laboratory manager will discuss these reasons with the parties involved to reach a consensus.
- .03 Both the receipt and report will include the following statement: "All items submitted may not be analyzed--if additional testing is required please contact the laboratory regarding resubmission."

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MAJOR EQUIPMENT AND REFERENCE MEASUREMENT STANDARDS:

- A. Standardization of measurements and use of appropriate chemical standards.
 - 1. BFS uses standards for measurement of both physical and spectroscopic characteristics which are obtained from the National Institute of Standards and Technology (NIST) or traceable to NIST Standards wherever possible.
 - 2. Drug analysis standards come from highly reputable sources.
- B. The BFS subscribes to an annual calibration service for their Biological Safety Cabinets and analytical balances. These calibrations are on file.
- C. Balances are calibrated against standards that are traceable to NIST.
- D. Instrumental calibrations make use of well documented materials provided by the manufacturer or third parties, which can usually be referenced to widely accepted national and international standards.

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QM1200.97

CALIBRATION AND MAINTENANCE OF EQUIPMENT:

- A. Calibration information will be found in an instrument log near each major instrument or on the equipment, like balances and scales.
- B. All equipment is calibrated according to documented procedures using standards traceable to national standards whenever possible.
- C. Major testing equipment is on a scheduled maintenance timetable. Maintenance is done per documented procedures and by personnel trained in specific maintenance protocols. Equipment that has undergone maintenance that could alter its functionality will be validated as functioning properly before being placed back into use.

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VERIFICATION PRACTICES FOR ENSURING COMPETENCE OF EXAMINERS:

- A. Each analyst shall on an annual basis successfully complete one proficiency test per area of proficiency from a recognized external agency or prepared internally.
- B. Each lab report will undergo an administrative review by the analyst. A percentage of all reports will also be technically reviewed.
- C. Each analyst shall undergo training and testing appropriate to the examinations performed. The training files of each analyst shall contain documentation of appropriate training and testing for each discipline in which analysis is performed providing that such training and testing was performed subsequent to the adoption of this policy.
- D. Included policies detail case review policies.

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FORENSIC SERVICES POLICY MANUAL

POLICY NUMBER 91-601.00

POLICY SECTION: Quality Control

Subject of Policy: Proficiency Testing Guidelines

Date Approved/Revised: June 25, 1991

Guiding Principle: Proficiency testing provides significant information about the quality of analyses performed. Like typical casework, it reveals the strengths and weaknesses of screening techniques and analytical procedures, and demonstrates the training level and competency of individuals. Proficiency testing has tremendous educational value. It can be used to test new analytical techniques, test the adequacy of analysis schemes, and demonstrate adequate training.

- .01 If proficiency tests are available in a forensic discipline, each fully trained examiner will participate in at least one proficiency test in that discipline during the course of a calendar year.
- .02 When a staff member analyzes a proficiency test with ingenuity, that methodology should be documented and distributed to the Bureau staff.
- .03 The Deputy Bureau Chief will review all proficiency testing results. Any failures will be made known to the District Supervisor, the Bureau Chief, and the analyst who completed the test. Together the immediate supervisor(s) and the analyst will meet to determine the nature of the error (i.e.--typographical, judgement or observation, lack of equipment, etc.). Depending on the nature of the error they should reach a consensus on the remedy, and document the corrective action to be taken. This documentation need not be lengthy. It should include a statement of the problem, the solution to the problem, and measures to ensure the problem does not continue. This statement of corrective action should be attached to the proficiency test results.

Subject of Policy: Proficiency Testing Guidelines

- .04 Proficiency test files will be kept for the current and previous two years.
- .05 Results of proficiency tests may have some impact on personnel decisions regarding employees. However, the focus is on long-term performance and not on the result of individual proficiency tests. Individuals who generally perform better than average, or who regularly make important errors on proficiency tests, could be affected in regards to performance ratings, promotions, meritorious raises, and job retention. Failure to complete a proficiency test as assigned, if not excused, will result in a downgraded rating for that domain in the performance evaluation. If the analyst has a reason to anticipate that a proficiency test cannot be completed by the deadline, he/she should notify the supervisor before the due date.
- .06 Each regional supervisor has the responsibility to oversee and evaluate proficiency testing in that laboratory. In addition, each regional supervisor will collect and maintain appropriate records regarding proficiency tests performed for that laboratory. The records include test results, summaries, and corrective action. The overall file in Meridian will duplicate these files. Proficiency records for the Breath Alcohol Program will be kept in agreement with the rules and regulations set up by the Department of Law Enforcement.
- .07 The same resources utilized in routine casework can also be utilized in proficiency tests. This includes co-workers not involved in the proficiency testing, instrumentation, techniques, etc.

POLICY NUMBER 91-601.00, cont.
POLICY SECTION: Quality Control

Subject of Policy: Proficiency Testing Guidelines

- .08 Occasionally, a proficiency test will be used for a training exercise. It is not necessary to retain the results of these tests nor is it necessary to have a written statement of corrective action.

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FORENSIC SERVICES POLICY MANUAL

POLICY NUMBER: 97-302.00
POLICY SECTION: Casework Documentation

Subject of Policy: Casework Review

Date Approved/Revised: March 4, 1997

Guiding principle: Casework review has three roles. The first is to ensure that opinions expressed in the report are justified by the analysis performed. The second is to ensure that reports issued by this Bureau are editorially correct. The third is to ensure that the analyst is following casework documentation guidelines and policies which have been established.

- .01 An adequate description of the evidence, packaging, and condition of seals should be present in all case files and/or reports. A reviewer must ensure that the details of tests and observations are described in the notes. Photocopies, drawings, instrument readouts, and photographs that are generated during the course of analysis must be present in the file. Controlled substance reports should include the schedule of any compounds identified if the schedule is not ambiguous.
- .02 Evidence of peer review should be attached to, or present in the case file. Peer review notes should contain the initials of the reviewer and the date. At least 20% of all drug cases and toxicology cases from a particular analyst, and 100% of all other cases must be technically reviewed annually.

Definitions (from January 1997 ASCLD/LAB manual glossary.):

1. Peer: An individual having expertise in a specific functional area gained through documented training and expertise.
2. Peer review: The review of casework for technical correctness.
3. Technical review: Review of bench notes, data, and other documents which form the basis for a scientific conclusion.

POLICY NUMBER 97-302.00, cont.
POLICY SECTION: Casework Documentation

Subject of Policy: Casework Review

- .03 All reports issued by the Bureau of Forensic Services must be administratively reviewed.

Definition (from January 1997 ASCLD/LAB manual glossary):

Administrative review: a procedure used to check for consistency with laboratory policy and for editorial correctness. This review may be performed by the author of the report or other personnel.

- .04 Case reviews should be done prior to the time the report goes out, or at the earliest convenience of the reviewer.
- .05 When errors or omissions in casework are noted, the analyst has the obligation to ensure that an incorrect report does not leave the laboratory or is returned to laboratory and corrected if the report has already left the lab. The analyst should document to the reviewer that the errors were corrected. Minor errors of procedure need only be brought to the attention of the analyst. A manager should be made aware of continual, frequent, or serious errors.
- .06 Reports should be reviewed by the laboratory manager whenever possible.

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QM1400.97

GAINING FEEDBACK AND TAKING CORRECTIVE ACTION WHEN ANALYTICAL DISCREPANCIES ARE DETECTED:

- A. Resolution of discrepancies in analytical procedures require immediate attention by the lab manager and peers in that discipline. Analytical discrepancies can be discovered as a result of internal or external audits, proficiency testing, customer complaints, failure to follow approved documented procedures or from equipment malfunction. Examples of corrective action to be taken include retraining, updating of procedures, proficiency testing, etc. Pertinent BFS policies are included.
- B. The BFS also has a preventive action program in place that reduces the occurrence of analytical discrepancies. The preventive action program is driven by the manager. The preventive action program analyzes and eliminates potential causes of analytical discrepancies by the review of systems information, such as testing procedures, the annual audit results, review of quality records, the ASCLD/LAB report, and effective resolution of customer complaints.

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FORENSIC SERVICES POLICY MANUAL

POLICY NUMBER: 91-602.00
POLICY SECTION: Quality Control

Subject of Policy: Resolution of Technical Problems

Date Approved/Revised: June 25, 1991

STANDARDS

.01 The individual analyst should monitor the examination for proper technical performance. Danger signals would include but are not restricted to: 1) failure of blank samples to give negative results, 2) failure of controls to give appropriate qualitative or quantitative results, and 3) non-reproducibility of the same procedure on the same sample. When these type of problems arise, the analyst should report such, to the technical leader and laboratory manager.

Typical corrective action could include checking for reagent deterioration, checking instrument controls for proper settings, etc.

The analyst is expected to pursue the cause of the deviation and take sufficient action to ensure and document that the problem has been corrected.

QM1500.97

MONITORING COURT TESTIMONY:

- A. Presenting courtroom testimony on the results of examinations performed by analysts is an extremely vital service provided by BFS. Maintaining the quality of courtroom competence is of vital importance.
- B. The Bureau of Forensic Services ensures the quality of this service by monitoring analyst's courtroom testimony in a variety of methods including:
 - 1. Observation by another analyst or the manager.
 - 2. Review of a transcript.
 - 3. Report form returned after trials by the prosecutor, defense attorney, and/or the judge.
- C. All reviews of the analyst's courtroom testimony are documented and placed in the analyst's Bureau personnel file.

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FORENSIC SERVICES POLICY MANUAL

POLICY NUMBER 91-503.00

POLICY SECTION: Subpoena and Testimony Policy

Subject of Policy:- Evaluation of Testimony

Date Approved/Revised: June 25, 1991

Guiding Principle: Courtroom testimony provides a means for the criminalist to communicate results and conclusions stated in a report. The goal of the criminalist is to accurately present findings, explain analytical techniques, offer expert opinions, and make clear to the court any questions regarding a particular case. Evaluations are a way to improve a scientist's courtroom demeanor and testimony.

- .01 Each criminalist will be evaluated by his/her peer or supervisor at least once annually.
- .02 A reviewer will fill out the attached form following each evaluation. The evaluations will be kept for three years by the laboratory supervisor.
- .03 Reviewers should discuss a critique with the analyst as soon as possible after the review process.

QM1600.97

PROTOCOL PERMITTING DEPARTURES FROM DOCUMENTED POLICIES AND PROCEDURES

- A. The Bureau of Forensic Services quality system recognizes that the nature of its work is seldom routine. The Bureau of Forensic Services has documented procedures that allow for departure from standard practices when samples fall outside of expected guidelines or parameters.
- B. Approval for departure is granted by the lab manager after a review of the situation with selected laboratory personnel.
- C. If a policy or procedure departure is approved, then the modified policy or procedure is documented. A new procedure that departs from general practice may have a short life if it applies to an unusual or rare situation.

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FORENSIC SERVICES POLICY MANUAL

POLICY NUMBER 91-603.00
POLICY SECTION: Quality Control

Subject of Policy: Adoption of New Procedures

Date Approved/Revised: June 25, 1991

New or unusual analytical procedures must be thoroughly tested using known controls prior to implementation on casework. The tests should be performed on materials similar to those encountered in case material and be completely documented. All new procedures must be based on principles that are accepted by the scientific community or supported by data gathered and recorded in a scientific manner. Time, cost, specificity, and accuracy should also be considered when developing new procedures.

New procedures must ultimately pass muster with other analysts and the Bureau Chief. Changes in procedures and new methods or procedures must be written up by the analyst, and supporting documentation of results included with this. The method will then be disseminated for review and possible retesting. Once approved for inclusion into a methods manual, by general consensus recommended by the laboratory managers, the method can become part of the routine methodology for a particular discipline.

FORENSIC SERVICES POLICY MANUAL

POLICY NUMBER 91-605.00

POLICY SECTION: Quality Control

Subject of Policy: Writing and Following Procedure Manuals

Date Approved/Revised: June 25, 1991

Guiding principles: In order to assure that a quality result can be obtained, protocols must be established and followed, and the necessary materials and controls to conduct these procedures used.

- .01 All routinely performed examinations must be available in written form in a procedure manual. The written technical procedure must be based on methodology generally accepted in the field or by data gathered and recorded in a scientific manner.
- .02 The written technical procedure must designate appropriate controls and adequate instrumentation in addition to methodology.
- .03 The instruments used must be calibrated as required.
- .04 When performing an examination for which a technical procedure has been established, the criminalist must use standards, reagents, quality control, and instrumentation as required.
- .05 Experimental results are usually obtained while concurrently running a standard and/or quality control. These results should be documented in case notes as appropriate.
- .06 The criminalist must perform an examination according to the written procedure, with few exceptions. Exceptions would include an unusual sample, instrument breakdown, or unusual circumstances warranting deviation from generally followed protocol. Reasons for this deviation must be justified and documented in case file. The deviation must follow a generally accepted scientific method. Supervisory approval must precede procedural deviations.
- .07 The procedure manual must be updated as procedures change.

QM1700.97

DEALING WITH COMPLAINTS:

The Bureau of Forensic Services has a documented policy for the resolution of verified complaints received from parties about Bureau of Forensic Services activities. Complaints will be handled as per department policy.

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POLICY AND PROCEDURE

IDAHO DEPARTMENT OF LAW ENFORCEMENT

Policy/Procedure: DLE #408

SUBJECT: COMPLAINT REVIEW AND DISCIPLINE POLICY

STATEMENT OF PURPOSE

- A. Law Enforcement is a complaint-intensive occupation. Commissioned officers make life and death decisions, use force, take enforcement action, deprive suspects of their liberty, and intervene in emotionally charged disputes. Other non-commissioned members of the Department come into contact daily with the public either in person or by phone. It is not possible to make everyone happy in every instance. There will always be a few people who will not be satisfied with our service, no matter how closely we adhere to our own professional standards or the standards set for us by the community we serve.
- B. There will be a few occasions when individual members of the Department will fail to adhere to those high standards and must be subjected to appropriate training, discipline, or even removal from the Department.
- C. We must have an objective process for investigating complaints about the conduct of Department business so that public trust is not eroded and corruption is not permitted a foothold in our ranks.
- D. The Department must demonstrate that complaints of misconduct are readily accepted, fairly and objectively investigated, and effectively adjudicated. It is equally important that all Department employees be secure in the knowledge that allegations made against them are impartially investigated so that the truth of the matter is revealed fairly and objectively.
- E. The Idaho Department of Law Enforcement Complaint Review and Discipline Policy has been prepared with these objectives in mind.

TRUST AND LAW ENFORCEMENT-STANDARD OF REVIEW

- A. The public trust mandates that all members of the Department exemplify the highest personal and professional standards of conduct while on and off duty.
- B. Department members shall adhere to and uphold all laws and serve the public in an ethical, courteous, impartial, and professional manner while respecting the rights and dignity of all citizens.

DLE #408

- C. Employees who violate that public trust by committing an offense punishable under the laws or statutes of the United States, the State of Idaho, or who violate any provision of the Policies and Procedures of the Idaho Department of Law Enforcement or the Idaho Personnel Commission Rules, are subject to appropriate disciplinary action.

PHILOSOPHY OF COMPLAINT TAKING

The Department will accept all complaints against any of its employees and will fully investigate all such complaints to the appropriate disposition. In order to protect the employees of the Department against false allegations, all complaining citizens will be encouraged to make their complaint in written form and shall be informed that the Department will consider requesting criminal prosecution of false reports given to the Department pursuant to Idaho Code § 18-705 under appropriate circumstances.

OFFICE OF PROFESSIONAL STANDARDS

- A. Shall review and/or investigate each complaint of misconduct, except allegations of sex discrimination and/or harassment, which shall be investigated pursuant to DLE #202.
- B. Shall act as a repository for all complaint investigations.
- C. Shall be coordinated by the Superintendent, Idaho State Police.

COMPLAINT DEFINED

A complaint is defined as information received by the Department of Law Enforcement alleging misconduct by an act or omission by one of its employees. A complaint may be received from any source.

MISCONDUCT DEFINED

- A. Misconduct is any of the following acts or omissions when such acts or omissions would normally result in discipline:
1. Violation of Department policies, rules, or procedures;
 2. Neglect of duty;
 3. Conduct which may tend to reflect unfavorably upon the employee or the Department; and/or
 4. The commission of a criminal offense.

ALLEGATIONS NOT AMOUNTING TO MISCONDUCT

- A. When the allegation does not amount to misconduct, the supervisor shall explain the related Department policy or procedure to the complainant and attempt to resolve the matter to the complainant's satisfaction.

DLE #408

- B. If the complainant is not satisfied or the supervisor feels additional investigation is necessary, the concerned supervisor shall initiate an investigation and report the results of the investigation on a Personnel Complaint Form through the "chain of command" to the Office of Professional Standards.

FINDINGS-ALLEGED COMPLAINTS NOT AMOUNTING TO MISCONDUCT

Each allegation, NOT AMOUNTING TO MISCONDUCT, in a personnel complaint investigation shall be assigned one of the following dispositions:

Unfounded The investigation reveals that the alleged act or acts complained of did not occur, or the individual named in the complaint was not involved.

Exonerated The investigation reveals that the alleged act or acts did occur, but were justified, lawful and proper.

(1) Proper conduct - The action was consistent with Department policy and the complainant(s) was not wronged.

(2) Policy Failure - The action was consistent with Department policy, but the complainant(s) was wronged.

Not Sustained The investigation fails to discover sufficient evidence to clearly prove or disprove the allegation(s) made in the complaint.

Sustained The investigation disclosed sufficient evidence to clearly prove the allegations made in the complaint.

MISCONDUCT OBSERVED BY DLE PERSONNEL

Whenever any Department employee observes an act of misconduct on the part of another employee, he/she must bring that act to the attention of his/her immediate supervisor. Whenever a supervisor observes or is informed of misconduct by another employee which indicates the need for disciplinary action, he/she will take appropriate and necessary action to correct the substandard conduct.

EMPLOYEE ACCESS TO INFORMATION

An employee who is accused of misconduct shall be informed of the complaint when it is filed unless the charges are of such a nature as to prohibit this. The employee shall have the opportunity to check on the status of the investigative process by requests for information through his/her chain of command. The employee shall be permitted to respond to proposed discipline under the Department Grievance Procedure after the discipline has been decided upon and prior to that discipline being administered.

DLE #408

INVESTIGATIONS OF ALLEGED MISCONDUCT

- A. The employee assigned the investigation of an alleged act of misconduct shall conduct a thorough investigation.
- B. The investigation shall include, but may not be limited to, formal statements from all parties concerned, and when applicable, the gathering and preserving of physical evidence pertaining to the case, and all other pertinent information. A written report of the investigation shall be prepared by the investigator, pursuant to DLE #409.
- C. Upon the order of any superior officer, employees shall truthfully answer all questions specifically directed and narrowly related to the scope of employment and operations of the Department which may be asked of them, both verbally and in writing as required.

DISTRIBUTION OF REPORTS

- A. Reports prepared by the supervisor concerning allegations against an employee, that amount to misconduct, shall be forwarded through the "chain of command" to the appropriate Deputy Director. That report shall include the final disposition of the matter.
- B. In the event of an allegation of misconduct, the report prepared by the Professional Standards investigator shall be completed within 30 days of the complaint or allegation and will be distributed through the chain of command as follows:
 - 1. Copy to Appropriate Deputy Director;
 - 2. Original retained by the Office of Professional Standards (OPS).
- C. Professional Standards personnel will submit a recommendation to the appropriate Deputy Director as to whether a violation of Department policy, rules and or regulations has occurred, **HOWEVER**, Professional Standards will make no recommendations as to the disposition of complaints upon completion of an investigation and make no recommendations as to any disciplinary action taken against an employee by the Department administration.

RECOMMENDATION BY DEPUTY DIRECTOR

- A. The Deputy Director shall review the report of the OPS and prepare a written recommendation to the Director with regard to closure or disposition of the matter. This recommendation shall not be binding on the Director.
- B. Each allegation, **WHICH DOES AMOUNT TO MISCONDUCT**, in a personnel complaint investigation shall be assigned one of the following dispositions.

DLE #408

- Unfounded** The investigation reveals that the alleged act or acts complained of did not occur, or the individual named in the complaint was not involved.
- Exonerated** The investigation reveals that the alleged act or acts did occur, but were justified, lawful and proper.
- (1) Proper conduct - The action was consistent with Department policy and the complainant(s) was not wronged.
 - (2) Policy Failure - The action was consistent with Department policy, but the complainant(s) was wronged.
- Not Sustained** The investigation fails to discover sufficient evidence to clearly prove or disprove the allegation(s) made in the complaint.
- Sustained** The investigation disclosed sufficient evidence to clearly prove the allegations made in the complaint.

FINAL APPROVAL BY DIRECTOR

The Director shall review and approve the results of the investigation and disposition of allegations. The Director will return the disciplinary recommendation to the employee's supervisor for implementation of discipline.

DISCIPLINE DEFINED

Discipline is any of the following acts when they are intended to correct or punish misconduct:

- A. Written reprimand;
- B. Suspension;
- C. Reassignment;
- D. Demotion; or
- E. Dismissal from service.

APPEAL FROM DISCIPLINE

Appeals from a disciplinary measure may be taken as provided in the Idaho Department of Law Enforcement Policy and Procedure Manual (See DLE #202 (Grievance procedure) and in accordance with the Idaho Personnel Commission Rules.

**DEPARTMENT OF LAW ENFORCEMENT
COMPLAINT INVOLVING DEPARTMENT EMPLOYEE**

| | | |
|---|------------|--|
| Name of Complainant | | Case No. |
| Address | | Complaint Made By () Phone () Person () Mail |
| Work Phone | Home Phone | Date |
| Name of Department Employee Involved | | Division/Bureau |
| Witnesses Name | Address | Phone Number |
| 1. | | |
| 2. | | |
| 3. | | |
| Location of Incident | | Date and Time |
| Brief Description of Complaint | | |
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| DEPARTMENT USE ONLY | | |
| Action Taken and/or Recommendations | | |
| Complaint Closed () SUSTAINED () NOT SUSTAINED () EXONERATED () UNFOUNDED | | |
| Signature of Investigating Officer | | Date |
| Reviewed By | | Date |

COMPLAINT

Telephone, Person, Written

Accepted by Supervisor

MISCONDUCT
Refer to OPS
upon receipt, OPS will review
and assign number and refer to
appropriate Dep. Director for
decision as to investigation

NO MISCONDUCT
Supervisor may resolve
Supervisor shall question
officer, witnesses, complainant
and secure all relevant evidence

Dep. Director
assign investigation

OPS
Conducts investigation

Supervisor
conducts inquiry

OPS
Submits recommendation to
Dep. Director as to whether
a violation has occurred

Supervisor
shall question officer,
witness, complainant
and secure all relevant
evidence

Supervisor
routes up "chain" to
Dep. Director
(1) Reports
(2) Documents, evidence
(3) Recommendation for further
investigation
(or)
(4) Recommendation for disposition

Dep. Director
evaluates - makes recommendation

Director
makes decision

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POLICY AND PROCEDURE

IDAHO DEPARTMENT OF LAW ENFORCEMENT

Policy/Procedure: DLE #409

SUBJECT: OFFICE OF PROFESSIONAL STANDARDS

INTRODUCTION

The procedures outlined in this document are provided as guidelines to assigned personnel in order to ensure that investigations and the general handling of "complaints" and other matters within the Department and the Office of Professional Standards are conducted in a standard manner and that they are consistent with Department policy. They are not meant to limit or constrain the investigator in his/her approach to an individual inquiry.

PERSONNEL COMPLAINT

Citizen complaints or allegations may be filed with a supervisor, a District Supervisor, Assistant Director, or with the Office of Professional Standards. Any employee who becomes aware of an allegation of "misconduct" or is personally aware of another employee's "misconduct" shall immediately notify his/her supervisor or, in that supervisor's absence or involvement, the District Supervisor or Assistant Director. Personnel Complaint Form (IDLE Form #516) shall be utilized for the receipt of all citizens complaints; however, complaints received telephonically and/or anonymously shall be taken.

COMPLAINT PROCEDURE: SUPERVISOR

- A. Under most circumstances the employee's immediate supervisor has the primary responsibility to investigate complaints.
- B. The supervisor has the responsibility to assist the citizen and resolve the complaint when possible. Doubt about the legitimacy of a complaint shall be resolved by accepting the complaint for further investigation.
- C. A supervisor receiving the information or discovering an act of wrongdoing shall immediately notify his/her immediate supervisor.
- D. After receiving a complaint, the supervisor shall forward that complaint to the supervisor of the involved employee. That supervisor shall immediately make a copy of the Personnel Complaint Form and give it to the complainant. The original of the complaint shall IMMEDIATELY be forwarded to the Office of Professional Standards for the assignment of a tracking number.

DLE #409

- E. The District supervisor, may determine that, because of the nature and urgency of a complaint, it may be more appropriately investigated by the Professional Standards Section. The supervisor shall complete the Personnel Complaint Form and, through the appropriate "chain of command", contact the appropriate Deputy Director.
- F. The appropriate Deputy Director will review the investigation and assign a Professional Standards investigator, if appropriate. He may, however, determine that, because of the nature of a complaint, the most appropriate means of investigation would be at the District/Bureau level. In these instances, the Deputy Director may assign the complaint to the accused employee's District/Bureau for investigation.

INITIAL INVESTIGATION-DEFINED

An initial investigation consists of the steps taken by a supervisor to determine whether a complaint alleges misconduct, i.e. whether the allegations, if true, would normally result in discipline.

FORMAL INVESTIGATION-DEFINED

A formal investigation of a personnel complaint consists of the steps taken by the Professional Standards investigator assigned to investigate the personnel complaint and prepare the final investigative report. The formal investigation takes place, if necessary, after the initial investigation is complete.

ALLEGATIONS NOT AMOUNTING TO MISCONDUCT

When the allegation does not amount to misconduct, the supervisor shall explain the related Department policy or procedure to the complainant and attempt to resolve the matter to the complainant's satisfaction. If the complainant is not satisfied or the supervisor feels additional investigation is necessary, the concerned supervisor shall report the results of the initial investigation to the next level supervisor.

INVESTIGATIONS CALL-OUT PROCEDURE

- A. The Office of Professional Standards is responsible for the investigation of complaints alleging serious misconduct on the part of any employee of this Department, whether the conduct occurs on duty or off duty. Professional Standards investigations will only be initiated by the Director or a Deputy Director. The investigator will be assigned by a Deputy Director or the Director.
- B. The Professional Standards investigator will be notified by the appropriate Deputy Director at any time of the day or night, including weekends and holidays under any of the following circumstances:

DLE #409

1. Whenever an employee of this Department is arrested or an arrest is pending by this Department or any other agency.
 2. Whenever there is an implication of any serious criminal conduct alleged against any employee of this Department.
 3. Whenever an incident occurs which is of such a serious nature and magnitude that, in the opinion of a Deputy Director, it will require a Professional Standards investigation.
- C. The Professional Standards investigator, upon being notified, will evaluate the incident and determine if response to the scene is necessary. In order for the investigator to evaluate the incident, the following information will be required and shall be provided to the Deputy Director by the supervisor involved:
1. A brief summary of the incident;
 2. The location and time of occurrence of the incident;
 3. The location of the involved employee.
- D. The responsibility of directing and coordinating an Administrative investigation shall be assumed by the Professional Standards investigator who responds to the scene of an incident pursuant to the occurrence of any of the aforementioned circumstances. Professional Standards personnel will not interfere in an on-going criminal investigation. Information, however, which the investigator determines is necessary to the Administrative investigation shall be given by Department employees.

COMPLAINT PROCEDURE: PROFESSIONAL STANDARDS

- A. The Professional Standards Office shall be responsible for the tabulation of all citizen complaints and shall forward an annual report to the Director, Idaho Department of Law Enforcement.
- B. All citizen complaints received by the Department shall be forwarded immediately to the Office of Professional Standards which will assign a number to each complaint for control and assignment purposes.
- C. In the event a complaint is to be investigated by a member of the Office of Professional Standards, the original complaint shall be retained by OPS and a copy shall immediately be forwarded to the appropriate District Supervisor and the involved employee, except when such notification of the employee would jeopardize investigation of the complaint.
- D. All investigative reports of alleged employee misconduct shall be maintained in the Office of Professional Standards.

COMPLAINT INVESTIGATION DUE DATE

Complaint investigations shall be completed, including review by the appropriate Deputy Director, within 30 days from the date the Department received the complaint.

DUE DATE EXTENSIONS

Only the Director, or the appropriate Deputy Director, may grant an extension to a personnel complaint investigation due date. Extension requests shall be submitted, in writing, prior to the expiration of the due date and shall contain a justification for the extension.

INTERVIEW OF THE COMPLAINANT AND WITNESSES

- A. In all cases the investigator will treat the complainant and witnesses with respect and conduct the interview and subsequent investigation in a professional manner.
- B. All interviews should be conducted in person. However, unusual circumstances may require a telephonic interview. For example, if a citizen witness refuses an in-person interview, a telephonic interview may be the only alternative. Telephonic interviews should be used as a last resort.
- C. As a general rule, all interviews should be scheduled in advance. A particular investigative strategy may demand an immediate, surprise interview be conducted, but it is usually best to give notice of the interview.
- D. Interviews should not be rushed. If the interview is expected to be particularly long, complicated or stressful, more than one interview session may be necessary. Except in very unusual circumstances, no interview session should be longer than four hours, including time for several breaks.
- E. Interviews of Department employees should be scheduled during their regular duty hours. Whenever possible, interviews with citizen witnesses should be scheduled at their convenience.
- F. If an interview subject's involvement or anticipated statement is unclear, the investigator should, when calling to schedule the interview, ask the interview subject to describe briefly what he/she has to say about the complaint. This will assist in planning the investigation. At the conclusion of each interview, the subject's availability for a follow-up interview should be determined.

SELECT INTERVIEW LOCATION

Interviews of employees should always be conducted in a Department facility. Employees should not be interviewed in their attorney's office. Citizen witnesses should be encouraged to come in to a Department facility for their interview. However, if they insist, they may be interviewed at another location.

DLE #409

TAPE RECORD ALL INTERVIEWS

- A. All formal interviews should be tape recorded in their entirety. There should be no off-tape discussion. If a complainant or civilian witness refuses to allow the interview to be tape recorded, document the refusal and proceed with the interview. Generally, a brief explanation of the need for the tape recording will gain the cooperation of most witnesses.
- B. Investigators should avoid tape recording interviews secretly.
- C. Employees are obligated to submit to a tape recorded interview under penalty of insubordination.

ORDER OF INTERVIEWS

The order of interviews will frequently be controlled by the circumstances of the investigation and the type of complaint. As a general rule, interviews should be conducted in the following order:

- A. Complainant
- B. Citizen witnesses
- C. Civilian-employee witnesses
- D. Sworn-employee witnesses
- E. Accused employee(s)

CONFIDENTIALITY ORDER

At the conclusion of each employee interview session, the investigator should order the employee not to disclose any of the information discussed in the interview except to his or her attorney, or supervisor if appropriate. The employee should be advised that failure to adhere to the order could result in a separate charge of insubordination.

INVESTIGATORS TO MAINTAIN CONFIDENTIALITY

Personnel complaint investigators have the responsibility to preserve the confidentiality of their investigation. Release of any information regarding an investigation shall be only to those who have a right and need to know. Release of information to unauthorized personnel is a serious breach of ethics and could be a violation of law.

EXCULPATORY INFORMATION

Personnel complaint investigators must ensure that their report contains all relevant information disclosed during the investigation. This includes evidence that tends to prove or disprove the employee's involvement as well as information that is merely relevant, and suggests neither guilt nor innocence.

FINDINGS-ALLEGED MISCONDUCT

A. Investigation by supervisor: Each allegation in a personnel complaint investigation conducted and completed by a supervisor shall be assigned a disposition pursuant to DLE #408, as follows:

Unfounded The investigation reveals that the alleged act or acts complained of did not occur, or the individual named in the complaint was not involved.

Exonerated The investigation reveals that the alleged act or acts did occur, but were justified, lawful and proper.

(1) Proper conduct - The action was consistent with Department policy and the complainant(s) was not wronged.

(2) Policy Failure - The action was consistent with Department policy, but the complainant(s) was wronged.

Not Sustained The investigation fails to discover sufficient evidence to clearly prove or disprove the allegation(s) made in the complaint.

Sustained The investigation disclosed sufficient evidence to clearly prove the allegations made in the complaint.

B. Professional Standard investigation: The Professional Standards investigation shall contain basically the same information as those submitted by other units, except that no recommendation for or against disciplinary action shall be made.

INVESTIGATIVE REPORT

A. The results of the investigation must be reduced to a written report.

B. The investigating officer shall report the pertinent facts in the following manner.

1. A summary of the complaint or alleged act of misconduct.
2. Pertinent portions of the statements of all parties to the incident.

DLE #409

3. A description of the incident, physical evidence, and other evidence important to the case.
- C. When the investigation is conducted by a unit other than the Office of Professional Standards, the investigating officer shall forward the findings to his/her Division Administrator, who shall forward a report of the results of the investigation and send it through channels to the Office of Professional Standards. This report may contain recommendation for or against disciplinary action and the kind and amount.

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DISCLOSURE OF INFORMATION:

- A. Information generated by the Bureau of Forensic Services is for the benefit of the submitting agency and its legal representatives.
- B. The enclosed policy(s) provide guidelines for the release of results to other parties.

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FORENSIC SERVICES POLICY MANUAL

POLICY NUMBER 91-303.00

POLICY SECTION: Casework Documentation

Subject of Policy: Releasing Case Results

Date Approved/Revised: June 18, 1991

Guiding principle: During the investigative phase of a crime, the release of case analyses or results to unauthorized parties could jeopardize an investigation or place the life of an investigator in danger.

- .01 When giving laboratory results to telephone callers, extreme caution must be exercised. If the caller is authorized to receive the results, then the following guidelines must be adhered:
 - a. If the voice of the caller is recognized, then the results may be given out.
 - b. If a caller's voice is unfamiliar, politely break the conversation and return the call using a phone number known to belong to the agency employing the individual.
- .02 The written or verbal report may be released to any employee of the submitting agency once BFS personnel have discerned the receiver is an employee of that agency.
- .03 Results may be given to the prosecutor or his/her staff if the evidence was submitted by a law enforcement officer from a respective prosecutor's jurisdiction. Suitable precautions, as listed above, should be taken to ensure the identity of the prosecutor or staff member.
- .04 Reports regarding evidence submitted by the public defender in a criminal proceeding may be released to the defense attorney or his client. The public defender must obtain a court order if any reports are to be provided only to his office or client.

POLICY NUMBER 91-303.00, cont.

POLICY SECTION: Casework Documentation

Subject of Policy: Releasing Case Results

- .05 If a defense attorney requests results from evidence submitted by the prosecution to the laboratory, the defense attorney must demonstrate one of the following:
- a. Written permission of the prosecutor or the submitting party. If verbal permission was given to release results, the laboratory must confirm the permission.
 - b. An appropriate discovery request.
 - c. An appropriate court order.
- .06 Occasionally a report needs to be released to a party other than the submitting agency or the attorneys in the case. This will be done only on the written authorization of the submitting party. When a report is released to an agency other than that associated with the case, a supervisor must be consulted prior to initiating any such action.
- .07 The criminalist has the obligation to discuss his/her findings, interpret the conclusions, and state the strengths and weaknesses of his/her examination on evidence with the prosecutor and the defense attorney. The analyst should not discuss examination with an attorney until such has demonstrated that he/she is entitled to the results or that the attorney has obtained the results through legitimate means as discussed above. A supervisor must be made aware of such consultations prior to them being initiated.

QUALITY AUDITS AND QUALITY SYSTEM REVIEW:

- A. The Bureau of Forensic Services annually conducts formal audits to verify the on-going effectiveness of its documented quality system. Audits are conducted by personnel independent of the area being audited. Audits are conducted according to documented procedures.
- B. A checklist is completed for each area that is audited. The checklist includes the following items:
1. Staff's awareness of the quality manual
 2. Analytical procedure selection, control and validation
 3. Control of reagents and standards
 4. Equipment calibration and maintenance records
 5. Adequacy of lab reports and notes
 6. Evidence handling procedures
 7. Proficiency testing and interlaboratory comparison studies
 8. Personnel training records.
 9. Handling of deficiencies and corrective actions
 10. Laboratory orderliness and health and safety measures.
 11. Previous audit findings
- C. A written report is prepared soon after the audit is completed and a briefing is held with the Manager. The report can contain deficiencies as well as commendable findings, and any suggestions for improving the system or remedial action as problem areas are highlighted.
- D. A copy of the audit report is placed in the Quality Manual and a copy is given to the appropriate Manager for follow-up or corrective measures.

Quality Audit Checklist
Idaho Bureau of Forensic Services
Revised June 13, 1998

1. Is the staff aware of the quality assurance manual?

2. Analytical procedure selection, control, and validation.
- _____ A. Do the analysts have written procedures available for all examinations performed?
- _____ B. Are all procedures in the manual and are they current?
- _____ C. Have any new procedures been properly validated?
- _____ D. Does the lab utilize proper procedure selection and controls?
3. Control of reagents and standards:
- _____ A. Do reagents made in-house have dates, initials, and expiry dates (if applicable)?
- _____ B. Are reagents current?
- _____ C. Is reagent quality control documented?
- _____ D. Are standards validated or traceable to known standards?
- _____ E. Is the quality of standards and reagents adequate for the procedures used?
- _____ F. Are MSDS's available and current?
- _____ G. Were all drug standards located during inventory and was their usage properly documented?
4. Equipment calibration and maintenance records:
- _____ A. Is the equipment in proper working order?
- _____ B. Is the equipment properly calibrated?
- _____ C. Is the equipment adequate for the procedures used?

Checklist
Pg 2

- D. Are instrument logs routinely used and current?
- E. Are maintenance schedules documented and current?
5. Adequacy of lab reports and notes:
- A. Are policies for writing lab notes and reports followed?
- B. Are administrative and technical reviews performed according to policy and are they adequate?
6. Evidence handling procedures:
- A. Was all evidence accounted for during the inventory?
- B. Is evidence properly stored?
- C. Is all evidence properly marked and sealed?
- D. Was chain of custody of all evidence properly documented?
- E. Is evidence analyzed in a timely manner and the examination performed within the capability of the lab?
- F. Are all the evidence handling policies followed?
7. Proficiency testing and interlaboratory comparison studies:
- A. Did all analysts complete at least one proficiency test last year except for DNA analysts who must complete two proficiency tests per year in each area that the analysts perform examinations?
- B. Was one proficiency test from an approved provider performed for each service provided?
8. Personnel training records: Is the training record of each analyst current and complete?
-
9. Handling of deficiencies and corrective actions:
- A. Was appropriate corrective action taken and documented

Checklist
Pg 3

regarding any deficiency in an analysis, either case work or a proficiency test?

- B. Did the lab have a deficiency in an analytical procedure and was appropriate remedial action taken?
- C. Were deficiencies in any other aspect of the laboratory operation corrected and properly documented?

10. Laboratory orderliness and health and safety measures:

- A. Did analysts and support staff have adequate space to perform their duties?
- B. Is the laboratory clean and neat?
- C. Is the laboratory well organized?
- D. Is there adequate lighting, plumbing, electricity, and other building supplied support available for staff to carry out their duties?
- E. Does the building have adequate security?
- F. Is the staff aware of the safety manual and do they follow it?
- G. Is the staff aware of the chemical hygiene manual and do they follow it?
- H. Are other health and safety guidelines followed as applicable?

11. Vault audit:

- A. Is incoming and outgoing evidence under proper seal?
- B. Is evidence packaged to prevent cross contamination and transfer?
- C. Do the physical inventory of the evidence and the inventory accounting system agree?
- D. Is the vault clean, neat, and well organized?
- E. Is all the evidence properly stored to prevent

deleterious change?

12. Previous audit findings:

- A. Are previous audit reports attached to the quality manual?
- B. Is there a documented response with corrective actions?
- C. Did the corrective action resolve the deficiency?

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Writing up Training Manuals and Standard Operating Procedures

It has been agreed by all concerned that neither training manuals nor SOPs will be redone merely to conform to this guideline. However, the next time that a training manual or SOP is revised, the manual will be rewritten to be in conformance with this guideline.

Training Manuals:

The first page will be a cover.

The first page inside the cover would be a history page. This would provide a list of revisions, the revision date, and the date accepted.

1. The training manual will be a sign off checklist so that the trainer and the trainee have an organized list of topics that are in the standard operating procedures manual. This will insure that the trainee has covered all the material.
2. The numbering system: Section one will be 1.0.0; Topic 1 will be 1.1.0; and Item 1 will be 1.1.1, etc. This system will be followed rather than an outline format for purposes of being able to easily identify a specific section.
3. Table of contents: Each training manual will have a table of contents on the second page inside the cover.
4. Introduction: Each training manual will have an introduction on the third page inside the cover.
5. This training manual should cover each section of the SOP with a sign off by the trainer and the trainee. The AFTE manual used as a guideline covers each element of each section and is more detailed than this group felt necessary in general. That is not to say training manuals can't be this specific, the training manuals just don't have to be this specific.

If the sign-off is for a section of the SOP rather than a task, the SOP section should be listed.

6. References can be included at the end of each training section. Depending on the needs of the subdiscipline, the reference can be general reference books or specific sections with a sign off for each section read.

7. Sometimes, the training will be provided by an on-site trainer rather than the discipline leader. For situations such as this, the training manual should include an opportunity for the discipline leader to review in-depth the degree to which the trainee has obtained the knowledge, skills, and ability needed to perform examinations and testify in a specific discipline.

8. Each page of a training manual will have the date issued and the revision number (rev. #) in the bottom right hand corner.

9. Page four will be an approval page signoff.

Standard Operating Procedures: (I have assumed for purposes of this section that there will be a series of SOPs to cover a discipline.)

Each standard operating procedures manual will have a cover.

The same numbering system will be used for writing SOPs that is used for training manuals.

The first page inside the cover will be a history page. This would provide a list of revisions, the revision date, and the date accepted.

Each standard operating procedures manual will contain a table of contents on the page after the history and an introduction on the page after that.

1. Background: the first section will be background. This section is required but it may be brief. It may refer to the manufacturer's protocol or some other source from which this method was derived. It could in practice contain a variety of openings by way of providing background.

2. Scope: A description of the purpose of the standard operating procedure. Stated another way, what the SOP is trying to accomplish.

3. Equipment: The next section will be a list of the equipment needed to perform this procedure. The list of equipment should be as generic as possible. For instance, do not list a piece of equipment as a H-P 6890 gas chromatograph if in fact any GC could perform this procedure. However, if the procedure is based on a specialized piece of equipment that can be obtained only from one source, then the specific piece of equipment should be listed in this equipment section.

4. Reagents: The next section would be a list of reagents. It is reasonable to just list the name of a prepared solution or reagent if the directions for making it up and the chemicals needed are described elsewhere.

5. The step by step procedure: This section will vary depending on the method and the

discipline.

The writer needs to strive for the right level of detail. Too much detail makes a method too cumbersome. Too little detail leaves out important information that the person following the procedure needs in order to perform the procedure properly. The goal is the right level of detail to insure quality.

Include quality criteria as applicable:

Alignment, setup, calibration.

Blanks, duplicates, controls

Acceptance criteria (For example, a blood alcohol run should be rejected if the QC is outside of 2.5 to 3 standard deviations.)

Other quality standards as dictated by a particular SOP

Be as general with instrumental parameters as the method will allow. For instance instead of giving a temperature ramp in full detail the writer should focus on the minimum retention time for an analyte of interest or the minimum separation required in minutes or seconds for two or more analytes of interest.

6. Detection and Identification Criteria: Depending on the method, the detection and identification criteria may be part of the step by step procedure, a separate section of the SOP or in some cases, a totally separate SOP. The identification criteria must be included in one of these locations.

7. References: Often an SOP will be based on some literature reference. If it is not listed in the introduction, then it should be listed here. Other suggested references:

Relevant technical documents

Published/accepted methods

Other in-house methods

Equipment manuals

The references can be listed in the background section if they are few in number and fairly simple.

8. Limitations to the method: Does not need to be a separate section. However, if there are limitations to a method, and there usually are, they must be listed somewhere. For example, as a separate section or as part of the identification criteria.

9. Safety Concerns: Optional. However, If the SOP has specific or unique safety hazards such as requiring special safety apparatus associated with it, then they should be listed as part of the SOP to protect the user.

10. Each page of a SOP will have the date issued and the revision number (rev. #) in the bottom right hand corner.

11. Approval: The final step, is the approval. The approval will be in accordance with department and Forensic Services policy in effect when a SOP and/or training manual is written. As a practical approach, the Standard Operating Procedures will be approved by the discipline leader, the quality manager, and then Forensic Services major/manager.

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QUALITY AUDITS AND QUALITY SYSTEM REVIEW:

- A. The Bureau of Forensic Services annually conducts formal audits to verify the on-going effectiveness of its documented quality system. Audits are conducted by personnel independent of the area being audited. Audits are conducted according to documented procedures.
- B. A checklist is completed for each area that is audited. The checklist includes the following items:
1. Staff's awareness of the quality manual
 2. Analytical procedure selection, control and validation
 3. Control of reagents and standards
 4. Equipment calibration and maintenance records
 5. Adequacy of lab reports and notes
 6. Evidence handling procedures
 7. Total inventory and audit of the evidence vault according to policy 606 except for analyzed urine samples which are only spot-checked.
 8. Proficiency testing and interlaboratory comparison studies
 9. Personnel training records.
 10. Handling of deficiencies and corrective actions
 11. Laboratory housekeeping
 12. Health and safety measures
 13. Complaint handling
 14. Previous audit findings
- C. A written report is prepared soon after the audit is completed and a briefing is held with the Manager. The report can contain deficiencies as well as commendable findings, and any suggestions for improving the system or remedial action as problem areas are highlighted.