



Idaho State Police

Forensic Services

# Quality Manual

Revision 3, January 01, 2002

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## History Page

The original version of the Quality Manual is dated January 30, 1998.

Revision 1, totally revised from revision 0 contains 20 chapters:

*Ralph Powell* Revision 1 is effective April 1, 2001  
Ralph Powell, Major

Revision 2 of Chapter 7, section 7.9 and 7.10 added, effective September 19, 2001

*Ralph Powell*  
Ralph Powell, Major

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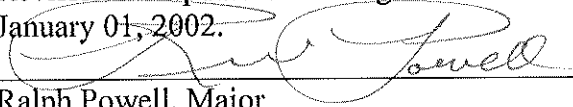
Ralph Powell, Major

Revision 2 of Chapter 7, section 7.9 and 7.10 added, effective September 19, 2001

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Ralph Powell, Major

Revision 3: Update and changes to various chapters. Still contains 20 chapters. Effective January 01, 2002.



Ralph Powell, Major

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**INTRODUCTION: SERVICES PROVIDED, CLIENTS, AND COMPONENTS OF THE QUALITY SYSTEM**

- 1.1 Quality assurance is a basic function and responsibility of each member of ISP Forensic Services. A rigorous quality assurance program is a major tool to ensure that ISP Forensic Services is providing quality services to the criminal justice system. This quality manual is issued to describe the quality assurance system of the ISP Forensic Services in compliance with the general quality system requirements of ASCLD/LAB.
- 1.2 The staff of ISP Forensic Services is expected to adhere to the current, approved documents of the quality system including but not limited to the ISP Forensic Services Procedure Manual, Quality Manual, Training Plans, the analytical SOPs, etc.
- 1.3 The purpose of ISP Forensic Services is to provide quality and impartial scientific analysis, testimony, crime scene investigation, education, and research to the criminal justice system.
- 1.4 Forensic Services provides scientific analysis on physical evidence. At the time this section of the quality manual was last revised, it provided examinations in the following areas:
- 1.4.1 Examination of fire evidence and other volatiles.
  - 1.4.2 Alcohol program: performing quantitation of alcohol in blood, urine, other body fluids, liquor samples, and administration of the breath alcohol program.
  - 1.4.3 Forensic biology.
  - 1.4.4 Identification of drugs in liquid and solid form.
  - 1.4.5 Firearm and tool/toolmark examinations.
  - 1.4.6 Trace evidence examinations. Examples are hairs, fibers, and filament on/off.
  - 1.4.7 Impression evidence: latent print comparisons and footwear and tiretracks.
  - 1.4.8 Toxicology analysis such as analysis of urine and blood for drugs and/or metabolites.
- 1.5 ISP Forensic Services provides services to the following agencies:
- 1.5.1 Law enforcement agencies, primarily state and local agencies.
  - 1.5.2 Prosecutors.
  - 1.5.3 Public defenders.
  - 1.5.4 Other entities by court order.
- 1.6 The basic components of the quality assurance program are as follows:

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- 1.6.1 Audits and inspections.
- 1.6.2 Case documentation and review.
- 1.6.3 SOPs and training manuals.
- 1.6.4 Employee training, both initial and on-going.
- 1.6.5 Identification and correction of problems.
- 1.6.6 Competency testing and proficiency testing.
- 1.6.7 Documented instrument calibration and maintenance.
- 1.6.8 Technical leaders and technical groups.
- 1.6.9 User agency feedback.
- 1.6.10 Validation of new procedures.
- 1.6.11 Quality control of standards, controls, and reagents.
- 1.6.12 Monitoring court testimony.

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**2**

**QUALITY ASSURANCE POLICY STATEMENT AND OBJECTIVES**

- 2.1** Policy Statement: ISP Forensic Services is committed to providing excellent service to the criminal justice system. To accomplish this, a quality system has been established by ISP Forensic Services. This applies not only to casework analysis, but also to written reports, testimony, training provided, and support of the breath alcohol program.

The management of ISP Forensic Services fully supports the objectives of the quality program as outlined below. The position of Laboratory Improvement Manager was created to provide leadership in achieving these objectives and to serve as quality manager for all three laboratories of ISP Forensic Services.

- 2.2** The objectives of the quality assurance program are to:
- 2.2.1 Maintain and continuously improve the quality of service provided to the criminal justice system in Idaho.
  - 2.2.2 Develop and utilize new technology to improve the quality and efficiency of the analysis of physical evidence.
  - 2.2.3 Take appropriate measures to protect all evidence from contamination, deleterious effects, and loss. Ensure that an appropriate chain of custody is maintained for all evidence.
  - 2.2.4 Enhance the analytical capabilities of the professional staff through training, etc.
  - 2.2.5 Identify quality related problems in all areas of operation and take corrective action to prevent their reoccurrence.



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**ORGANIZATION AND MANAGEMENT STRUCTURE**

- 3.1 The organization and structure of ISP Forensic Services appears in the most current edition of the ISP Forensic Services Procedure Manual.
- 3.2 The relationship of ISP Forensic Services to the parent agency, ISP, appears in the electronic departmental handbook.

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**JOB DESCRIPTIONS, EDUCATION, TRAINING, AND TRAINING RECORDS**

- 4.1 Job descriptions for all positions are available at the DHR web site.
- 4.2 The education of each employee who ultimately will perform case analysis will be verified prior to being hired by ISP Forensic Services. A copy of the college transcript and proof of graduation shall be retained by the quality manager for those individuals for whom college graduation and/or proof of taking specific college courses is a requirement of employment.
- 4.3 Writing training plan:
- 4.3.1 A training plan shall be developed and updated as required by the technical leader/supervisor. The training plan will be based on the relevant SOP(s). All the knowledge, skills, and abilities necessary to perform casework analysis should be included in the training program.

This quality policy applies only to training plans created or revised after the approval date for revision 1 (one) of the quality policy that was adopted April 1, 2001.

- 4.3.2 Format:
- 4.3.2.1 Cover.
- 4.3.2.2 History page. This would provide a list of revisions, the revision date, the date accepted, the signature of the appropriate technical leader/supervisor, and the signature of the quality manager.
- 4.3.2.3 The training plan will be in the form of a checklist that can be signed or initialed containing a list of appropriate topics.
- 4.3.2.4 The numbering system: Section 1 will be 1; Topic 1 will be 1.1; and Item 1 will be 1.1.1, etc.
- 4.3.2.5 Table of contents: Each training plan will have a table of contents after the history page (s).
- 4.3.2.6 Introduction: Each training plan will have an introduction on the third page inside the cover.
- 4.3.2.7 If the sign-off is for a section of an SOP rather than a task, the SOP section should be listed.
- 4.3.2.8 References may be included at the end of each training section. If included, they can be general reference books or references to very specific sections of literature. At the discretion of the technical leader/supervisor, literature references may include a sign-off.
- 4.3.2.9 Each page of a training manual will have the date issued and the revision number

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(rev. #) in the bottom right hand corner.

4.3.3 Approval:

4.3.3.1 The draft of the training plan will be circulated to all the managers, the quality manager, and the staff who will be using the training plan for review and comment before the training plan is finalized.

4.3.3.2 The final draft of the training plan will be approved when the appropriate technical leader/supervisor and the quality manager approve the document by signing and dating it. The technical leader/supervisor should inform the appropriate staff, the managers, and the major/manager when the training plan is approved. The training plan will be implemented only after it has been approved.

4.4 Steps in training an individual:

4.4.1 All the steps in the training plan will be documented as they are completed. Training should include but is not limited to the following items. Training does not have to proceed in the order of 1, 2, etc. Specific aspects of training must be covered only to the extent necessary with a particular analyst to ensure that he/she understands and knows the material. An on-site trainer or the technical leader/supervisor may administer the training plan to an individual

4.4.1.1 General knowledge of forensic science and ISP Forensic Services practices and procedures such as maintaining chain of custody, writing notes and reports, safety, observation, quality practices, etc.

4.4.1.2 The scientific theory on which the examination(s) is based.

4.4.1.3 The theory and operation of the instrument(s) used.

4.4.1.4 Practice in using the standard operating procedure/standard operating procedures(SOP).

4.4.1.5 Performance of the SOP(s) on actual case material under close supervision.

4.4.1.6 Competency tests on simulated case material.

4.4.1.7 Mock court or proof of experience in testifying.

4.4.2. Documentation: The technical leader/supervisor will review all the documentation regarding the training of an individual for a specific examination once the training is completed. The technical leader/supervisor will either approve an analyst to perform casework analysis in the area for which the training was provided or recommend additional training. The written approval along with the training checklist shall be forwarded to the appropriate laboratory manager, the quality manager, and the ISP Forensic Services major/manager for review and acknowledgement.

4.5 The quality manager will maintain the documentation for all training of each employee, if practical. A summary, only, of casework training will be in this central file if it is impractical to store all of the documentation in this central training file.

4.6 It is the responsibility of each employee to ensure that his/her affidavit of qualification and/or curriculum vitae accurately reflects the training successfully completed.

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- 4.7 Each staff member is responsible for updating his/her training record on file with the quality manager.

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**EMPLOYEE DEVELOPMENT PROGRAM**

- 5.1** ISP Forensic Services encourages staff members to develop their potential by identifying training needs and taking advantage of opportunities for professional development.
- 5.2** Employee development plan: An employee development plan shall be written as part of the annual evaluation of each employee. The employee is responsible for developing the plan and is encouraged to seek input from the supervisor. This plan must be compatible with the mission of the laboratory, ISP Forensic Services, and the department. It should be included with the annual evaluation. The plan should be based on mutually accepted objectives and should include provisions independently addressed by the employee as well as provisions requiring agency support. The plan from the previous year should be assessed as part of the evaluation process. The new plan may build on or enhance the plan from the previous year.
- 5.3** Career advancement/enhancement opportunities:
- 5.3.1 Career advancement/career enhancement is available from a wide variety of sources.
    - 5.3.1.1 Professional meetings such as the NWAFFS or AAFS.
    - 5.3.1.2 Seminars.
    - 5.3.1.3 Short courses such as those provided by instrument companies.
    - 5.3.1.4 Training provided by the DEA, FBI, CCI, or other governmental entities.
    - 5.3.1.5 Private vendors offering courses in computer software use, career enhancement, etc.
    - 5.3.1.6 Department and the Division of Human Resources training.
    - 5.3.1.7 College courses.
    - 5.3.1.8 Annual discipline meetings.
    - 5.3.1.9 On-the-job training.
  - 5.3.2 ISP Forensic Services will pay all costs associated with taking the ABC test and the annual certification fee for maintaining certification. Forensic Services will also pay for approved attendance at seminars, etc., necessary to maintain certification.
  - 5.3.3 ISP Forensic Services supports the training of its employees in supervision and management to facilitate succession planning and career enhancement.
- 5.4** Application and Follow-up to employee development opportunities:
- 5.4.1 Typical application process:
    - 5.4.1.1 Staff members interested in attending training should apply for training using the ISP training request or its current equivalent.
    - 5.4.1.2 The technical leader/supervisor and the immediate supervisor (if different) must

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- approve employee training for personnel in his/her area of leadership.
- 5.4.1.3 The training request should be submitted to the Headquarters office for approval.
- 5.4.1.4 The request will be approved or denied by the Major/Manager based on considerations such as need, budget (current funding situation), and caseload demand.
- 5.4.1.5 Applicant will be informed whether his/her request for training was approved or denied.
- 5.4.1.6 Application for college classes will follow ISP procedure.
- 5.4.2 Standard follow-up to development opportunities:
  - 5.4.2.1 Forward the Record of Training, a description of the training, and a short evaluation of the training to the quality manager.
  - 5.4.2.2 Summarize the training for other staff members if requested to do so by your supervisor.
- 5.5 Certification:
  - 5.5.1 ABC certification as a Diplomate should be obtained after two years of performing forensic scientist responsibilities.
  - 5.5.2 Obtain appropriate advanced certification as employees progress through the ISP Forensic Services job series.

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**STANDARDS, CONTROLS, AND REAGENTS**

**6.1 Definitions:**

- 6.1.1 Reference Standard (standard): "A sample acquired or prepared that has known properties (e.g., concentration, chemical composition) for the purpose of calibrating equipment and /or for use as a control in experiments." This definition is from the glossary of the 2000 version of the ASCLD/LAB manual.
- 6.1.2 Quality control sample (control): Evaluation sample used to check, test, or verify.
- 6.1.3 Reagent: "A substance used because of its chemical or biological activity." This definition is from the glossary of the 2000 version of the ASCLD/LAB manual.

**6.2 Standards and quality control specimens:**

- 6.2.1 Whether prepared in-house or obtained from commercial sources, standards and control specimens must be authenticated.
- 6.2.2 A record must be maintained in the casework documentation of the results obtained for standards and quality control specimens.
- 6.2.3 Each standard operating procedure (SOP) should specify the standards and quality controls to be used, how standards/quality control specimens are authenticated, and the range of acceptable results for the standard and control specimen(s) if appropriate.

**6.3 Reagents:**

- 6.3.1 All reagents must be labeled with the identity of the reagent and the date of preparation or lot number. The initials of the preparer are suggested but not mandatory.
- 6.3.2 Length of time the reagent is dependable and special storage or handling requirements should also be noted on the container if applicable.
- 6.3.3 Reagents must be tested to determine if they are providing the appropriate chemical or biological response.
  - 6.3.3.1 Some reagents are prepared in batch and used for extended periods of time without being tested with a standard or control each time they are used. These reagents must be tested before use and may be tested on a periodic basis if required by the appropriate technical leader/supervisor. The test results must be documented.
  - 6.3.3.2 Other reagents are tested with a control each time they are used such as phenolphthalein. Therefore, these reagents do not require other testing. These results must be documented.
- 6.3.4 Record(s) must be maintained for reagent preparation containing, at a minimum, the following components (These records are not necessarily in the same place.):
  - 6.3.4.1 The name and recipe for the reagent.
  - 6.3.4.2 The date of preparation.

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- 6.3.4.3 Identification of the preparer.
- 6.3.4.4 The results of testing the reagent.
- 6.3.5 The records regarding reagents used only for a single analysis and then disposed of may be maintained in the casework notes.
- 6.3.6 Reagents of questionable reliability or that are expired will be discarded.

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**CALIBRATION AND MAINTENANCE OF EQUIPMENT**

**7.1** Definitions:

- 7.1.1 Calibration: For the purposes of this quality manual, calibration refers to the checking, adjusting, or standardizing of any instrument and/or equipment to ensure agreement with a measurement standard of known value.
- 7.1.2 Maintenance: For the purposes of this quality manual, preventive maintenance refers to actions taken to ensure that equipment continues to operate properly. Repairs are performed on items to restore them to proper operation.

**7.2** Calibration and maintenance standards:

- 7.2.1 Standards traceable to national or international standards, certified reference materials, or well-documented materials provided by the manufacturer or a third party will be used for calibration if possible. When commercial reference materials are not available, a laboratory-prepared calibration standard may be used. The technical leader/supervisor of the discipline will ensure that the properties and characteristics of the laboratory-prepared calibration standard are suitable for its intended purpose.
- 7.2.2 The materials used as references for maintenance checks must either be documented by the supplier or be checked prior to using.

**7.3** Instruments that have undergone repair or preventive maintenance that could change the calibration will be calibrated before being used in casework analysis.

**7.4** All calibrations will be performed in accordance with the documented calibration procedure on or close to the scheduled interval if the instrument is being used for casework analysis. This procedure will reflect the current calibration requirements based on the use of the instrument/equipment. A calibration procedure may be included in the standard operating procedure (SOP) in which the instrument/equipment is used, may be an in-house procedure included with the calibration log, or may be a manufacturer supplied procedure for calibration.

**7.5** A calibration log must be kept for all pieces of equipment for which calibration should either be checked or adjusted on some routine basis.

**7.5.1** This log must contain the following documentation, at a minimum:

- 7.5.1.1 The type of instrument and its unique identification.
- 7.5.1.2 The calibration procedure or a copy if from an external source and not in the appropriate SOP(s).
- 7.5.1.3 The acceptance criteria for calibration, if applicable.
- 7.5.1.4 Appropriate interval of calibration.

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- 7.5.1.5 Regarding each calibration: date of calibration, results of calibration, reference standard, and initials of individual performing calibration.
- 7.6 Preventive maintenance procedures should be performed in accordance with the procedure and on or close to the schedule documented in the maintenance log.
- 7.7 A maintenance log must be kept for all pieces of equipment that may require preventive maintenance or repair.
- 7.7.1 The log must contain the following documentation at a minimum:
- 7.7.1.1 Type of instrument and unique identifier.
  - 7.7.1.2 The preventive maintenance procedure (s) or a copy if from an external source.
  - 7.7.1.3 Schedule for preventive maintenance.
  - 7.7.1.4 The acceptance criteria if applicable for a maintenance procedure.
  - 7.7.1.5 Preventive maintenance performed, date the maintenance was performed, and initials of individual performing preventive maintenance.
  - 7.7.1.6 Repairs performed; date; initials of individual performing repair if employed by ISP Forensic Services; name and company, if the person performing the repair is not employed with ISP Forensic Services.
- 7.8 New instruments/equipment shall not be used for casework analysis until the technical leader/supervisor has approved the calibration procedure and log, the maintenance procedure and log, and confirmed that the validation and the appropriate calibration and maintenance has been performed.
- 7.9 Some instruments are used by multiple disciplines, which may differ in their calibration and maintenance procedures. Only one procedure needs to be used if it meets the needs of all users.
- 7.10 Instruments or equipment known to be out of calibration or not in proper working order must be clearly tagged to so indicate.

8

**WRITING STANDARD OPERATING PROCEDURES**

- 8.1** Standard Operating Procedure (SOP): A written document that specifies the steps, equipment, and materials necessary to perform a task properly. SOPs are written to provide instruction and standardization for activities affecting quality. In ISP Forensic Services, they are used primarily to describe the accepted manner of performing casework analysis. There may be a series of SOPs to cover a discipline.

This quality policy applies only to SOPs created or revised after the approval date for revision one of this quality policy, which was adopted April 1, 2001.

**8.2** Contents of an SOP manual:

8.2.1 Cover.

8.2.2 History page. This will provide a list of revisions, the revision date, and the date accepted.

8.2.3 Table of contents.

8.2.4 Introduction.

8.2.5 Series of SOPs with approvals.

8.2.6 The numbering system: Section 1 will be 1; Topic 1 will be 1.1; and Item 1 will be 1.1.1, etc.

**8.3** Contents of an SOP:

8.3.1 Background: This section 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 the background information about the SOP that is to follow. This section may be brief.

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

8.3.3 Equipment: This 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 an H-P 6890 gas chromatograph if in fact any GC could perform this procedure. However, if the procedure requires specific equipment, that equipment should be designated in the SOP.

8.3.4 Reagents: The next section would be a list of reagents necessary to perform this SOP. In some SOPs, the preparation of the reagent will be described in this section while in other SOPs preparation is elsewhere. Note: The reagents and equipment section can be combined if both sections are short.

8.3.5 The step by step procedure: This section will vary depending on the SOP and the discipline.

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- 8.3.5.1 The writer needs to strive for the right level of detail. Too much detail makes a SOP too cumbersome while too little detail leaves out important information needed to perform the procedure properly.
- 8.3.5.2 Include quality criteria as applicable:
- 8.3.5.2.1 Calibration.
- 8.3.5.2.2 Blanks, duplicates, standards, and controls.
- 8.3.5.2.3 Acceptance criteria in regards to quality measures if applicable.
- 8.3.5.2.4 Other quality measures as required.
- 8.3.5.3 Instrumental parameters: They should be written as generally as possible, consistent with good laboratory practices. For instance, instead of giving a temperature ramp in full detail for gas chromatography, the writer should focus on the minimum retention time for an analyte of interest or the minimum separation required for two or more analytes of interest.
- 8.3.6 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.
- 8.3.7 References: Often a SOP will be based on some literature reference. If it is not listed in the introduction, then it should be listed here. The references can be listed in the background section if they are few in number and fairly simple. Other suggested references include relevant technical documents, published/accepted methods, in-house manuals, and equipment manuals.
- 8.3.8 Limitations to the method: Does not need to be a separate section. However, limitations to a method must be listed somewhere in the SOP.
- 8.3.9 Safety Concerns: Specific or unique safety hazards should be listed as part of the SOP.
- 8.4 Each page of a SOP will have the date issued and the revision number (rev. #) in the bottom right hand corner.
- 8.5 Approval
- 8.5.1 Each SOP will be approved individually. This will allow individual SOPs to be amended without re-approving the whole SOP manual.
- 8.5.2 The draft of the SOP will be circulated to all the managers and the staff that will be using the SOP electronically or as a hard copy. The length of time for review is at the discretion of the discipline leader/supervisor, but adequate time should be given for a thorough review by all those concerned.
- 8.5.3 The final draft of a SOP will be formally approved when the technical leader/supervisor or temporary designee and the quality manager or temporary designee have signed and dated it. The review by the quality manager is to ensure that the SOP has been validated as required in chapter 9 of this manual, contains the sections outlined above, and is written to the appropriate level of detail. The analysts who will use the SOP, managers, and the major manager will be notified of the new/revised SOP.

9

**VALIDATION OF NEW OR MODIFIED STANDARD OPERATING PROCEDURES**

- 9.1 New standard operating procedures (SOPs) must be validated prior to being used in casework in accordance with this policy.
- 9.2 Modifications of approved SOPs that could potentially have an effect on the outcome of casework analysis must be validated. The technical leader/supervisor must decide if a modification to a SOP requires validation.
- 9.3 The extent and depth of validation studies must be consistent with the novelty of the proposed SOP. Novel SOPs developed independently by ISP Forensic Services would require extensive validation. SOPs widely accepted in the forensic science community that are being adopted by ISP Forensic Services require demonstration that the SOP is accurate and reliable when used by trained ISP Forensic Services personnel.
- 9.4 The discipline leader/supervisor must approve validation studies. The documentation for this validation must be available for review and will be retained by the technical leader/supervisor.
- 9.5 Validation must be carried out following ASCLD/LAB guidelines for validation studies:
- 9.5.1 The person or team performing the validation must have a complete understanding of the theoretical basis for the method.
- 9.5.2 If a method parallels or supercedes an existing method, the proposed method and the current method must be compared using split samples.
- 9.5.3 The method must be tested using known samples.
- 9.5.4 The known samples should be designed to resemble actual evidence materials as closely as possible so that the effects of such factors as the matrix of the sample, sample age, degradative environment, and sample homogeneity are taken into account. This is particularly important when attempting to apply a methodology to forensic materials originally developed for routine chemical or clinical samples.
- 9.5.5 If the analysis provides quantitative data, the validation study should include an estimation of its accuracy and precision at concentrations which are representative of casework samples.
- 9.5.6 Exchange of blind and reference samples with another competent laboratory is useful for detecting internal systematic error and is recommended for validation involving quantitative data.

## 10 PROTOCOL PERMITTING DEPARTURES FROM STANDARD OPERATING PROCEDURES

- 10.1** It is expected that the staff of ISP Forensic Services will usually follow the approved SOPs. However, the nature of the work in forensic science sometimes presents atypical situations where an approved Standard Operating Procedure (SOP) does not fit. This policy describes the steps that an analyst must take before deviating from approved SOP(s).
- 10.2** Definitions:
- 10.2.1 Minor deviation: A deviation that would not affect the validation study for the SOP or the accuracy of casework analysis performed using the SOP.
- 10.2.2 Major deviation: A deviation of such scope that the applicability of the validation procedure is questionable or a deviation that has the potential to affect the accuracy of the analytical test.
- 10.3** Practices:
- 10.3.1 Minor deviation:
- 10.3.1.1 Analyst realizes that for some reason he/she must depart from the approved SOP. The analyst assesses the situation and decides that the deviation is a minor deviation only.
- 10.3.1.2 The analyst documents in his/her notes that a minor departure was made, the reasons for the departure, and then initials and dates that note.
- 10.3.2 Major deviation:
- 10.3.2.1 The analyst contacts the technical leader/supervisor and explains the deviation. Together they decide whether the departure is a major or minor deviation.
- 10.3.2.2 A major deviation from the SOP will usually require a validation study performed in accordance with the quality policy, chapter nine, for validating new or modified procedures.
- 10.3.2.3 In a major deviation, the case file must contain the technical leader/supervisor's authorization for the departure. A report of the validation study should either be in the case file or referenced.
- 10.3.3 Use of an analytical method that has not been adopted by ISP Forensic Services.
- 10.3.3.1 The variation in case samples requires that the forensic analyst have the flexibility to exercise discretion in selecting a method most appropriate to a problem at hand.
- 10.3.3.2 The analyst needs to contact the appropriate technical leader/supervisor if the analyst proposes to use a method that has not been adopted by ISP Forensic Services. The technical leader/supervisor can approve the use of an analytical method if the analyst can demonstrate that the method is generally accepted by

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the scientific community and meets acceptable scientific standards. These scientific standards include the use of positive and negative controls plus standards and reagents of satisfactory quality.

10.3.3.3 Together, the analyst and the technical/supervisor will decide whether validation is necessary.

10.3.3.4 The analytical method, the approval of the use of the method, validation study if performed or available from another source or the citation, the results of the controls, and the results of the case sample (s) should all be documented in the case file.

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## 11 PROFICIENCY TESTING

- 11.1 Proficiency testing is an integral part of a quality program. However, it is not the only indicator of satisfactory performance. To obtain the maximum benefits from proficiency testing, ISP Forensic Services will emphasize the educational aspects of the program rather than punitive aspects when taking any corrective action.
- 11.2 A proficiency test (s) should be treated like a routine case as much as possible. This includes logging it in as a case, storing it as a case, providing normal chain of custody, analyzing it like a routine case, and performing the normal administrative and technical review.
- 11.3 Proficiency testing objectives:
- 11.3.1 Verify that standard operating procedures are valid.
  - 11.3.2 Ensure that quality work is being performed.
  - 11.3.3 Identify areas where additional training would be beneficial.
  - 11.3.4 Demonstrate the competence of the analytical system, i.e. examiner and technical reviewer.
- 11.4 Accuracy of results: ASCLD/LAB and the proficiency review committees (PRC) have agreed that results are correct if they meet any of the following criteria:
- 11.4.1 Results agree with the target values.
  - 11.4.2 The answer is correct within the limits of qualifying statements in the conclusion.
  - 11.4.3 The results are consistent with a consensus of the participants. The results from accredited labs will provide the basis for achieving a consensus if those results are readily available. A consensus of participants is defined as at least 75 per cent of participants obtaining the same answer(s) on the proficiency test.
  - 11.4.4 If there is not a consensus of the participants, then results may or may not be evaluated for discrepancies depending on the circumstances.
  - 11.4.5 The technical leader/supervisor is responsible for determining the accuracy of the results.
- 11.5 Responsibilities of the quality manager:
- 11.5.1 Procuring tests.
  - 11.5.2. Distributing and tracking tests.
  - 11.5.3 Coordinating responses to the test provider.
  - 11.5.4 Maintaining the analysts' proficiency test reports as well as the documents from the test provider.



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- 11.5.5 In the case where the analyst is also the technical leader, the quality manager will issue the report regarding the accuracy of results obtained in a proficiency test by a particular individual.
- 11.5.6 Makes certain that the results of proficiency tests are released to ASCLD/LAB as necessary.
- 11.5.7 Make certain that all criminalists participate in appropriate and timely proficiency tests.
- 11.6** Responsibilities of the technical leader/supervisor:
- 11.6.1 Decide what proficiency tests are required for his/her area of responsibility.
- 11.6.2 Review proficiency test results in his/her area of responsibility.
- 11.6.3 Issue a report to the analyst, the analyst's supervisor, and the quality manager regarding the accuracy of the results obtained by an individual.
- 11.7** Responsibilities of the laboratory manager:
- 11.7.1 Stores the complete proficiency test records for the laboratory.
- 11.7.2 Ensures proficiency tests are done in a timely manner and forwarded to the quality manager for submission to the external provider and ASCLD/LAB.
- 11.8** Responsibilities of analysts:
- 11.8.1 Non DNA analysts: Participate in at least one proficiency test per year in each casework area (controlled substances, hairs, fiber, firearms, etc.) in which he/she performs casework analysis.
- 11.8.2 DNA analysts: Participate in proficiency tests in accordance with the current national guidelines.
- 11.8.3 Except for justifiable circumstances, proficiency tests must be completed in time to be submitted to the provider by the stated due date. An analyst must notify his supervisor before the due date and get an extension for completing a proficiency test if for some reason the analyst believes he/she cannot complete the proficiency test on time.
- 11.9** Proficiency test files will be kept for at least the current year and previous five years.
- 11.10** A proficiency test may be used for a training exercise or for competency testing. If the proficiency test is so used, the results will be treated like a training exercise or competency test and not a proficiency test.
- 11.11** Records will not be retained for scientific research tests.
- 11.12** Analysts should take a proficiency test within the first year of being approved to perform casework analysis and at least one proficiency test per calendar year thereafter in each subdiscipline in which he/she performs casework analysis.

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12

**CORRECTIVE ACTION**

- 12.1 Analytical deficiencies can be discovered as a result of external or internal audits, proficiency testing, customer complaints, instrumental malfunction (operational difficulties, maintenance problems, or calibration problems), controls giving inappropriate results, technical review, etc. Appropriate corrective action will correct and prevent the reoccurrence of deficiencies in casework analysis.
- 12.2 Deficiencies will be classified into one of three classes:
- 12.2.1 Class one deficiency: The nature and cause of the deficiency raises immediate concern regarding the quality of work. Often these deficiencies are false positives.
- 12.2.2 Class two deficiencies: The deficiency is due to a problem which may affect the quality of the work, but is not persistent or serious enough to cause immediate concern for the over all quality of the work product. Often, these deficiencies are false negatives.
- 12.2.3 Class three deficiency: The deficiency is determined to have only minimal effect or significance, be unlikely to reoccur, is not systemic, and does not significantly effect the fundamental reliability of the work product. Often, these deficiencies are administrative errors.
- 12.3 Any employee of ISP Forensic Services who identifies a discrepancy must report the discrepancy to his/her technical leader/supervisor and his/her immediate supervisor immediately.
- 12.4 Laboratory managers and/or the quality manager will take immediate action to stop questionable analyses and the release of questionable laboratory reports until the discrepancy (s) is resolved.
- 12.5 Typical deficiency /corrective action process:
- 12.5.1 Discrepancy reported through the chain of command, ultimately to the major/manager.
- 12.5.2 Performance of a preliminary investigation by the quality manager and the appropriate technical leader/supervisor to determine whether the observed analytical discrepancy is a deficiency and if it is a deficiency whether it is a class one deficiency, class two deficiency, or class three deficiency.
- 12.5.3 Class three deficiency: the appropriate technical leader/supervisor, and the immediate supervisor will design and monitor the corrective action. The resolution can be informal but documented in writing, and copied to the Laboratory manager and the quality manager. Competency/proficiency testing is not required to resolve class three deficiencies.

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- 12.5.4 Class one and class two deficiencies: The quality manager and the appropriate technical leader/supervisor will do the following:
- 12.5.5.1 Determine the root cause of the discrepancy if possible. This means going beyond the immediate reason and finding the single thing that, if changed, would have prevented the deficiency and others like it.
  - 12.5.5.2 Document a corrective action plan. A competency/proficiency test must be included with each corrective action involving an individual analyst.
  - 12.5.5.3 Monitor the progress of the analyst in completing the corrective action plan.
  - 12.5.5.4 Evaluate the success or failure of the corrective action in a written report to the Major/Manager.
  - 12.5.5.5 Completion date to be established by the quality manager based on the complexity and totality of the circumstances.
- 12.5.6 The quality manager should retain documentation of corrective action for a minimum of five years after the current year.
- 12.6 Typical activities used to resolve deficiencies.**
- 12.6.1 Procedure or instrument based:
    - 12.6.1.1 Investigate the problem.
    - 12.6.1.2 One time problem such as bad reagent: Correct problem, and if appropriate, modify in such a way as to prevent the reoccurrence of the problem.
    - 12.6.1.3 Decide if old cases have to be reanalyzed.
    - 12.6.1.4 Modify standard operating procedure (SOP) or adopt new SOP and validate, as necessary.
    - 12.6.1.5 Repair or replace instrument and validate.
    - 12.6.1.6 Competency test staff with new/revised SOP if necessary.
  - 12.6.2 Analyst based:
    - 12.6.2.1 Investigate problem.
    - 12.6.2.2 Train/retrain.
    - 12.6.2.3 Review completed cases for related deficiencies and decide if any need reanalysis.
    - 12.6.2.4 Competency test.
    - 12.6.2.5 Review all cases for a period of time or a specific number of cases. The quality manager will approve the number of cases to be reviewed/length of time that cases will be reviewed.

**13**

**TECHNICAL REVIEW, ADMINISTRATIVE REVIEW, AND CONFLICT  
RESOLUTION**

**13.1** Technical review policy: Procedure manual, chapter 5.2.2

**13.2** Administrative review policy: Procedure manual, chapter 5.2.3

**13.3** Conflict resolution:

13.3.1 If differences in opinions between the casework analyst and either the technical reviewer or technical leader/supervisor cannot be resolved during a review of casework analysis, the following process will be used to mediate the dispute:

13.3.1.1 Mediation by a mutually agreed upon individual who is experienced and performs technical review in that casework analysis.

13.3.1.2 Formation of a review committee: The parties shall notify their immediate supervisor and laboratory manager that they cannot resolve their dispute after mediation. The laboratory manager will contact the other laboratory managers to arrange the formation of a review committee within ten (10) days. The majority of the review committee shall be individuals who are experienced in the particular casework analysis in dispute.

13.3.1.3 The decision of the review committee may include reanalysis, issuance of an administrative report by the immediate supervisor of the analyst, or other suitable action based on an evaluation by the review committee. The decision of the review committee concerning the resolution of the casework analysis conflict shall be binding provided that the Major/Manager approves the decision. However, in no instance, shall an individual be compelled to sign a case report containing opinions and/or conclusions with which the individual disagrees.

**14**

**MONITORING COURT TESTIMONY**

- 14.1** The procedure to be followed in monitoring courtroom testimony is documented in chapter/section 7.1 of the procedure manual for ISP Forensic Services.

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**EVIDENCE HANDLING AND CASEWORK DOCUMENTATION**

- 15.1 Handling of evidence is documented in chapter three of the procedure manual for ISP Forensic Services. It includes the following topics: receiving evidence; handling evidence in the laboratory; returning evidence; and protecting evidence from loss, contamination, and deleterious change.
- 15.2 The procedures to be followed in writing notes, documenting observations, and writing conclusions are contained in chapter 5.1 of the procedure manual for ISP Forensic Services.

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**MAINTAINING EVIDENCE STORAGE AREAS**

- 16.1 All evidence in the vault and elsewhere must be sealed, stored, handled, and protected in accordance with chapter three of the ISP Forensic Services Procedure manual.
- 16.2 All evidence must be properly logged into the evidence inventory system.
- 16.3 The evidence storage areas should be kept clean and tidy. This includes keeping the evidence well organized.
- 16.4 The vault must be kept locked when someone is not in it.
- 16.5 The only individuals who are authorized to enter the vault unsupervised are the custodians of the vault who are directly responsible for the evidence stored in the vault.
- 16.6 An audit of evidence shall be performed any time a custodian of the vault ceases maintaining custody over the vault but no less than one time each calendar year.

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**DOCUMENT CONTROL AND MAINTENANCE**

- 17.1 Documents will be maintained and destroyed according to the department record retention policy as outlined in the department electronic handbook.

Case files will be maintained according to document control policy. Current case files and all homicide case files are maintained at the laboratory where they were created. All other case files may be transferred to the ISP warehouse in Meridian for permanent storage. Card files and/or electronic databases that are used to reference case files will also be stored according to department record retention policy. Card files and/or electronic databases will be stored in a manner and location most appropriate for the specific file to ensure continued accessibility.

- 17.2. Forensic Services policy manuals, standard operating procedures (SOPs), training manuals, ASCLD/LAB manuals, and other casework related documents of long term value will be managed consistent with appropriate document control. Current documents will be available for use by the staff and all obsolete documents will be archived and removed from general usage.
- 17.2.1 Obsolete policy manuals, safety manuals, SOPs, training plans, ASCLD/LAB manuals, and supporting documents cited in these documents will be retained by the quality manager.
- 17.2.2 The management assistant for Forensic Services will maintain the current ISP Forensic Services Procedure manual. This document will be available electronically.
- 17.2.3 Discipline leaders/supervisors will maintain current SOPs and training plans. These documents will also be available electronically.
- 17.2.4 The quality manager will maintain the current quality manual and health and safety manual. These documents will also be available electronically.
- 17.2.5 Laboratory managers will maintain the current ASCLD/LAB manual.
- 17.2.6 Proficiency test files will be retained for a minimum of five years. The full documentation will be retained at the appropriate laboratory. The quality manager will retain the submitted proficiency test report, summaries from the manufacturer, and the evaluation of the results of analysts prepared by the technical leader.
- 17.2.7 The quality manager will maintain training records.
- 17.3 Training plans, SOPs, policy manuals, and safety manuals should be reviewed regularly (annually recommended). These documents will be revised as necessary to ensure that they reflect current policies, practices, and technology.



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- 17.4** The ISP Forensic Services procedures manual, chapter five, has additional policies which govern the generation and storage of case records and notes.
- Casework documentation. (5.1)
  - Casework review. (5.2)
  - Releasing case results to authorized individuals only. (5.3)
  - Case record storage and disposition. (5.4.1)
  - Destroying documents. (5.5)

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**HANDLING COMPLAINTS AND DISCLOSURE OF INFORMATION**

- 18.1 ISP Forensic Services considers valid complaints to be indicators of customer dissatisfaction and an opportunity for improvement. Forensic Services will take appropriate steps to address complaints regarding its services in order to provide the highest quality service to its customers.
- 18.2 The ISP complaint procedure should be followed when a complaint is made against any department employee.
- 18.3 Disclosure of Information:
- 18.3.1 Section 5.3 of the procedure manual of ISP Forensic Services contains the ISP Forensic Services procedure for the release of reports prepared as a result of casework analysis and the related documentation.
- 18.3.2 The *Public Records Act*, Idaho code 9-338 through 9-349 in conjunction with rules established by this agency governs the release of all department documents and records to the general public.
- 18.3.3 The procedure for release of information through discovery in criminal cases is contained in the Idaho Criminal Rules, 16 (b)(8).
- 18.3.4 The procedure for the release of information through a court order in criminal cases is contained in the Idaho Criminal Rules, 16 (b)(8).

# IDAHO STATE POLICE PROCEDURE

## 02.07 RECORDS MANAGEMENT

### A. General

Records Management is the systematic control of information from the time of creation until its ultimate disposition. Access to the information will be kept until:

1. The information has met the administrative, fiscal, and legal reasons for keeping it; and
2. There are no business or historical needs for the records.

In compliance with Idaho Code §67-5751 Records Management <http://www3.state.id.us/cgi-bin/newidst?scid=670570051.K>, the records management procedure for the Idaho State Police (ISP) will:

1. Establish records-keeping procedures for all programs and include:
  - filing systems;
  - records retention schedules;
2. Provide for systematic destruction of records;
3. Develop and implement a vital records program which will:
  - protect agency information;
  - aid in disaster recovery;
4. Ensure that the information needs of the agency are met;
5. Identify and preserve historical records;
6. Provide records auditing and consulting services for ISP personnel.

### B. Definitions

“Destruction” shall be accomplished by shredding or burning confidential records. It is recommended that non-confidential records be recycled.

“Office of record” means the group, department, or office in an organization that originates the document and is responsible for maintaining the official records for the total retention period.

“Records” shall mean any document, book, paper, electronic file, photograph, sound recording, video, or other material, regardless of physical form or characteristics, made or received pursuant to law or in connection with the transaction of official state business

“Retention schedule” is the master plan for records storage and ultimate disposal.

### C. Standardized Filing System

ISP has implemented a standardized filing system:

1. That utilizes a common filing language in which records remain complete and accessible despite changes in personnel; and
2. In which records are identified by a two-alpha code and allow for quick and accurate record filing and retrieval.

## IDAHO STATE POLICE PROCEDURE

### D. Retention Schedules

A record retention schedule designates the period of storage time for standard agency records. The ISP retention schedule is a basic overview of records retained and has been approved by the following individuals:

- Chief Legal Counsel
- Financial Services Fiscal Officer
- Department Director
- Department of Administration - Central Records  
Historical Society, then forwarded to the Legislative Auditor

The management assistant of the Director's Office will initiate an annual review of the retention schedule by all records custodians. **Changes to the retention schedule can only be made with the approval of the above individuals.**

### E. Storage

Record Custodians will annually review records for storage. These records remain available for retrieval in storage until due for destruction.

To prepare records for storage:

1. Estimate and obtain the number of boxes required.
2. Place the records in the boxes.
  - File the records in the same original sequence.
  - One inch of free space should be left in each box for easy access to the files.
  - Records, regardless of the subject matter, with the same retention periods and within the same year should be boxed together.
3. A "Records Storage Transmittal" form, N:Forms/General/Records Storage Transmittal, shall be completed for those records stored at the Meridian complex.
  - Each box must be labeled with the next sequential program box number, the program name, contents, and destruction date. Example: Box 1 of 3, Financial Services, FY96 requisitions, destroy July 1, 1999.
  - Notify Financial Services that these boxes and transmittals are complete and ready for pickup. This applies only to those records that are to be stored at the Meridian complex.
  - The program shall retain a copy of the transmittal form at this time until records are destroyed.
4. Records that have permanent retention, with the exception of case files, should be transferred to the State Archives.
  - Notify the Idaho State Historical Society when records are going to the State Archives. Contact Idaho State Historical Society at 334-2682.

## IDAHO STATE POLICE PROCEDURE

- Make arrangements with the State Archivist to pick up the records. State Archivist – 334-2620.
5. To retrieve boxes from storage:
- Notify the warehouse with the program and box number. Warehouse staff will make arrangements for the box(es) to be delivered within one week from the time of the request.
  - For a public records request, this retrieval must be accomplished within the time frames set forth in the Public Writings Act, Idaho Code §§ 9-337 through 9-350 and the ISP Public Records Request Procedure.

When numerous boxes of records must be pulled for review, arrangements can be made to review the records at the warehouse.

### F. Destruction

For records destruction:

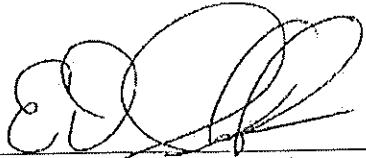
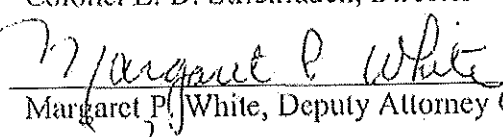
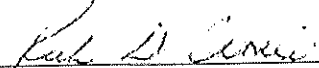
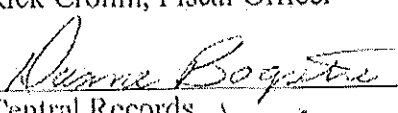
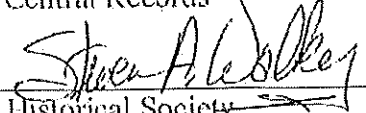

1. For those records stored at the warehouse, a Records Destruction form, N:Forms/General/Request for Records Disposal must be completed, signed by the supervisor, and sent to Financial Services.
  - The ISP retention schedule has been approved negating the need for each records destruction form to be approved by anyone other than the supervisor.
2. After destruction, a copy of the completed form will be sent back to the records custodian of the requesting program.
3. For records stored at all locations, a copy of the list of records destroyed and/or the Records Destruction form must be retained by the program permanently.
  - Without this documentation, there is no proof that the records are unavailable when subpoenaed by the courts.
  - The destruction procedure provides credible evidence that all factors are considered before destroying records.

Any pending litigation should be considered in addition to normal operating needs when preparing records for destruction. Litigation “holds” apply to a span of time and specific documents within a records category and do not necessitate a change in the retention schedule.

# IDAHO STATE POLICE PROCEDURE

## APPROVAL OF RECORDS RETENTION SCHEDULE

### RECORDS MANAGEMENT PROCEDURE

 Colonel E. D. Strickfaden, Director	7 18 02 Date
 Margaret P. White, Deputy Attorney General	7/11/02 Date
 Rick Cronin, Fiscal Officer	7/11/02 Date
 Central Records	8/6/02 Date
 Historical Society	07/30/2002 Date
 Legislative Auditor	8/5/02 Date

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08/06/02 CATEGORY	TITLE	SG#	PROGRAM	CUSTODIAN	RETENTION SCHEDULE	REASON
AN	Announcements				1 Year	
AR	Archives				Permanent	
AS	Associations	SG 0038			Current	
CS	Case Files & Evidence Tracking					
	Forensic	SG 1630				
	Blood Alcohol/Toxicology	SG 1656	Forensics Region	Major	Current + 5	
	Homicides	SG 1630	Forensics	Major	Permanent	
	All other closed cases (including drug cases)	SG 1630	Forensics	Major	Current + 10	
			Patrol Region	Captain	Current + 5	
	Investigation Case File					
	Active	SG 1630	Investigation Region	Captain	Current	
	Closed	SG 1630	Investigation Region	Captain	Current + 2 then on to HQ for Permanent retention	
	Backgrounds					
	Selectees	SG 1311	Investigations HQ	Major	Termination + 3	
	Non-selectees	SG 1311	Investigations HQ	Major	5 Years	
CA	Contracts/Agreements	SG 1104			Termination + 3	
CI	Confidential Informant	SG 1631	Investigation Region	Captain	Current + 3	
CL	Complaints					
	Against Officers (Not OPS)	SG 1640	Regional Office	Captain	Current + 3	
	Letters (Not OPS)	SG 1640	Regional Office	Captain	Current + 3	
CO	Committees/Conferences	SG 0009			Active + 3	
	Minutes, Agendas	SG 0009			Permanent	
CR	Correspondence	SG 0018			Current + 3	
DI	Disaster Reports	SG 0510			Current + 3	
DV	Divisions				Current	
EM	Employee Documentation				Current + 3	
EN	Environmental				Permanent	
EQ	Equipment/Supplies	SG 1621			Current + 3	

08/06/02 CATEGORY	TITLE	SG#	PROGRAM	CUSTODIAN	RETENTION SCHEDULE	REASON
	Maintenance, Calibration & Standards of Instruments	SG 1654	Forensics	Major	100 Years	Kept at Regions Current + 1 then sent on to HQ for storage and disposal
FI	Financial	SG 0601			Current + 3	
FO	Forms				Active	
GR	Grant Files	SG 0103			Current + 3	
IC	Incidents	SG 1630			Current + 5	
		SG 1650	Patrol HQ	Mgt. Asst.	Active + 5	
LE	Legislation, Proposed	SG 0032			Active	
LI	Litigation	SG 0023			Appeal + 1	
OR	Organizational Charts	SG 0026	Director's Office	Mgt. Asst.	Current + 1/copy to State Archives	
OU	Outside Organizations/Requests					
PA	Payroll Records	SG 0018	Investigations HQ	Major	Current + 5	
PJ	Projects/Events	SG 0901			Current + 3	
PP	Property Leases	SG 1204			Active + 3	
PO	Policies/Procedures	SG 0030	Director's Office	Office Spec. I	Expiration + 5 Current + 1 copy to Archives	
PR	Public Relations	SG 0030			Current + 1/copy to Archives	(Press Releases)
PS	Professional Standards	SG 1205				
	Complaints	SG 1640	HQ	LE Programs Major		
	Exonerated	SG 1640			2 Years	Complaint Procedure
	Sustained				Termination + 2	Complaint Procedure
	Terminated under Adverse Conditions				Statutes of Limitation + 2	Complaint Procedure
PU	Publications/Bulletins	SG 0033			Current + 1/copy to Archives	
RM	Records Management					
	Public Records Requests	SG 1655			7 months (220 days)	Idaho Code § 9-343
	Records Transmittal Form	SG 0037			Until records are destroyed	



08/06/02 CATEGORY	TITLE	SG#	PROGRAM	CUSTODIAN	RETENTION SCHEDULE	REASON
SE	Records Destruction Form	SG 0036			Permanent	
	Security	SG 1501 - 1316			Superseded + 1	
SM	Staff Meetings	SG 0022			Current + 3/copy to State Archives	
	Minutes/Agendas	SG0009			Current + 3/copy to State Archives	
TE	Technical Reference	SG 0038			Active	
TR	Training					
	Lesson Plans	SG 0033	Training/POST	Lt., Mgt. Asst.	Permanent	
	Training Records	SG 0033	Training/POST	Lt., Mgt. Asst.	Permanent	
	Individual Academy File	SG 1515	POST	Mgt. Asst.	Permanent	
	Individual Officer Files (Certified)	SG 1515	POST	Mgt. Asst.	Permanent	
	Individual Officer Files (Uncertified)	SG 1513	POST	Mgt. Asst.	Current + 8	
	(all lesson plans from all training done by bureaus/sections will be kept permanently in the Training Section.)					
TV	Travel	SG -0632			Current + 3	
VE	Vehicles	SG 0801 - 0809				
			Director's Office	Off. Spec. 2/Fleet	Current	
			Patrol	Adm. Asst.	Current	
			Investigations HQ	Major	Current	
	Problem Solving		HR	HR Officer	Resolution + 6	
	Crash Reports	SG 1601 B	All Regions	Captain	Current + 5	
	DUI Reports	SG 1656	All Regions	Captain	Current + 5	
	Arrest Reports	SG 1601 B	All Regions	Captain	Current + 5	
	Officer's Fleet Accidents	SG 1601 B	All Regions	Captain	Current + 5	
	Officer Daily Logs	SG 1601 B	All Regions	Captain	Current + 5	
	Time Activity Summaries	SG 1601 B	All Regions	Captain	Current + 5	
	Radio Logs (Daily)	SG 1608	All Regions	Captain	Current + 5	
	Passdown Logs (Dispatch)	SG 1608	All Regions	Captain	Current + 5	
	Citations	SG 1660	All Regions	Captain	Current + 5	

08/06/02 CATEGORY	TITLE	SG#	PROGRAM	CUSTODIAN	RETENTION SCHEDULE	REASON
	Wrecker Info	SG 1656	All Regions	Captain	Current + 5	
	Crash Cards	SG 1601 B	All Regions	Captain	Current + 5	
	Tow Cards	SG 1628	All Regions	Captain	Current + 5	
	ILETS Info - IHOT hits/locates	SG 1610	All Regions	Captain	6 Months	
	NCIC hits	SG 1604	All Regions	Captain	Current + 5	
	Physical Arrest Reports	SG 1611 B	All Regions	Captain	Current + 5	
	Fatal Reports	SG 1610	All Regions	Captain	Current + 5	
	CVS & Hazmat Callout Logs	SG 0014	All Regions	Captain	Term of Governor	
	Governor's E.P. Checks		Training	Captain/Manager	Termination + 6	
	Medical Examination Data		Training	Captain/Manager	Termination + 6	
	Fitness Assessments		Training	Captain/Manager	Termination + 30	
	Hepatitis B Inoculations		Training	Captain/Manager		
	Pre-employment Drug Testing		Training	Captain/Manager		
	Positive Results			Captain/Manager	2 Years	
	Negative Results			Captain/Manager	1 Year	
	Bloodborne Pathogen Exposure		Training	Captain/Manager	Termination + 30	
	Clandestine Lab Exposure Reports		LE Program	Major	Termination + 30	
	Hazardous Material Exposure Reports		LE Program	Major	Termination + 30	
	Liquor Licenses	SG 1516	ABC		Permanent	
	Price Posting Reports	SG 1519	ABC		Current + 6 months	
	Beer and Wine Reports	SG 1519	ABC		Current + 2	
	Video Tapes	SG 1651	All Regions	Captain		Handle pursuant to Rules of Evidence
	Video tapes which do not contain footage of incidents for which case reports and their corresponding case numbers have been or will be generated.	SG 1651			90 Days	

08/06/02 CATEGORY	TITLE	SG#	PROGRAM	CUSTODIAN	RETENTION SCHEDULE	REASON
	Video tapes which contain footage of incidents for which their case reports and their corresponding case numbers have been or will be generated	SG 1630			Current + 5 same as the retention of the corresponding case report	
	Video tapes which may require long term retention or possess particularly critical evidentiary or training value as identified by the region captain.	SG 0033			Permanent	If part of a lesson, video must be kept with lesson plan.
			ISP PROGRAMS AND CUSTODIANS			
			Director's Office	Adm. Asst. 2/Office Specialist 1		
			Financial Services	Financial Specialist Principal		
			Human Resources	HR Officer		
			Patrol HQ	HQ Mgt. Assistant		
			Patrol Regions	Captain		
			CVS	Adm. Asst. 1		
			Grants & Research	Grants Mgt. Supv. Captain/Manager		
			Training	Adm. Asst. 1		
			BCI	Adm. Asst. 1		
			CJIS	Adm. Asst. 1		
			Investigations HQ	Major		
			Investigations Region	Captain		
			ABC	Adm. Asst. 2		
			Brands	Mgt. Asst.		
			Forensics	Major		
			POST	Mgt. Asst.		
			LE Programs	Major		

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19

**QUALITY AUDITS AND QUALITY SYSTEM REVIEW**

- 19.1 A variety of audits and inspections are performed internally by staff and externally as required to fulfill accreditation standards. The purpose of these audits is to identify noncompliance with the applicable standards whether they are internal or external and remediate those areas of noncompliance through corrective action both formal and informal.
- 19.2 Quality audits: A quality audit will be conducted on no less than an annual basis of all three ISP Forensic Services laboratories. Each laboratory will be audited for compliance with established ISP Forensic Services quality policies and ASCLD/Lab accreditation criteria. This quality audit will be based on an objective checklist developed by the quality manager and reviewed by the management and staff of ISP Forensic Services prior to its being used.
- 19.2.1 The quality manager will issue a report to the laboratory manager and to the major/manager of Forensic Services detailing recommendations for change.
- 19.2.2 The laboratory manager will respond with a report containing remediation and rebuttal/explanation regarding specific recommendations.
- 19.2.3 Each laboratory manager and the Lab Improvement Manager should maintain appropriate documentation of the quality audits.
- 19.3. Technical audits: Technical leaders/supervisors must review annually each regional laboratory in which casework analysis is performed over which he/she has technical leadership. On-site audits are preferable. However, review through the exchange of documents is acceptable. Suggested tasks for this technical review include:
- 19.3.1 Insuring that analysts are using the current SOPs and training plans.
- 19.3.2 Review of casework.
- 19.3.2.1 SOPs, appropriate use and method drift.
- 19.3.2.2 Conclusions.
- 19.3.2.3 Documentation.
- 19.3.3 Discuss issues and problems with individual analysts and with groups.
- 19.3.4 Calibration and maintenance procedures.
- 19.3.5 Assessment of equipment.
- 19.4 DNA audits will be performed in accordance with current national guidelines.
- 19.5 Review of the quality system: Each year, the management team will review the quality system to ensure that measures are being taken to provide the highest quality services using state-of-the art forensic technology. This review will include one or more of the

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following:

- 19.5.1. Management team review of the annual reports submitted to ASCLD/LAB regarding the self-evaluation of each lab for compliance with the ASCLD/LAB accreditation criteria.
- 19.5.2 Review of the quality audits of the three laboratories by the management team.
- 19.5.3 Discussion of quality issues at management meetings.
- 19.5.4 Report regarding the state of the quality system in ISP Forensic Services prepared by the quality manager to the Major/Manager and to the laboratory managers.

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**20**

**HEALTH AND SAFETY**

- 20.1** It is important that a forensic science laboratory establishes and maintains a health and safety program that is designed to safeguard employees from work related injury and health problems. ISP Forensic Services health and safety program is documented in its health and safety manual (s).

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