Quality Manual 2004 VERSION
ISP Forensic Services

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_____Revision 1 is effective April 1, 2001
Ralph Powell, Major

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Revision 4: Update and changes to various chapters. Combined the Procedure Manual with the Quality Manual plus other changes. This combined manual will be effective July 1, 2003 except for Chapter 13, which is effective July 7, 2003.

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Section 15.15.2.1 was added to Rev. 4 of the Quality/Procedure Manual and became effective January 23, 2004. This revision of chapter 15 is designated as revision 4.1 effective January 23, 2004.

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Ralph Powell, Major

Revision 5: Update and changes to various chapters. This revision contains 24 chapters and is effective July 1, 2004. This document is issued on the authority of:

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Section 13.3.6 of Revision 5, issued July 1, 2004, was updated to provide specific policies when amending reports of analysis performed. Section 13 is reissued as Revision 5.1 issued August 20, 2004. This document is issued on the authority of:

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15
EVIDENCE HANDLING AND CASEWORK DOCUMENTATION

15.1 It is important to receive, handle and process evidence in a manner which preserves its integrity. It is essential to document the chain of custody for all evidence received.

15.2 Whenever possible, all evidence shall be received by a forensic evidence specialist. Controlled substances evidence shall not be transported or carried by personnel, either from scenes or to court. Evidence shall not be accepted unless it is accompanied by a properly completed ISP Forensic Services evidence submission form. Submission forms are not required from coroners/morticians when submitting fatality "accident victim samples" required for by Department of Transportation, proficiency tests, or competency tests. The submission form shall be used as an evidence receipt.

15.3 Evidence sealing requirements

15.3.1 Proper seals shall include heat seal, tape seal or lock seal. A container is "properly sealed" only if its contents cannot readily escape and only if entering the container results in obvious damage/alteration to the container or its seal.

15.3.2 Standard evidence tape shall be used to seal containers and shall be initialed (or otherwise identified) to document the person sealing the evidence (scotch tape is not acceptable). Heat sealed packages shall have initials or other identification across the heat seal to be properly sealed. Lock seals shall be initialed or otherwise marked to document the person sealing the evidence. Staples do not provide seals.

15.3.3 Packaged evidence received by a laboratory, which does not bear the initials or identification of the person sealing the evidence container, is not considered to be properly sealed. Manufactured seams do not need to be taped and initialed.

15.3.4 All evidence shall be properly sealed by the submitting agency, however exceptions authorized by a supervisor may be made as required. ISP Forensics may provide a proper seal by: (1) placing a piece of evidence tape perpendicularly across the seal with the initials of the person receiving the evidence or (2) resealing the complete package in a heat sealed envelope or other container with proper initials. Forensic Services shall ensure that evidence stored in ISP vaults is properly sealed. Forensic Evidence Specialists have the authority to reject evidence if it is not properly sealed.

15.4 ISP Forensic Services does not accept syringes except in a very carefully controlled manner that is described below. However, if the submitting agency chooses to submit an alcohol or water rinse from a syringe, then the sample may be submitted to ISP Forensic Services as a routine case without going through the protective measures described below.

15.4.1 The agency shall contact the appropriate evidence custodian from Forensics Services before the syringe and contents are submitted. That evidence custodian shall ascertain

that all the guidelines below are being followed, and notify the Lab Manager. The entire case shall be returned without analysis, accompanied by a copy of this policy, if the evidence custodian is not contacted prior to the submission of the syringe.

15.4.2 The prosecutor associated with the case shall submit a letter requesting the examination. The letter shall state why it is necessary to the case for the contents of the syringe to be analyzed. This letter shall arrive at the laboratory attached to the evidence or the evidence shall be returned.

15.4.3 The syringe shall be packaged in an approved biohazard safety tube. (An example of an approved biohazard safety tubes would be the "EVA-SAFE" safety tube displayed in the "Lab Safety Supply" catalog, catalog #0A-37946.)

15.4.4 Generally, an analysis of a syringe for drugs shall only be performed if the case is a homicide or other exceptional/unusual case. Syringes shall not be accepted if other drug evidence or any other evidence is available which provides the same proof as the examination of the syringe would provide.

15.4.5 Syringes shall be packaged separately if the syringe is part of a multi-exhibit case. The entire case shall be returned, if the syringe is not packaged separately.

15.5 Sharp or pointed objects or items with sharp edges (e.g., knives, razors, glass) shall be confined within packaging that renders these objects safe to handle.

15.6 All evidence envelopes/packages shall be marked with a laboratory case number and when applicable, an item number. The item numbers shall be consecutive.

15.7 Submitted evidence shall be stored in the evidence vault until checked out for analysis unless special handling or storage requirements dictate storage elsewhere.

15.8 HANDLING EVIDENCE IN THE LABORATORY: There shall be a record, which verifies who has custody of evidence at all times and evidence shall be stored so that only the forensic scientist has access to it.

15.8.1 Transfer of evidence between individuals or locations within the laboratory shall be documented on the electronic internal chain of custody.

15.8.2 The forensic scientist shall seal all the openings that he/she created in the proximal container with evidence tape and date and initial the evidence tape.

15.8.3 Evidence shall be maintained under the control of the responsible forensic scientist during the analysis process.

15.8.4 The forensic scientist, supervisor, and discipline leader shall review requests for external analysis. All requests shall be documented.

15.9 Returning Evidence:

15.9.1 Evidence shall be returned only to a party having legal responsibility. Generally, this is a representative of the submitting agency.

15.9.2 All returned evidence handled by a common carrier, (the U.S. Postal Service or United Parcel Service, etc.) shall have an adequate receipt acknowledging delivery. All such receipts are to be placed in the case files.

15.10 Diligence shall be exercised to insure that evidence is protected from loss, contamination, deleterious change, and/or cross-transfer and thereby diminish the value of the evidence or its analysis.

15.11 "When evidence such as latent prints and impressions can only be recorded or collected by photography and the image itself is not recoverable, the photograph or negative of the image shall be treated as evidence" (ASCLD/LAB manual, page 22, April 2003 version).

15.12 Each item of evidence in a case that has been analyzed including items of evidence generated by the analyst shall be uniquely marked for identification. The container holding the item or a tag attached to the item shall be uniquely marked for identification if it is not practical to mark the item directly.

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

15.13.1 The examination documentation shall contain an adequate description of the evidence container, the evidence, the condition of seals, and date the evidence was opened.

15.13.2 The laboratory shall maintain examination and administrative documentation regarding a particular case in a case file. Examination documentation includes such things as references to procedures followed, tests conducted, standards and controls used, diagrams, instrumental printouts, photographs, observations, and results of examinations. The laboratory case file shall include all examination documentation generated in that laboratory except that instrumental charts or graphs that are run in batches may be centrally stored. Data regarding controls or standards may be centrally stored. Instrumental parameters shall be documented either in the case file or in a central location. Examples of administrative documentation include records of case-related conversations, receipts, description of evidence packaging and seals, and other pertinent documentation. Administrative documentation that is generated by the laboratory regarding a case shall be stored in the case file.

15.13.3 All examination documentation shall be marked with the laboratory case number and the initials of the forensic scientist. "Examination documentation, such as instrumental data, which bears the appropriate identification (i.e. unique identifier(s) and the examiner's initials) on an original document, may be copied for filing in multiple places without the necessity of placing original identifiers on each copy." ASCLD/LAB criteria, page 30, 2003 version. If examination documentation is prepared by someone other than the person who will interpret the finding, reports, and/or testifies concerning the finding, then both individuals

shall initial each page of the documentation. Page numbers shall be present on all examination documentation and the total number of pages shall be reflected on the first page, with the date being documented throughout. When both sides of the paper are used, each side is considered as a page and shall be initialed and numbered accordingly. Handwritten notes and observations made in the laboratory shall be in ink. Diagrams or tracings may be in colored or standard pencils. Any corrections to notes shall be made by an initialed single strikeout. Nothing in the handwritten information shall be obliterated or erased. Administrative documentation shall have the laboratory case number on each page. It is acceptable to put the laboratory number on the first page only of multi-page administrative documents such as police reports provided that the pages are fastened together.

15.13.4 The conclusion stated in a report is based on the results of the analysis. This conclusion shall be fair, accurate, and complete.

15.13.5 Each case that is received shall be assigned a unique lab number. This unique lab number may be determined by a computerized information system. The unique lab number can be in either alphanumeric form and/or bar code form.

15.13.6 The unique lab number shall be assigned to all evidence associated with the case and to all documentation generated by ISP Forensic Services as part of this case included in the laboratory case file.

15.13.7 It is acceptable to use abbreviations and symbols in the examination documentation provided that the meaning of the abbreviations and symbols is readily understandable to the reviewer and the meaning of these symbols and abbreviations is documented and available to individuals reviewing the examination documentation. Commonly understood abbreviations such as H2O for water or GM (or gm) for grams do not have to be defined.

15.14 Releasing results to authorized individuals:

15.14.1 Results of examination shall only be released to the submitting agency or the prosecutor having jurisdiction over the case if the case was submitted by a police agency. The results shall be released to the defense attorney through a discovery, court order, or the permission of the prosecutor or the chief investigator.

15.14.2 When giving laboratory results to telephone callers, extreme caution shall be exercised. If the caller is authorized to receive the results, then the following procedures shall be followed:

15.14.2.1 If the voice of the caller is recognized, then the results may be given out.

15.14.2.2 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.

15.14.3 Reports regarding evidence submitted by the public defender in a criminal proceeding shall be given the same measure of confidentiality in the laboratory as evidence submitted by a police agency or prosecutor. The results shall only be released to the public defender or his investigator. The prosecutor can obtain

the results only with the permission of the public defender, through a valid discovery, or a court order (I.C. 19-861).

15.14.4 Upon request, the forensic scientist 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/or the defense attorney. The analyst shall 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 and the concerned prosecutor/public defender has been advised, in advance, of the discussion.

15.15 Casework acceptance:

15.15.1 It is the responsibility of Forensic Services to provide support to law enforcement agencies, prosecutors, and public defenders. In order to provide the most timely service, it is important to limit the services to situations that will resolve criminal cases. Deviation from these criteria shall have the approval of the Major/Manager.

15.15.2 Evidence shall be accepted by Forensic Services from law enforcement agencies (city, county, state, or federal), other governmental investigative units, prosecuting attorneys and public defenders. No work shall be done for private defense attorneys or the private sector in general.

15.15.2.1 Idaho School Districts shall be allowed to submit non-random juvenile drug tests (NJDT) samples only, in compliance with District policy as prescribed by Idaho Code 33-210. Idaho School Districts submitting NJDT samples shall do so through one individual per district or building in accordance with ISP Forensic Services procedures for evidence handling and submission.

15.15.3 Evidence shall be accepted for analysis only if it shall assist in the identification of suspects, resolution of criminal charges against an individual, or establish whether a crime took place. Curiosity cases shall not be accepted.

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Ralph Powell 6-28-04

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Idaho State Police Forensic Services

Procedure Manual

&

Quality Manual

Revision 5 Issued July 1, 2004

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1
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.

1.1.1 This quality and procedure manual is published by the authority of the major/manager of Forensic Services. All employees of Forensic Services are bound by the policies prescribed herein. In addition, the staff of ISP Forensic Services is expected to adhere to other current, approved documents of the quality system including training plans, discipline SOPs, and the Health and Safety Manual.

1.1.2 Official Publications – Forensic Services recognizes and adheres to the Idaho State Police Policies and Procedures and the American Society of Crime Laboratory Directors/ Laboratory Accreditation Board (ASCLD/LAB) Manual in its most current form.

1.2 Forensic Services shall maintain an open and honest relationship with all parties of the judicial system. Analysis shall be provided to the public defender as well as the prosecutor. Forensic scientists shall make every effort to provide timely, accurate and complete reports.

1.3 Personnel within the Forensic Services shall foster support and trust among fellow employees, management and other agencies. It is important that all employees emphasize a dedication to excellence and integrity when working for the citizens of Idaho.

1.4 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.

1.5 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:

1.5.1 Forensic biology.
1.5.2 Controlled substances analysis.
1.5.3 Firearms, toolmark examinations, serial number restorations.
1.5.4. Trace evidence examinations. Hairs, filament on/off, and examination of fire evidence.

1.5.5 Impression evidence: latent print processing and comparisons, footwear, and tire tracks.
1.5.6 Toxicology analysis: either qualitative and/or quantitative analysis of urine, blood, tissues, vitreous humor for drugs, metabolites, or alcohol and other volatiles. Alcohol containing beverages or liquids.
1.5.7 Administration of the breath alcohol program.

1.6 ISP Forensic Services provides services to the following agencies:
1.6.1 Local, state, federal law enforcement agencies, and other governmental investigative units.
1.6.2 Prosecutors.
1.6.3 Public defenders.
1.6.4 Other entities by court order.

1.7 The basic components of the quality assurance program are as follows:
1.7.1 Discipline SOPs and training manuals
1.7.2 Validation of new SOPs.
1.7.3 Discipline leaders and discipline groups.
1.7.4 Employee training, both initial and on-going.
1.7.5 Case documentation, technical and administrative review.
1.7.6 Documented instrument calibration and maintenance.
1.7.7 Control of standards, controls, and reagents.
1.7.8 Monitoring court testimony.
1.7.9 Competency and proficiency testing.
1.7.10 Corrective action.
1.7.11 Audits and inspections.
1.7.12 Client feedback.

2
QUALITY ASSURANCE POLICY STATEMENT AND OBJECTIVES; FORENSIC SERVICES GOALS

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 and testimony.

The management of ISP Forensic Services fully supports the objectives of the quality program as outlined below.

The position of quality 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 recurrence.

2.3 ISP Forensic Services Goals:

2.3.1 Provide crime laboratory services to the community through law enforcement agencies.

2.3.2 Provide only those services for which there is:

2.3.2.1 Properly trained and competent personnel.

2.3.2.2 Appropriate equipment and reliable, accepted scientific methods.

2.3.2.3 Sufficient need to justify resources, training, proficiency testing and equipment.

2.3.3 Provide accurate and timely analysis.

2.3.4 Provide accurate, comprehensive and impartial court testimony, and reports.

2.3.5 Maintain libraries of literature, regularly consulted for analysis and training.

2.3.6 Maintain staff proficiency through training, attendance at scientific meetings, and

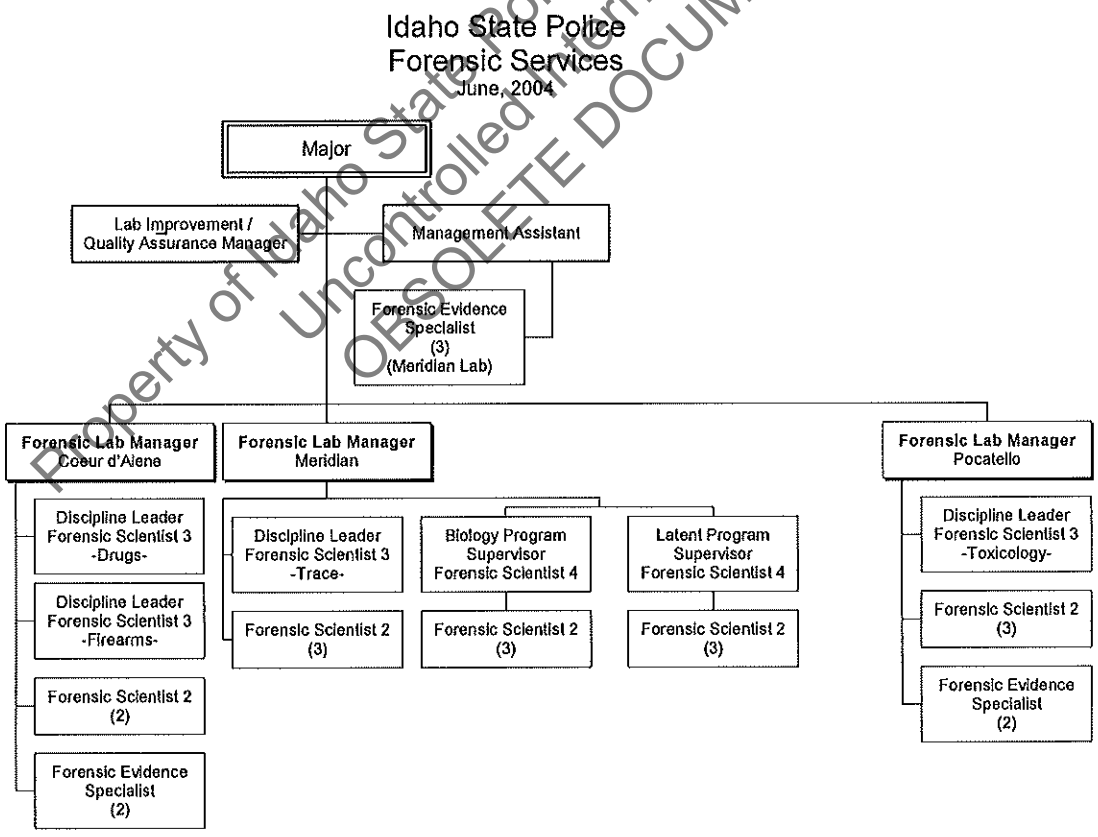
literature review.

3
ORGANIZATION AND MANAGEMENT STRUCTURE

3.1 The relationship of ISP Forensic Services to the parent agency, Idaho State Police, appears in the electronic departmental handbook.

3.2 The "Chain of Command" requires that administrative communications be forwarded through succeeding lines of authority as described in the organizational chart. The chain of command shall be observed for administrative communications except as allowed by problem solving procedures, or as dictated by emergency circumstances. This procedure does not apply when reporting improper conduct or action by any supervisor.

3.3 Idaho State Police, Forensic Services is staffed and organized according to the following organizational chart:



4
JOB DESCRIPTIONS, EDUCATION, TRAINING, AND TRAINING RECORDS

4.1 Job Descriptions (positions begin with ISP) for all positions are available at the Department of Human Resources web site.

4.2 The education of each employee who ultimately will perform case analysis shall 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 for employment.

4.3 Writing discipline/subdiscipline training plans:

4.3.1 A training plan shall be developed and updated as required by the discipline leader. The training plan shall be based on the relevant SOP(s). All the knowledge, skills, and abilities necessary to perform casework analysis shall be included in the training plan.

4.3.2 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.

4.3.3 Format for the training plan:

4.3.3.1 Cover.

4.3.3.2 History page. This would provide a list of revisions, the revision date, the date accepted, the signature of the appropriate discipline leader and the signature of the quality manager.

4.3.3.3 The training plan shall contain a checklist that can be signed or initialed containing a list of appropriate topics and information about each topic in the checklist as appropriate.

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

4.3.3.5 Table of contents: Each training plan shall have a table of contents after the history page (s).

4.3.3.6 Introduction: Each training plan shall have an introduction.

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

4.3.3.8 References as appropriate shall be included somewhere in the training plan.

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

4.3.4 Approval:

4.3.3.1 The draft of the training plan shall 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 shall be approved when the appropriate discipline leader and the quality manager approve the document by signing and dating it. The quality manager shall ensure that the appropriate staff, the managers, and the major/manager are informed when the training plan is approved. The training plan shall be implemented only after it has been approved.

4.4 Steps in training an individual:

4.4.1 All the steps in training an individual shall be documented as they are completed. Training does not have to proceed in the order of 1, 2, etc. Specific aspects of training shall be covered only to the extent necessary with a particular analyst to ensure that they understand and know the material.

An individual may fulfill a training requirement to perform an SOP through prior training and/or experience. That training and experience shall be documented and submitted to the quality manager along with the rest of the training documentation.

The discipline leader is responsible for the training of an individual. The discipline leader may designate an on-site trainer.

4.5 Training for an individual shall contain the following elements:

4..5.1 General knowledge of forensic science and ISP Forensic Services practices and procedures such as maintaining chain of custody, writing notes and reports.

4.5.2 Study and review of the Idaho State Police policies and the Forensic Services Quality Manual.

4.5.3 Appropriate safety training to include review of the health and safety standards and review of the specific health and safety hazards associated with performing the SOP(s).

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

4.5.5 The theory, operation, maintenance, and troubleshooting of the instrument(s) used.

4.5.6 Training in the use of the SOP(s) to be employed so that the SOP(s) are thoroughly understood.

4.5.7 Practice in using the SOP(s).

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

4.5.9 Competency test: the results and supporting data shall not be technically reviewed, administratively reviewed, or verified prior to submission to the trainer.

4.6.0 Mock court or proof of experience in testifying regarding the casework analysis for which the analyst is being trained.

4.6.1 Documentation: The discipline leader shall review all the documentation regarding the training of an individual for a specific subdiscipline once the training is completed. The discipline leader shall either recommend that an analyst be approved to perform casework analysis in the sub-discipline for which the training was provided or recommend additional training. The discipline leader shall forward a written recommendation and either the completed checklist or a descriptive summary if the checklist is very large, and the competency test (answer sheet plus indication of scoring or correct answers) to the quality manager.

The quality manager shall review the summary of training to insure that all the quality standards for training have been met and shall then issue a written approval to perform the analysis and testify as an expert in regards to the analysis.

4.6.2 The quality manager shall insure that this approval is announced to all of Forensic Services staff statewide.

4.7 The quality manager shall be the training officer for ISP Forensic Services. One of the duties shall be to maintain documentation regarding the training of each employee in a central training file.

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

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

4.10 Technical support staff that perform some aspect of casework analysis shall have documented training, competency testing, and proficiency test regarding the casework analysis performed.

5
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 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 shall be compatible with the mission of the laboratory, ISP Forensic Services, and the department. It shall be included with the annual evaluation. The plan shall be based on mutually accepted objectives and shall include provisions independently addressed by the employee as well as provisions requiring agency support. The plan from the previous year shall 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. The following list contains some suggested sources for training.

5.3.1.1 Professional societal meetings such as the NWAFS 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.
5.3.1.10 On-line or computer based training.

5.3.2 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 in-state training shall apply for training using the ISP training request or its current equivalent. Staff members interested in attending out-of-state training shall apply for training using the out-of-state travel request or its current equivalent.

5.4.1.2 The immediate supervisor and the laboratory manager shall approve all training requests if possible.

5.4.1.3 Discipline leaders may initiate training requests for analysts in their discipline. The discipline leaders shall be consulted regarding training in their discipline provided that they are available for consultation in the time frame required for the approval of the training request.

5.4.1.4 The training request shall be submitted to the Headquarters office for approval.

5.4.1.5 The request shall be approved or denied by the command staff based on considerations such as need, budget (current funding situation), caseload demand, and input from the appropriate discipline leader.

5.4.1.6 Requests for training shall only be approved when the training reports for training that occurred more than 60 days ago are completed and filed with the quality manager.

5.4.1.6 Applicant shall be informed whether his/her request for training was approved or denied.

5.4.1.7 Application for college classes shall follow ISP procedure.

5.4.2 Standard follow-up to training:

5.4.2.1 Forward the department 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 or discipline leader.

5.5 Certification:

5.5.1 ABC certification for Diplomate or IAI latent fingerprint certification shall be obtained within the first three years after being selected/promoted for the position of Forensic Scientist 2 or by July 1 2007, whichever time frame is longer. Exceptions can only be authorized by the Major.

5.5.2 A Forensic Scientist 3 or a Forensic Scientist 4 shall obtain discipline specific certification within the first three years of being appointed to their current position in addition to ABC Diplomate or equivalent certification by July 1 2007, whichever time frame is longer. Exceptions can only be authorized by the major/manager

5.5.3 ISP Forensic Services shall pay all costs associated with taking discipline appropriate certifications tests approved by management and the annual fees for maintaining certification. Forensic Services shall also pay for approved attendance at seminars, etc., necessary to maintain certification.

6
STANDARDS, CONTROLS, AND REAGENTS

6.1 Definitions:

6.1.1 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" (glossary, 2000 version of the ASCLD/LAB manual).

6.1.2 Control sample: "A standard of comparison for verifying or checking the finding of an experiment" (glossary, 2000 version of the ASCLD/LAB manual). For example, a blood alcohol control, which has a known ethanol content, is run along with the batch of case samples for blood alcohol. This control tests the components of the examination process for accuracy and precision.

6.1.3 Reagent: "A substance used because of its chemical or biological activity" (glossary, 2000 version of the ASCLD/LAB manual).

6.2 Standards and quality control specimens:

6.2.1 Standards and control samples shall be authenticated. A certificate of analysis received from the manufacturer may serve as authentication for standards and quality control specimens.

6.2.2 The procedure used to authenticate standards and control specimens shall be documented in a SOP.

6.2.3 The standards and control samples used in a SOP shall be specified somewhere in the SOP or in a related SOP.

6.2.4 A record shall be maintained of the results obtained for standards and control samples for casework analysis. These results may be centrally stored or be in the case file. If these results are centrally stored, then either the case file or the SOP shall designate that they are centrally stored and describe the file where these results are stored.

6.3 Reagents:

6.3.1 All reagents shall 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 shall be noted on the container if applicable.

6.3.3 Reagents shall 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 shall be tested before use and may be tested on a periodic basis as required by the discipline leader or used for a specific period of time if not periodically tested. The test results shall 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 shall be documented.

6.3.4 Record(s) shall be maintained for reagent preparation and contain, 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.

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 would most appropriately be maintained in the casework notes.

6.3.6 Reagents of questionable reliability shall be discarded. Reagents that are expired shall be discarded unless tested with a control each time they are used. The use of an expired reagent shall be approved by the laboratory manager prior to the reagent being used for casework analysis.

7
CALIBRATION AND MAINTENANCE OF EQUIPMENT

7.1 Definitions:

7.1.1 Calibration: Calibration refers to adjusting or standardizing of any instrument and/or equipment to ensure agreement with a measurement standard of known value.

7.1.2 Calibration check: For the purposes of this quality manual, calibration check refers to the checking of any instrument and/or equipment to ensure agreement with a measurement standard of known value.

7.1.3 Maintenance: Maintenance refers to actions taken to ensure that equipment continues to operate properly.

7.1.4 Repair: Repairs are performed on equipment to return it to proper working order when necessary.

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 shall be used for calibration if available. When commercial reference materials are not available, a laboratory-prepared calibration standard may be used. The discipline leader shall 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 shall either be documented by the supplier or be checked prior to using.

7.3 Instruments that have undergone repair or maintenance that might change the calibration shall have a calibration check before being used in casework analysis. The instrument shall be calibrated if the results of the calibration check are outside of the acceptable limits.

7.4 Each piece of equipment/instrument used in casework analysis that requires calibration shall have a documented calibration procedure. This procedure shall reflect the current requirements based on the use of the instrument/equipment. The procedure may be included in the standard operating procedure (SOP) for 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. All calibrations and calibration checks shall be performed in accordance with the documented procedure if the instrument is being used for casework analysis.

7.5 A calibration log shall be kept for all pieces of equipment for which calibration shall either be checked or performed on some routine basis.

7.5.1 This log shall 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 and/or calibration check procedure.

7.5.1.3 The acceptance criteria for calibration.

7.5.1.4 Appropriate interval of calibration and/or calibration check.

7.5.1.5 Regarding each calibration or calibration check: date performed, results, reference standard, and initials of individual performing calibration.

7.6 Maintenance shall be performed in accordance with the documented procedure on or near the schedule documented in the maintenance log.

7.7 A maintenance log shall be kept for all pieces of equipment that may require maintenance or repair.

7.7.1 The log shall contain the following documentation at a minimum:

7.7.1.1 Type of instrument and unique identifier.

7.7.1.2 Maintenance procedure(s).

7.7.1.3 Schedule for maintenance.

7.7.1.4 The acceptance criteria if applicable.

7.7.1.5 Maintenance performed, date the maintenance was performed, and initials of individual performing 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 discipline leader 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 requirements of all users.

7.10 Instruments or equipment known to be out of calibration or not in proper working order shall be clearly marked.

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.

8.2 Contents of an SOP: This quality policy applies only to SOPs created or revised after the approval date for revision one of the quality manual, which was adopted April 1, 2001. This revision of the quality manual, issued on the date noted in the footer, contains changes in the format for SOPs. SOPs revised or created after that date shall follow this revised format. It is acceptable for the SOP to contain more information than is required by the Quality/Procedure manual.

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

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

8.2.3 Background: This section may refer to the manufacturer's protocol or some other source from which this method was derived. It may 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.

8.2.4 Scope: Specify the applicability of the SOP.

8.2.5 Equipment: This shall be a list of the equipment needed to perform this SOP. It is recommended that the list of equipment be as generic as possible. However, if the procedure requires specific equipment, that equipment shall be designated in the SOP.

8.2.6 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.

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

8.2.7.1 The writer needs to strive for the right level of detail. Too much detail makes an SOP too cumbersome while too little detail leaves out important steps needed to perform the procedure properly.

8.2.7.2 Include quality criteria as applicable:

8.2.7.2.1 Calibration. If a calibration procedure is in a separate document, specify in the SOP, the calibration procedure to use.

8.2.7.2.2 Blanks, duplicates, standards, and positive and negative controls.

8.2.7.2.3 Acceptance criteria in regards to quality measures if applicable.
8.2.7.2.4 Independent positive controls if the SOP generates quantitative results.
8.2.8 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 shall be included in one of these locations.
8.2.9 References: Often an SOP will be based on some literature reference. If it is not listed in the introduction, then it shall be listed here. The references can be listed in the background section if they are few in number. Other suggested references include relevant technical documents, published/accepted methods, in-house manuals, and equipment manuals.
8.2.10 Limitations to the method: Does not need to be a separate section. However, limitations to a method shall be listed somewhere in the SOP, if applicable.
8.2.11 Safety Concerns: Specific or unique safety hazards shall be listed as part of the SOP if there are specific or unique safety concerns.
8.2.12 The location of instrumental batch files, standards, and controls that apply to multiple cases shall either be indicated in the case file or in the SOP. If indicated in the SOP, the SOP shall indicate that the file is stored centrally in the laboratory and identify the file.
8.2.13 As appropriate, SOPs shall contain a discussion of precautions, sample preparation, and possible sources of error.

8.3 Each page of an SOP shall have the date issued and the revision number (rev. #) in the bottom right hand corner.

8.4 Approval:
8.4.1 Each SOP shall be approved individually.
8.4.2 The draft of the SOP shall be circulated to all the managers and the staff that shall be using the SOP. The length of time for review is at the discretion of the discipline leader, but adequate time shall be given for the review.
8.4.3 The final draft of an SOP shall be formally approved when the discipline leader and the quality manager 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 shall use the SOP, managers, and the major/manager shall be notified of the new/revised SOP.

9
VALIDATION OF NEW OR MODIFIED STANDARD OPERATING PROCEDURES

9.1 New standard operating procedures (SOPs) shall be validated prior to being used in casework in accordance with this policy.

9.1.1 Validation: "The process of performing a set of experiments which establish the efficacy and reliability of a technique or procedure or modification thereof" (glossary, 2001 version of the ASCLD/LAB manual).

9.1.2 SOPs in place before April 1, 2001, do not need validation studies as they have been validated through proficiency testing and usage over an extended period of time nor do they require validation if they are rewritten to conform to an updated format.

9.2 Modifications of approved SOPs that may potentially have an effect on the outcome of casework analysis shall be validated and treated as a new SOP or as a major deviation as defined and described in chapter 10.

9.3 The extent and depth of validation studies shall 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 performed by trained ISP Forensic Services personnel.

9.4 The discipline leader shall approve validation studies. The documentation for this validation shall be available for review and shall be retained by the discipline leader.

9.5 Validation will typically be modeled around the ASCLD/LAB guidelines for validation studies, which follow. However, the extent to which these guidelines are followed will depend on the novelty and/or nature of the SOP to be validated. These criteria for validation are suggested guidelines, not absolute requirements.

9.5.1 The person or team performing the validation shall 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 shall be compared using split samples if possible.

9.5.3 The method shall be tested using known samples.

9.5.4 It is recommended that the known samples 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 shall 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 AND POLICIES

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 shall 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. For example, substituting KOH for NaOH to adjust a pH would be a minor deviation.

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: when an analyst realizes that for some reason he/she would like to depart from an approved SOP, the analyst shall contact the discipline leader. The discipline leader and the analyst shall review the modification and decide if the deviation is minor or major.

10.3.1 Minor deviation - the case record for a minor deviation shall contain signed and dated documentation noting the following:

10.3.1.1 Description of the deviation.

10.3.1.2 Determination that the deviation was minor.

10.3.1.3 Concurrence by the discipline leader to the deviation.

10.3.2 Major deviation - the case record for a major deviation shall contain signed and dated documentation noting the following:

10.3.2.1 Description of the deviation from the SOP

10.3.2.2 Determination that the deviation was major.

10.3.2.3 Either a copy of the validation study or reference to the location of the validation study.

10.3.2.4 Concurrence by the discipline leader to the deviation from the formal SOP and approval of the validation study.

10.3.2.5 Acknowledgement of review by the quality manager for consistency with the quality system.

10.3.3 Use of an analytical method that has not been adopted by ISP Forensic Services: 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. The analyst needs to contact the appropriate discipline leader if the analyst proposes to use a method that has not been adopted by ISP Forensic Services. The discipline leader can approve the use of an analytical method if:

10.3.3.1 The analyst can demonstrate that the method is generally accepted by the scientific community and meets acceptable scientific standards.

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

10.3.3.3 The quality manager has reviewed the analytical method to insure consistency with the quality system.

10.3.3.4 The analyst and the discipline leader have decided whether validation is necessary and the validation study if performed, established the efficacy and reliability of the analytical method.

10.3.4 The analytical method, the approval of the use of the method by the discipline leader, acknowledgement of review by the quality manager, the 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) shall all be documented in the case file.

10.4 ISP Forensic Services operates within the framework of extensive policies including this Quality/Procedure Manual. There may be circumstances or situations that require a deviation from administrative policy.

10.4.1 Permission from either the Major, a lab manager, or the quality manager, preferably in writing, shall be obtained prior to deviating from administrative policy.

10.4.2 The deviation, the necessity for the deviation, and the prior permission shall all be documented in a file maintained by the Quality Manager. If the permission to deviate from a policy was verbal, the permission shall be documented after the fact and included with the file. The documentation shall be maintained for a period of five years after the deviation and then destroyed in accordance with the existing retention schedule.

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 shall emphasize the educational aspects of the program rather than punitive aspects when taking any corrective action.

11.2 A proficiency test(s) shall 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 Source of proficiency test samples:

11.4.1 Each laboratory shall participate annually in at least one external proficiency test for each discipline in which it provides service.

11.4.2 The required external proficiency test shall be from an ASCLD/LAB approved provider if such a test exists.

11.4.3 Other external proficiency tests will be obtained/prepared as decided by the quality manager or designee.

11.5 Accuracy of results:

11.5.1 ASCLD/LAB and the proficiency review committees (PRC) have agreed that results are correct if they meet any of the following criteria:

11.5.1.1 Results agree with the target values.

11.5.1.2 The answer is correct within the limits of qualifying statements in the conclusion.

11.5.1.3 The results are consistent with a consensus of the participants. The results from accredited labs shall 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.

11.5.2 If there is not a consensus of the participants, then results may or may not be evaluated for discrepancies depending on the circumstances to be evaluated by the discipline leader.
11.5.3 Following a SOP correctly which would not provide specific answers shall not be considered as incorrect.

11.6 Responsibilities of the quality manager:
11.6.1 Providing appropriate and timely proficiency tests.
11.6.2. Distributing and tracking tests.
11.6.3 Coordinating responses to the test provider.
11.6.4 Maintaining the proficiency test reports for all analysts as well as the documents from the test provider.
11.6.5 In the case where the analyst is the discipline leader, the quality manager shall issue the report regarding the accuracy of results.
11.6.6 Releasing results to ASCLD/LAB.

11.7 Responsibilities of the discipline leader:
11.7.1 Deciding what proficiency tests are required for the discipline and for specific individuals.
11.7.2 Issuing a report to the analyst, the supervisor of the analyst, and the quality manager regarding the accuracy of the results obtained in a specific proficiency test.

11.8 Responsibilities of the laboratory manager:
11.8.1. Storing the individual proficiency test files for the laboratory.
11.8.2 Ensuring that proficiency tests are done in a timely manner and forwarded to the quality manager for submission to the external provider and ASCLD/LAB.

11.9 Responsibilities of analysts:
11.9.1 All analysts shall participate in at least one proficiency test per year in each subdiscipline (controlled substances, hairs, fiber, firearms, forensic biology, etc.) in which he/she performs casework analysis. DNA analysts shall participate in proficiency tests in accordance with the current national guidelines.
11.9.2 Except for justifiable circumstances, proficiency tests shall be completed in time to be submitted to the provider by the stated due date. An analyst shall notify his supervisor and the quality manager before the due date and get an extension for completing a proficiency test.

11.10 Analysts shall 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 the analyst performs casework analysis.

11.11 A proficiency test may be used for a training exercise or for competency testing instead of as a proficiency test in some instances. If the proficiency test is so used, the results shall be treated like a training exercise or competency test and not a proficiency test.

11.12 Records shall not be retained for scientific research tests, as these tests are not considered to be proficiency tests.

11.13 The Proficiency test records maintained by the quality manager shall be kept for at least the current calendar year and previous five calendar years.

12
CORRECTIVE ACTION

12.1 The purpose of corrective action is to continuously improve the quality of services provided to the criminal justice system. Effective corrective action shall resolve the immediate problem and prevent its recurrence.

12.2 A deficiency requiring corrective action can be discovered as a result of external or internal audits, proficiency testing, customer feedback, instrument malfunction (operational difficulties, maintenance problems, or calibration problems), quality control, technical review, or in other ways not specified in this list.

12.3 Analytical deficiencies shall be classified into one of three classes:

12.3.1 Class one deficiency: The nature and cause of the deficiency raises immediate concern regarding the quality of work. In some cases, these deficiencies are false positives.

12.3.2 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 overall quality of the work product. An example would be a false negative.

12.3.3 Class three deficiency: The deficiency is determined to have only minimal effect or significance, be unlikely to recur, is not systemic, and does not significantly affect the fundamental reliability of the work product. Typically, these deficiencies are administrative errors.

12.4 Any employee of ISP Forensic Services who identifies an analytical discrepancy (e.g. a class one, two, or three deviation) shall report the discrepancy to his/her supervisor immediately. The supervisor shall report the discrepancy through their chain of command to the quality manager who shall report to the Major.

12.5 Laboratory managers, discipline leaders and/or the quality manager shall take immediate action to stop any questionable analyses and the release of questionable laboratory reports.

12.5.1 If the discrepancy is related to an SOP, no further analysis shall be performed using the SOP until the cause of the discrepancy is determined and corrected. The validity of the discontinued SOP shall be demonstrated before it can be used again for casework analysis.

12.5.2 If the discrepancy relates to a possible error by a forensic scientist, all related examinations by the forensic scientist shall be discontinued until the cause of the discrepancy is identified and corrected.

12.5.3 If the discrepancy relates to a piece of equipment, the discipline leader and the involved forensic scientists shall determine if the equipment can be adjusted and returned to

service. If the equipment cannot be returned to service, it shall be labeled as inoperable and not used for casework analysis until it is repaired and shown to be working properly.

12.5.3.1 If a piece of equipment is removed from service, all unreported analyses shall be reviewed for accuracy.

12.5.3.2 All instrument problems that may have an effect on previously reported cases shall be reported through the chain of command ultimately to the Major. The discipline leader and the Quality Manager shall determine any action that needs to be taken.

12.5.4 The DNA discipline leader has authority to halt or terminate forensic biology analysis due to technical problems within the section.

12.5.5 The CODIS manager has authority to terminate the laboratory participation in CODIS in the event of a problem until the reliability of the CODIS computer data can be assured.

12.6 A corrective action is initiated when a significant deviation from the quality system occurs. The following situations would result in the performance of corrective actions:

12.6.1 Whenever there is a class one or class two analytical deviation in casework analysis or in a proficiency test as defined in section 12.3.

12.6.2 Significant deviation from the quality system or a repeated minor violation of a specific quality policy. The quality system includes but is not restricted to the quality polices/procedures adopted by Forensic Services, essential criteria of ASCLD/LAB and other ASCLD/LAB criteria which are adopted by ISP Forensic Services, national quality standards for Forensic DNA and convicted offender DNA data basing laboratories, analytical SOPs, training plans, and individual section quality policies.

12.6.3 Significant deviation from a health and safety policy or a repeated minor deviation from a health and safety policy.

12.6.4 Customer feedback identifying a significant quality deviation.

12.7 A preliminary investigation by the appropriate personnel may be performed to determine whether a discrepancy is a deficiency requiring corrective action before issuing a Quality Improvement Action (QIA). For any analytical deficiency the discipline leader and quality manager or other appropriate staff shall determine whether the deficiency is a class one/two or class three deficiency.

12.7.1 Competency testing is not required to resolve a class three analytical deficiency. Class three analytical deviations generally can be resolved informally but require written documentation.

12.7.2 Competency testing shall be included with each corrective action involving a class one or class two deficiency. If a deviation is found to be analyst based and the analyst permanently discontinues performing the analysis, the competency test may be waived.

12.8 Corrective action shall be documented through the use of the currently approved Quality Improvement Action (QIA) form. A QIA shall be issued by the Quality Manager,

designee, or Major, if the QIA is directed to the Quality Manager, to the individual that will have the supervisory responsibility to resolve the deficiency. For example, technical/analytical issues would typically be directed to the discipline leader. Safety issues will likely be directed to the lab manager.

12.8.1 An evaluation of the deviation is performed to determine if there is a root cause. The root causes is the single thing that if changed would eliminate the problem. The person performing the root cause analysis shall attempt to determine the underlying problem, the root cause, not the superficial causes. Remediating the underlying root cause will permanently resolve the deviation.

12.8.2 Corrective action shall be proportional to the severity of the deviation.

12.9 The Quality Manager shall retain the documentation for completed QIAs for five calendar years after the QIA is completed.

13
TECHNICAL REVIEW, ADMINISTRATIVE REVIEW, AND CONFLICT RESOLUTION

13.1 The three kinds of casework review are technical review, administrative review and verification.

13.2 Technical review is the "…review of bench notes, data and other documents which form the basis for a scientific conclusions" (ASCLD/LAB manual, glossary, April 2003) and is performed to ensure that the conclusion(s) expressed in the report is justified by the documentation for the case. Evidence of technical review shall be present. Every case (including negative results and non-conclusions) shall be technically reviewed. "The reviewer shall have sufficient knowledge of the discipline to verify compliance with the laboratory's technical procedures and that the conclusions reached are supported with the examination documentation" (ASCLD/LAB manual, April 2003, pg. 43). The conclusions shall be reviewed to insure that they make the conclusions intended. The person performing technical review shall ensure that the details of all tests and observations are described in the notes.

13.2.1 Analysts approved to perform independent casework analysis within ISP Forensic Services following current SOPs may perform technical review on other analysts that perform analysis with the same SOPs. Technical reviewers with any other qualifications shall need documented approval prior to performing technical reviews by the appropriate technical leader or lab manager if the technical review is for the discipline leader.

13.2.1.1 Individuals that performed an examination in the past may continue to provide technical review providing the proposed technical reviewer understands and is familiar with the current SOP, understands the operation of analytical instruments, and can determine whether the conclusion (s) are supported by the examination documentation.

13.2.1.2 Analysts that perform a similar or parallel casework analysis may also perform the technical review providing that they meet the guidelines in 13.2.1.1.

13.2.2 External technical review:

13.2.4.1 The qualifications of the reviewer shall be documented and on file with the quality manager. The Major/Manager shall approve external reviewers who are not from ASCLD/LAB accredited laboratories.

13.2.4.2 The technical reviewer shall be supplied with the pertaining SOPs.

13.2.4.3 A check-list with a sign-off shall be supplied to the reviewer with each case. The check-list shall contain sufficient detail to establish that the conclusion is justified by the examination documentation and that the appropriate ISP Forensic Services SOPs were followed. The check-list shall be approved prior to any external technical reviews by the discipline leader or lab manager whichever is appropriate.

13.3 Administrative Review is a review performed to ensure that the laboratory reports issued by the staff of Forensic Services are editorially correct and to ensure that the laboratory reports and their documentation are consistent with Forensic Services policies.

13.3.1 Though different employees may be involved in the final compilation of a case report, the individual who signs it as the author (i.e. affidavit/attestation), is ultimately responsible for the contents of the report, and the accuracy of the information presented in the report.

13.3.2 Every case report (i.e. analysis report or crime scene report) prepared by staff within ISP Forensic Services, shall be administratively reviewed by someone other than the analyst who performed the analysis and wrote the report. Typically, the administrative review is performed by the technical reviewer. The individual who performs administrative review shall be familiar with ISP Forensic Services note taking and documentation requirements. Additional administrative reviews may be performed as desired.

13.3.3 Evidence of administrative review shall be present.

13.3.4 The information from IETS in the report shall be reviewed to ensure that the report accurately reflects information provided by the agency on the submission form. The report shall be reviewed for consistency with accepted conventions for spelling, grammar and word usage.

13.3.5 The report and documentation shall be reviewed for conformance to casework documentation guidelines and quality policies and procedures.

13.3.6 When errors or omissions in casework are noted, the forensic scientist has the obligation to ensure that an incorrect report does not leave the laboratory. However, if an incorrect report is released, an amended report shall be issued. The heading for the amended report shall contain the words "Amended Report." At the beginning of the amended report, a paragraph shall be inserted that describes the changes made in the amended report. This paragraph needs to be highlighted in some manner that will draw the attention of the reader. In ETS, two of the options are to write the paragraph in capital letters or to put the paragraph in quotes. The original report shall be left in the case file. It will only be changed/marked to the extent that the analyst shall add a statement to the report noting that the report has been amended and initial and date the statement. Suggested wording for the notation is "This report has been amended." Only the amended report shall be stored electronically in the evidence tracking system.

13.4 Verification is a process of independently performing a comparison or analyzing evidence to determine if the reviewer comes to the same conclusion regarding the analysis as the analyst.

13.5 Forensic Evidence Specialist check of data entry from the submission form for accuracy:

13.5.1 After Forensic Evidence Specialists log evidence into IETS, they shall check the information contained in IETS against the information contained in the submission form to ensure accuracy.

13.5.2 Information shall be transferred exactly as written from the submittal form to the database and from there to the written report. The description of the evidence on the

report from the submittal form shall be put in quotes.

13.6 Conflict resolution:

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

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

13.6.1.2 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 shall contact the quality manager 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. The quality manager may participate in this review committee.

13.6.1.3 Conflict resolution shall not involve compelling an individual to sign a case report containing opinions and/or conclusions with which the analyst disagrees. 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 reviewed and approved by the Major before it is implemented.

14
MONITORING COURT TESTIMONY

14.1 Courtroom testimony provides a means for the forensic scientist to communicate results and conclusions stated in a laboratory report. The goal of the forensic scientist is to accurately present conclusions, explain analytical techniques, offer expert opinions, and make clear to the court any questions regarding a laboratory report in a particular case. The analyst shall ensure that the testimony given is scientifically consistent with the documentation in the case file.

14.2 Evaluation shall be by direct observation, questionnaire, review of court transcripts, or telephonic solicitation by laboratory staff to one or more officers of the court for responses to the evaluation form.

14.3 Each forensic scientist shall be evaluated at least once annually. An evaluation by the supervisor is encouraged biennially.

14.3.1 A forensic scientist who is inexperienced in courtroom testimony or a forensic scientist new to ISP Forensic Services shall be reviewed by another forensic scientist or the supervisor from ISP Forensic Services when this analyst first testifies. As the forensic scientist gains experience with ISP Forensic Services, direct review by staff can be alternated with review by other means. Neither review of transcripts nor feedback from the court officials can provide the quality of evaluation that is available through direct observation.

14.3.2 A reviewer from ISP Forensic Services shall fill out the designated form for each evaluation and critique the forensic scientist as soon as possible after the peer review process. The examiner shall be given feedback on the positive aspects of the testimony as well as areas that need improvement.

14.4 Corrective action shall be initiated if the courtroom evaluations indicate any issues in the testimony that requires remediation.

15
EVIDENCE HANDLING AND CASEWORK DOCUMENTATION

15.1 It is important to receive, handle and process evidence in a manner which preserves its integrity. It is essential to document the chain of custody for all evidence received.

15.2 Whenever possible, all evidence shall be received by a forensic evidence specialist. Controlled substances evidence shall not be transported or carried by personnel, either from scenes or to court. Evidence shall not be accepted unless it is accompanied by a properly completed ISP Forensic Services evidence submission form. Submission forms are not required from coroners/morticians when submitting fatality "accident victim samples" required for by Department of Transportation, proficiency tests, or competency tests. The submission form shall be used as an evidence receipt.

15.3 Evidence sealing requirements

15.3.1 Proper seals shall include heat seal, tape seal or lock seal. A container is "properly sealed" only if its contents cannot readily escape and only if entering the container results in obvious damage/alteration to the container or its seal.

15.3.2 Standard evidence tape shall be used to seal containers and shall be initialed (or otherwise identified) to document the person sealing the evidence (scotch tape is not acceptable). Heat sealed packages shall have initials or other identification across the heat seal to be properly sealed. Lock seals shall be initialed or otherwise marked to document the person sealing the evidence. Staples do not provide seals.

15.3.3 Packaged evidence received by a laboratory, which does not bear the initials or identification of the person sealing the evidence container, is not considered to be properly sealed. Manufactured seams do not need to be taped and initialed.

15.3.4 All evidence shall be properly sealed by the submitting agency, however exceptions authorized by a supervisor may be made as required. ISP Forensics may provide a proper seal by: (1) placing a piece of evidence tape perpendicularly across the seal with the initials of the person receiving the evidence or (2) resealing the complete package in a heat sealed envelope or other container with proper initials. Forensic Services shall ensure that evidence stored in ISP vaults is properly sealed. Forensic Evidence Specialists have the authority to reject evidence if it is not properly sealed.

15.4 ISP Forensic Services does not accept syringes except in a very carefully controlled manner that is described below. However, if the submitting agency chooses to submit an alcohol or water rinse from a syringe, then the sample may be submitted to ISP Forensic Services as a routine case without going through the protective measures described below.

15.4.1 The agency shall contact the appropriate evidence custodian from Forensics Services before the syringe and contents are submitted. That evidence custodian shall ascertain

that all the guidelines below are being followed, and notify the Lab Manager. The entire case shall be returned without analysis, accompanied by a copy of this policy, if the evidence custodian is not contacted prior to the submission of the syringe.

15.4.2 The prosecutor associated with the case shall submit a letter requesting the examination. The letter shall state why it is necessary to the case for the contents of the syringe to be analyzed. This letter shall arrive at the laboratory attached to the evidence or the evidence shall be returned.

15.4.3 The syringe shall be packaged in an approved biohazard safety tube. (An example of an approved biohazard safety tubes would be the "EVA-SAFE" safety tube displayed in the "Lab Safety Supply" catalog, catalog #0A-37946.)

15.4.4 Generally, an analysis of a syringe for drugs shall only be performed if the case is a homicide or other exceptional/unusual case. Syringes shall not be accepted if other drug evidence or any other evidence is available which provides the same proof as the examination of the syringe would provide.

15.4.5 Syringes shall be packaged separately if the syringe is part of a multi-exhibit case. The entire case shall be returned, if the syringe is not packaged separately.

15.5 Sharp or pointed objects or items with sharp edges (e.g., knives, razors, glass) shall be confined within packaging that renders these objects safe to handle.

15.6 All evidence envelopes/packages shall be marked with a laboratory case number and when applicable, an item number. The item numbers shall be consecutive.

15.7 Submitted evidence shall be stored in the evidence vault until checked out for analysis unless special handling or storage requirements dictate storage elsewhere.

15.8 HANDLING EVIDENCE IN THE LABORATORY: There shall be a record, which verifies who has custody of evidence at all times and evidence shall be stored so that only the forensic scientist has access to it.

15.8.1 Transfer of evidence within a laboratory shall be documented on the electronic internal chain of custody. In addition, evidence transferred between individuals shall be documented on the internal chain of custody form. The original internal chain of custody form and a printed copy of the electronic internal chain of custody will be placed in the case file.

15.8.2 The forensic scientist shall seal all the openings that he/she created in the proximal container with evidence tape and date and initial the evidence tape.

15.8.3 Evidence shall be maintained under the control of the responsible forensic scientist during the analysis process.

15.8.4 The forensic scientist, supervisor, and discipline leader shall review requests for external analysis. All requests shall be documented.

15.9 Returning Evidence:

15.9.1 Evidence shall be returned only to a party having legal responsibility. Generally, this is a representative of the submitting agency.

15.9.2 All returned evidence handled by a common carrier, (the U.S. Postal Service or United Parcel Service, etc.) shall have an adequate receipt acknowledging delivery. All such receipts are to be placed in the case files.

15.10 Diligence shall be exercised to insure that evidence is protected from loss, contamination, deleterious change, and/or cross-transfer and thereby diminish the value of the evidence or its analysis.

15.11 "When evidence such as latent prints and impressions can only be recorded or collected by photography and the image itself is not recoverable, the photograph or negative of the image shall be treated as evidence" (ASCLD/LAB manual, page 22, April 2003 version).

15.12 Each item of evidence in a case that has been analyzed including items of evidence generated by the analyst shall be uniquely marked for identification. The container holding the item or a tag attached to the item shall be uniquely marked for identification if it is not practical to mark the item directly.

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

15.13.1 The examination documentation shall contain an adequate description of the evidence container, the evidence, the condition of seals, and date the evidence was opened.

15.13.2 The laboratory shall maintain examination and administrative documentation regarding a particular case in a case file. Examination documentation includes such things as references to procedures followed, tests conducted, standards and controls used, diagrams, instrumental printouts, photographs, observations, and results of examinations. The laboratory case file shall include all examination documentation generated in that laboratory except that instrumental charts or graphs that are run in batches may be centrally stored. Data regarding controls or standards may be centrally stored. Instrumental parameters shall be documented either in the case file or in a central location. Examples of administrative documentation include records of case-related conversations, receipts, description of evidence packaging and seals, and other pertinent documentation. Administrative documentation that is generated by the laboratory regarding a case shall be stored in the case file.

15.13.3 All examination documentation shall be marked with the laboratory case number and the initials of the forensic scientist. "Examination documentation, such as instrumental data, which bears the appropriate identification (i.e. unique identifier(s) and the examiner's initials) on an original document, may be copied for filing in multiple places without the necessity of placing original identifiers

on each copy." ASCLD/LAB criteria, page 30, 2003 version. If examination documentation is prepared by someone other than the person who will interpret the finding, reports, and/or testifies concerning the finding, then both individuals shall initial each page of the documentation. Page numbers shall be present on all examination documentation and the total number of pages shall be reflected on the first page, with the date being documented throughout. When both sides of the paper are used, each side is considered as a page and shall be initialed and numbered accordingly. Handwritten notes and observations made in the laboratory shall be in ink. Diagrams or tracings may be in colored or standard pencils. Any corrections to notes shall be made by an initialed single strikeout. Nothing in the handwritten information shall be obliterated or erased. Administrative documentation shall have the laboratory case number on each page. It is acceptable to put the laboratory number on the first page only of multi-page administrative documents such as police reports provided that the pages are fastened together.

15.13.4 The conclusion stated in a report is based on the results of the analysis. This conclusion shall be fair, accurate, and complete.

15.13.5 Each case that is received shall be assigned a unique lab number. This unique lab number may be determined by a computerized information system. The unique lab number can be in either alphanumeric form and/or bar code form.

15.13.6 The unique lab number shall be assigned to all evidence associated with the case and to all documentation generated by ISP Forensic Services as part of this case included in the laboratory case file.

15.13.7 It is acceptable to use abbreviations and symbols in the examination documentation provided that the meaning of the abbreviations and symbols is readily understandable to the reviewer and the meaning of these symbols and abbreviations is documented and available to individuals reviewing the examination documentation. Commonly understood abbreviations such as H2O for water or GM (or gm) for grams do not have to be defined.

15.14 Releasing results to authorized individuals:

15.14.1 Results of examination shall only be released to the submitting agency or the prosecutor having jurisdiction over the case if the case was submitted by a police agency. The results shall be released to the defense attorney through a discovery, court order, or the permission of the prosecutor or the chief investigator.

15.14.2 When giving laboratory results to telephone callers, extreme caution shall be exercised. If the caller is authorized to receive the results, then the following procedures shall be followed:

15.14.2.1 If the voice of the caller is recognized, then the results may be given out.

15.14.2.2 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.

15.14.3 Reports regarding evidence submitted by the public defender in a criminal

proceeding shall be given the same measure of confidentiality in the laboratory as evidence submitted by a police agency or prosecutor. The results shall only be released to the public defender or his investigator. The prosecutor can obtain the results only with the permission of the public defender, through a valid discovery, or a court order (I.C. 19-861).

15.14.4 Upon request, the forensic scientist 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/or the defense attorney. The analyst shall 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 and the concerned prosecutor/public defender has been advised, in advance, of the discussion.

15.15 Casework acceptance:

15.15.1 It is the responsibility of Forensic Services to provide support to law enforcement agencies, prosecutors, and public defenders. In order to provide the most timely service, it is important to limit the services to situations that will resolve criminal cases. Deviation from these criteria shall have the approval of the Major/Manager.

15.15.2 Evidence shall be accepted by Forensic Services from law enforcement agencies (city, county, state, or federal), other governmental investigative units, prosecuting attorneys and public defenders. No work shall be done for private defense attorneys or the private sector in general.

15.15.2.1 Idaho School Districts shall be allowed to submit non-random juvenile drug tests (NJDT) samples only, in compliance with District policy as prescribed by Idaho Code 33-210. Idaho School Districts submitting NJDT samples shall do so through one individual per district or building in accordance with ISP Forensic Services procedures for evidence handling and submission.

15.15.3 Evidence shall be accepted for analysis only if it shall assist in the identification of suspects, resolution of criminal charges against an individual, or establish whether a crime took place. Curiosity cases shall not be accepted.

16
MAINTAINING EVIDENCE STORAGE AREAS

16.1 All evidence in long-term storage shall be sealed in accordance with ISP Forensic Services Protocol.

16.2 All evidence shall be properly logged into the evidence inventory system.

16.3 The evidence storage areas shall be kept clean and well organized.

16.4 The evidence vault shall be kept locked except when authorized personnel are in the vault.

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 When a custodian of the vault ceases to have custody over the vault or its contents, all the evidence shall be audited. The vault and all evidence shall be inventoried at least once annually.

17
DOCUMENT CONTROL AND MAINTENANCE

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

Card files and/or electronic databases that are used to reference case files shall also be stored according to department record retention policy. Card files and/or electronic databases shall be stored in a manner and location most appropriate for the specific file to ensure continued accessibility.

17.2 Case record storage and security: All current case files shall be stored in a secure area maintained by ISP Forensic Services. As case files get older and become inactive, they may be transferred to a secondary storage location with limited access. The potential for damage to the files by fire, water, heat, and humidity shall be minimized as much as feasible. All homicide files shall be stored separately and not transferred to a secondary location for storage

17.3 Forensic Services policy manuals, standard operating procedures (SOPs), training manuals, ASCLD/LAB manuals, and other casework related documents of long term value shall be managed consistent with appropriate document control. Current documents shall be available for use by the staff and all obsolete documents shall be archived by the quality manager and removed from general usage.

17.3.1 The official approved documents of the quality system shall be maintained electronically. They shall be available to all staff in an electronic read-only format. The Quality Manager or designee shall maintain an independent electronic backup updated more often than or near the time span of three months.

17.3.2 Discipline leaders may maintain an official hard copy of approved SOPs and training plans. Discipline leaders shall maintain the approval for SOPs and training manuals in their discipline.

17.3.3 The quality manager may maintain an official hard copy of the approved quality/procedure manual and the health and safety manual. The quality manager shall maintain the approval for the quality/procedure manual and for the health and safety manual.

17.3.4 All other copies of approved documents whether in electronic form or in written form are unofficial copies only.

17.3.5 Obsolete quality documents whether electronic or hard copy shall be clearly designated as obsolete so that the reader shall recognize that the document is obsolete.

17.4 Training plans, SOPs, policy manuals, and safety manuals shall be reviewed annually.

These documents shall be revised as necessary to ensure that they reflect current policies, practices, and technology.

17.6 Documents that contain confidential or sensitive information shall be burned or shredded when they need to be destroyed.

17.7 Retention and Circulation of journals:

17.7.1 Forensic Services shall purchase and retain major journals pertaining to the examinations performed by its laboratories. Literature shall be circulated both in laboratories and between laboratories to individuals for whom it would be appropriate. ISP Forensic Services shall provide Internet services to compliment library materials.

17.7.2 Each laboratory shall maintain an adequate forensic library to include literature published in the areas of expertise and services offered by that laboratory. A system or procedure shall exist to encourage a review of new literature by the appropriate personnel.

17.8 Changes made to correct mistakes in punctuation, grammar, spelling, numbering, etc. in documents of the quality system that do not change the meaning of a quality document are not regarded as a revision of the document and do not require either a change in the revision number or documentation.

18
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 shall 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 shall be followed if appropriate when a complaint is made against any department employee.

18.3 Disclosure of Information:

18.3.1 Section 15.14 of this quality manual contains the policy for the release of reports and the related documentation prepared as a result of casework analysis.

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).

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).

19
QUALITY AUDITS AND QUALITY SYSTEM REVIEW

19.1 A variety of audits and inspections are performed. The purpose of these audits is to identify noncompliance with 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 shall be conducted on no less than an annual basis of all three ISP Forensic Services laboratories. Each laboratory shall be audited for compliance with established ISP Forensic Services quality policies, health and safety policies, and ASCLD/Lab accreditation criteria.

19.2.1 The quality manager shall issue a report to the laboratory manager and to the major/manager of Forensic Services regarding the audit. The report shall note outstanding performance, may contain recommendations for changes, and shall have attached to it quality improvement actions (QIA) regarding significant deviations from the quality system if QIAs were generated as part of the audit. QIAs are tracking forms used to document corrective action for significant deviations from the quality system and are discussed in chapter 12 of this manual.

19.3. Technical audits: The discipline leader or another expert in the discipline shall perform an annual technical review of their discipline in each laboratory that offers services in the specialty. If a discipline is performed in only one laboratory, then the technical audit is optional. These technical audits may be performed as part of the annual quality audits. Suggested tasks for this technical review include:

19.3.1 Review significant number of cases:
19.3.1.1 Appropriate use of approved SOPs.
19.3.1.2 Conclusions.
19.3.1.3 Documentation.
19.3.1.4 Controls and standards - appropriately used and authenticated.
19.3.1.5 Reviewing for conformance to quality guidelines.
19.3.2 Review use of equipment. Suggested tasks as follows:
19.3.2.1 Validating equipment using appropriate procedures.
19.3.2.2 Performing calibrations using designated methods and properly documented.
19.3.2.3 Performing maintenance procedures as required using designated methods.
19.3.3 Discuss issues and problems with individual analysts and with groups.
19.3.4 Quality issues particular to this discipline.

19.4 Audits specific to forensic DNA laboratories shall be performed in compliance with

current national quality standards.

19.5 Review of the quality system: Each year, the management team shall review the quality system to ensure that appropriate measures are being taken to provide high quality services. This review shall include at least one of the 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 Report regarding the state of the quality system in ISP Forensic Services prepared by the quality manager or other designated individuals.

20
LABORATORY SECURITY

20.1 Access to the forensic laboratory:

20.1.1 Ingress/egress points to the laboratory shall have operable locks. The entries shall be locked at all times when not under the direct supervision of staff. The laboratory shall be secured during vacant hours by an intrusion alarm.

20.1.2 Only personnel staffed to the laboratory as part of their routine function (e.g., forensic scientist series, forensic evidence specialists, laboratory technicians and assistants, the quality manager, the major/manager and administrative support) or those individuals designated by the laboratory manager shall have unrestricted access to any forensic laboratory during normal duty hours, after-duty hours, and the opening and closing of the laboratory. Only the laboratory manager may add to or remove from the list of personnel having this access to the laboratory.

20.1.3 The laboratory manager or his/her designee is the custodian of the record for all keys, pass cards, security codes, etc. allowing access to the laboratory. A record of the individuals having possession of all such devices allowing access to the laboratory shall be maintained either in writing or electronically.

20.1.4 All security codes, keys, etc. shall be surrendered upon termination of employment. Security codes shall be removed in a timely fashion from any electronic access device whenever an individual leaves employment, loses or in any way compromises any such device.

20.2 Laboratory visitors:

20.2.1 Anyone entering the restricted/operational areas of the laboratory who is not employed by ISP or does not work within the laboratory system shall be required to sign a log book prior to entering any such portion of the laboratory. Restricted/operational areas of the laboratory are defined as anywhere that evidence is open or may be analyzed or any evidence storage area.

20.2.2 This logbook shall contain pertinent information to identify the individual, the time period of the visit, the staff member accompanying the visitor, and the reason for the visit.

20.2.3 Laboratory personnel shall accompany any visitor accessing restricted/operational portions of the laboratory at all times.

20.2.4 Visitors shall don appropriate safety attire, if such is a requirement of laboratory personnel within a given laboratory location.

20.3 Primary controlled substances standards:

20.3.1 Access to the primary drug standards cabinet (located only in Meridian) shall be limited to personnel designated by the laboratory manager. The laboratory manager shall maintain a list of the personnel having access to this drug cabinet.

20.3.2 This cabinet shall remain locked at all times except when being accessed by designated

personnel.

20.3.3 This primary drug cabinet shall be structured in such a way that two designated personnel shall be required to open this cabinet at any given time.

20.3.4 A logbook shall be maintained for the primary drug standards cabinet that shall list the date and signature or initials of personnel accessing the primary standards cabinet.

20.3.5 Inventories shall be kept of all primary standards listing drug, source, initial gross and net weight, weight used, audit record, and how authenticated.

20.3.6 The gross weight of the standard and the container shall be entered into the inventory form prior to removing any drug standard from its container. After a portion of the standard has been removed from the container, the gross weight of the standard and the container, the date, and the initials of the user shall be entered into the inventory form.

20.3.7 The primary standard container shall be returned to the double locking cabinet. Both parties involved in obtaining the primary standard shall initial the log sheet.

20.3.8 The combined weight of the primary controlled substances standards and container shall be audited annually.

20.4 Secondary controlled substances standards:

20.4.1 Allowable amounts of secondary standards: marijuana, psilocybin mushrooms, and GHB - 50 grams; Schedule I and II controlled substances, 300 milligrams; and Schedule III, IV, and V controlled substances one gram or five tablets.

20.4.2 The standards shall be maintained in a secured part of the laboratory.

20.4.3 An inventory sheet shall be created when any drug is added to the secondary standards of a laboratory. This sheet shall reflect the name of the drug, source, date added, the initial net/gross weight, and how authenticated.

20.4.4 A gross weight shall be recorded in the inventory sheet each time a controlled substance is removed from its container along with the name of the user and the date.

20.4.5 The combined weight of the secondary controlled substances standards and containers shall be audited annually.

20.4.6 All controlled substances held by ISP Forensic Services laboratories shall be entered into the controlled substances inventory. The only controlled substances samples that are not required to be entered into the controlled substances inventory are evidence samples submitted for analysis which is found to contain controlled substances or controlled substances standards that can be purchased without a DEA license.

20.5 Quantities of controlled substances in excess of the amounts allowed in these quality policies may be held and used by individuals performing research and development. However, the Major/Manager shall grant prior approval in writing for each request.

21
HEALTH AND SAFETY

21.1 The ISP Forensic Services health and safety program is documented in its health and safety manual(s).

22
PERSONNEL PROCEDURES

22.1 General personnel procedures:

22.1.1 Offices shall observe Official State of Idaho business hours, which are Monday through Friday from 8:00 a.m. until 5:00 p.m. Altering the standard work schedule may be authorized by the major/manager.

22.1.2 Identification shall be worn at the ISP facility in Meridian.

22.2 Guidelines for interns and non-personnel:

22.2.1 Internships with ISP FS are non-funded positions.

22.2.2 Candidates shall be evaluated on a first-come, first-serve basis.

22.2.3 Interns shall only be accepted if a forensic scientist or lab manager volunteers to supervise and mentor the individual. Upon approval from the lab manager, specific duties of interns shall be left to the discretion of their supervising forensic scientist.

22.2.4 The following restrictions shall apply for the internship candidates:

22.2.4.1 Shall be college juniors and above interning for college credit toward a degree in Chemistry, Biology, Molecular Biology, or a closely related science or shall already possess a degree in one of the above areas.

22.2.4.2 Shall have a recommendation from a professor, faculty advisor or other professional.

22.2.4.3 Shall pass background check and polygraph.

22.2.4.4 Shall remain under the close supervision of a forensic scientist at all times.

22.2.4.5 Shall become familiar with ISP Procedures governing Conduct and Confidentiality and health and safety policies of Forensic Services.

22.2.4.6 Shall not attend clandestine drug laboratory scenes or crime scenes unless accompanied by a forensic scientist. Access to very sensitive or hazardous areas shall not be permitted.

22.2.4.7 May attend autopsies when accompanied by a forensic scientist.

22.2.4.8 Shall not be allowed in any area of the laboratory after business hours unless accompanied by a forensic scientist.

22.2.4.9 Shall not be allowed in designated areas of the laboratory without permission.

22.2.4.10 Shall not be involved in the analysis of evidence.

23
SUBPOENA POLICY AND WITNESS FEES

23.1 Subpoenas shall be prioritized in the chronological order that they are received at the laboratory. In cases where multiple subpoenas are accepted for a given day, it shall be the duty of the forensic scientist to notify the attorneys of the conflict so that they are aware of the situation and can work out the scheduling conflict.

23.1.1 The Idaho State Police Forensic Services shall accept subpoenas and testify for the prosecution in Driving Under the Influence cases when an Intoxilyzer or Alco-Sensor was used only in the circumstances where:

23.1.1.1 The defense has acquired its own expert.

23.1.1.2 An unusual circumstance has occurred surrounding the administration of a DUI breath test which shall necessitate expert testimony on the part of Forensic Services.

23.2 When summoned to State or Federal Court in criminal cases, or job related civil cases, employees shall report to the court as part of their normal work related duties.

23.2.2 Any fees collected shall be remitted to Idaho State Police Financial Services if witness fees are paid by the court.

24
CRIME SCENE AND CLANDESTINE LABORATORY CALL-OUT AND ASSISTANCE

24.1 The Idaho State Police Forensic Services shall provide support at crime/clan-lab scenes subject to the following guidelines.

24.2 The following are recommended guidelines for responding to crime scenes:

24.2.1 When assistance is requested, determine the nature of the crime, the agency and officer requesting laboratory assistance, and any other information that may help identify the needs of the personnel at the scene. Notify the major/manager or his designee, relaying the above information. The forensic scientist, lab manager, or major/manager may then contact the regional captain of ISP Investigations and communicate pertinent information and request for assistance.

24.2.2 If ISP Forensic Services elects to respond, they shall notify additional forensic scientists that may be of assistance at the scene and proceed to the laboratory and collect any supplies required.

24.2.3 Forensic scientists shall identify themselves to law enforcement personnel who are present at a crime scene. Ensure that all requests for extra personnel and equipment follow the chain of command through the primary officer or agency once ISP Forensic Services personnel have arrived on scene.

24.3 When crime scenes represent a security threat, law enforcement personnel shall secure the scene prior to laboratory personnel becoming involved on-site. Forensic Services personnel shall not remain at a crime scene or clandestine lab if insufficient law enforcement officers are present to maintain security. When the security of a crime scene or clan lab becomes uncertain or safety conditions become compromised, Forensic Services personnel may immediately leave the premises. The forensic scientist shall notify the appropriate authorities as to the reason the departure was necessary.

24.4 Only trained clandestine laboratory personnel shall be allowed to enter a suspected clandestine laboratory site. Forensic scientists so trained shall have completed the requisite course-work as outlined by ISP Forensic Services and the Department. Prior to entry into such, Forensic Services personnel shall put on clothing and safety equipment commensurate to the circumstances. Prior to entering a potential laboratory, Forensic Services personnel shall ensure that fire and safety personnel have been notified or are present.

24.5 Only the minimum quantities of clandestine laboratory products, precursors, or equipment shall be collected by Forensic services personnel assisting at these scenes. Samples collected at clandestine laboratories shall consist of only a few milliliters of liquids or a very few grams of solids. If larger quantities of products or equipment are to be collected, Forensic Services

personnel shall not take custody of it.

24.6 ISP Forensic Services shall not accept responsibility for another agency's chemicals, equipment, etc., collected at clandestine laboratory scenes. ISP Forensic Services shall not accept for destruction or storage any chemicals other than those collected by its personnel at such scenes.

25
DRESS CODE

25.1 Forensic laboratories contain many chemical and biological substances that are damaging to clothes and/or harmful to people.

25.2 Rev. 1, dated 02-01-2002, of the ISP Forensic Services Health and Safety Manual states in 3.27: "General clothing considerations: While in the laboratory, shoes with adequate gripping surfaces shall be worn (many dress shoes do not meet this criteria), open-toed sandals are not permitted, long hair and loose-fitting clothing shall be secured, and ties shall not be worn. When worn in the laboratory, State Police identification badges shall be secured inside of one's lab coat to prevent personal injury or contamination."

25.3 In consideration of the ISP Forensic Services Health and Safety Manual and the needs of forensic scientists that work daily in a laboratory, the dress code was modified to allow the following attire:

25.3.1 The wearing of jeans or other casual pants in the laboratory is acceptable. The pants shall be in good condition with no holes and no stains.

25.3.2 Polo shirts (in good condition with no holes or stains) are acceptable for wear in the laboratory environment. T-shirts are not acceptable.

25.3.3 Shoes (conservative in appearance) shall be protective of the feet, provide support and cushion when working or standing on hard surfaces, and provide a gripping surface on the floor.

25.3.4 ISP Forensic Services staff shall have a ready change of clothes for court or other duties requiring more formal attire if he/she chooses to wear the permissible casual attire.

25.3.5 This dress code applies to Forensic Evidence Specialists (FES). However, FES shall wear a smock or laboratory coat over the their casual attire while in the front office.

25.3.6 The standard department policies apply during periods of time when FS employees are performing duties outside the laboratory or attending meetings or conferences.

25.3.7 Employees not meeting this dress code (as interpreted by the lab manager or major/manager) may be asked to change their clothes on their own time.