**Raleigh/Wake City-County**

**Bureau of Identification**

**Crime Laboratory Division**

**2020 ADMINISTRATIVE PROCEDURES**



**ADMINISTRATIVE PROCEDURES**

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**Chapter 1: Quality System Audits and Reviews**

* 1. Internal Quality Audits (IQA) of the CCBI Crime Laboratory will be conducted annually to

review compliance with CCBI policies and procedures, ISO/IEC 17025 standards and any requirements of the laboratory accrediting body.

* 1. The Assistant Director of the Crime Laboratory or Quality Technical Leader (QTL) will coordinate IQA. Any CCBI employee may be selected to assist in an audit process. Auditors will attend an audit training class approved by the Assistant Director of the Crime Laboratory before participating in IQA.
	2. Quality System Audit Forms and auditor notes will be used to document IQA. Audit forms

and any additional notes made by auditors during IQA will be preserved and forwarded to the Assistant Director of the Crime Laboratory at the conclusion of all IQA. The Assistant Director of the Crime Laboratory or QTL will be responsible for managing and maintaining audit records.

* 1. Any nonconformity, preventive action or opportunity for improvement observed during an

internal audit will be addressed utilizing the Procedure for Corrective and Preventive Actions.

**1.5.** The following IQA will be conducted by March 31st of each calendar year:

**1.5.1.** A Laboratory Unit Quality Audit for each laboratory unit.

**1.5.1.1.** The following form(s) will be completed by the auditor(s) in accordance

 with the audit form instructions on the form to document the audit:

* Interview Guide Form
* Case File Review Form
* Audit Trail Form

**1.5.1.2.** The audit will:

* interview personnel within the laboratory unit
* review at least three case files completed by each examiner in the laboratory unit
* review the entire record trail of one completed case file in the laboratory unit

**1.5.1.3.** The audit will:

* assess laboratory staff awareness of the laboratory quality system
* solicit preventive actions and opportunities for laboratory improvement
* assess the general orderliness and safety of the laboratory unit
* assess maintenance logs, calibration logs, reagent logs, reference logs and any other routine log kept by the laboratory unit for completeness
* assess case files for compliance with policies, procedures and accreditation standards

**1.5.2.** A Document Control Audit will be conducted of the document control activities

of the laboratory.

**1.5.2.1.** The following form(s) will be completed by the auditor(s) in

 accordance with the audit form instructions on the form to document the

 audit:

* Document Control Audit Form

 **1.5.2.2.** The audit will:

* Review a minimum of ten randomly selected document control records from any laboratory forms, procedures or manuals

 **1.5.2.3.** The documents will be assessed for accuracy and completion of the

following:

* Document Control Number assignment
* Document Tracking Forms
* Revision History
* Archived Versions
* Staff Notification
* Document Control Master List entry
* Update of the Wake County Form Repository

**1.5.3.** A Laboratory Safety and Security Auditwill be conducted of the safety and

 security activities of the laboratory.

**1.5.3.1.** The following form(s) will be completed by the auditor(s) in accordance

with the audit form instructions to document the audit:

* Crime Laboratory Annual Safety & Security Inspection Checklist Form

 **1.5.3.2.** The audit will assess:

* the Safety & Security of the laboratory
* access to Safety Data Sheets (SDS) for chemicals utilized in the laboratory
* the accuracy of key and biometric reader access to laboratory facilities
* the completion of CCBI Visitor Log

**1.5.4.** A Records Management and Case File Review Auditwill be conducted of the

 records management and case file review activities.

**1.5.4.1.** The following form(s) will be completed by the auditor(s) in accordance

with the audit form instructions to document the audit:

* Records Management and Case File Review Audit Form

 **1.5.4.2.** The audit will:

* review of a minimum of five randomly selected case files from each laboratory unit

 **1.5.4.3.** The case files will be assessed to ensure:

* the applicable tracker log is accurate and complete
* the case file is securely stored
* the case file is complete
* Record Removal Forms are accurate and complete

 **1.5.5.** A Purchasing Auditwill be conducted of purchasing records of the laboratory.

 **1.5.5.1.** The following form(s) will be completed by the auditor(s) in accordance

 with the audit form instructions on the form to document the audit:

* Purchasing Audit Form

 **1.5.5.2.** The following document(s) will be signed and dated by the Assistant

 Directory of Laboratory Services or designee to document ongoing

 approval of vendors:

* CCBI Critical Vendor Evaluation Log
* A Fiscal Year Expense Report obtained from the CCBI Business Officer which lists current laboratory vendors

 **1.5.5.3.** The audit will review of the Fiscal Year Expense Report and Critical

 Vendor Evaluation Log to:

* Monitor the performance of current and critical vendors
* Re-evaluate the performance of current and critical vendors
* Document actions arising or taken from evaluation, monitoring and re-evaluation of current and critical vendors

 **1.5.5.4.** A minimum of five purchasing records will be reviewed to ensure:

* purchase records contain description of specifications requirements
* purchase records document inspection to ensure requisition specifications were met
* requisitions were approved by the Laboratory Assistant Director and CCBI Director
* critical consumables, supplies or services were purchased from approved vendors

 **1.5.6.** An Evidence Auditwill be conducted of the evidence stored within the CCBI

 Crime laboratory.

 **1.5.6.1.** The following form(s) will be completed by the auditor(s) in accordance with the audit form instructions on the form to document the audit:

* Evidence Audit Form

 **1.5.6.2.** The audit will review ten items of evidence located in following

 locations:

* Main Evidence Storage Vault (room C1397)
* Latent Evidence Control (room 2422)
* Drug Vault (room C1398)
* DWI Evidence Storage (room C2426)

And

* All the items of evidence in three cases in the custody of each laboratory examiner

 **1.5.6.3.** The evidence will be assessed to ensure:

* evidence is sealed according to CCBI policy
* evidence is marked according to CCBI policy
* evidence is securely stored to prevent loss and contamination
* tracker log entries are complete and accurate

 **1.5.7.** A Laboratory Equipment Auditwill be conducted of laboratory equipment.

 **1.5.7.1.** The following form(s) will be signed and dated by the auditor(s) to

 document completion of the audit:

* each laboratory unit’s equipment list

 **1.5.7.2.** The inventory list will be reviewed and updated to ensure it is accurate

 and contains:

* a description or the name of the laboratory instrument or equipment
* the manufacturer name of the laboratory instrument or equipment
* a serial number or county identifier of the laboratory instrument or equipment
* year of beginning service and projected service life or replacement date of the laboratory instrument or equipment
* current location of the laboratory instrument or equipment
* a description of the computer(s), printer(s), and software necessary to operate the instrument or equipment

 **1.5.7.3.** The records of laboratory equipment which require calibration will be

 reviewed as part of the Laboratory Equipment Audit to ensure that it was

 calibrated according to Laboratory Unit Technical Procedures.

 **1.5.8.** A Chemical Substances Inventory Audit will be conducted of all chemical

 substances in the CCBI Crime Laboratory Division.

 **1.5.8.1.** The following form(s) will be signed and dated by the auditor(s) to

 document completion of the audit:

* Controlled Substance Inventory list(s)
* Chemical Reagent Inventory list(s)
* Chemical Waste Inventory Form

 **1.5.8.2.** The audit will:

* Inspect and review the current inventory and recorded weight or volume of controlled substances stored the CCBI Crime Laboratory Division
* Inspect and review the current inventory of chemical reagents within the CCBI Crime Laboratory Division to ensure for proper storage
* Inspect and review the current chemical waste stored in the CCBI Crime Laboratory Division

**1.5.8.3.** The inventory lists will be updated during the audits to assure accuracy.

**1.5.8.4**. Any discrepancies or audit findings will be noted by the auditor(s) on the

 applicable inventory list.

* 1. At the conclusion of each individual audit comprising the IQA the Assistant Director of the Crime Laboratory will be briefed by the QTL and internal auditors of the potential audit findings and the state of the laboratory quality system. The Assistant Director of the Crime Laboratory will determine the final findings for all IQA and the disposition of findings resulting from IQA.
	2. A Quality System Auditwill be conducted of a Quality System.

 **1.7.1.** The Quality System Audit will be conducted by June 30th of each year.

 **1.7.2.** The following form(s) will be completed by the auditor(s) in accordance with the

 instruction on the form to document the audit:

* Quality System Audit Form
* Accreditation Conformance Documents Review Form

 **1.7.3**. The following document (s) will be reviewed by the auditor(s):

* Accreditation Conformance Documents

 **1.7.4.** The audit will review effectiveness, compliance with laboratory policy and

 procedure, and risks and opportunities associated with the Crime Laboratory:

:

* IQA
* QAR’s
* Court testimony evaluations
* Curricula vitae
* proficiency and competency testing
* laboratory training
* quality inquiries, corrective actions, preventive actions, and follow-up monitoring for corrective and preventive actions
* internal auditor training
* authorization of technical reviewers
* exceptions to policy
* new policy and procedures
* current policy and procedures
* infrequently performed testing methods (testing methods that have not been used within the last year)
* complaints
* Staff Review
* Management Review
* Conflict of Interest Concerns/Impartiality Risks
* Results of previous audits
	1. A Quality Audit Report (QAR) will be completed for each internal audit. The QTL or Lead

 Internal Auditor of each internal audit will be responsible for completing the QAR. QAR’s

 for audits of a laboratory unit will be reviewed with the relevant Forensic Manager or

 Technical Leader of the unit. QAR’s will be submitted it to the Assistant Director of the

 Crime Lab by April 15th of the audit year.

**1.8.1**. The following form(s) will be completed by the auditor(s) in accordance with the

 instructions on the form to document the report.

* Quality Audit Report Form

**1.8.2**. The QAR will:

* List the Key Findings of the audit
* Document each Key Finding as a Nonconformity, Preventive Action or Unfounded
* Describe the necessary action to address each finding as determined by management
* Identify the plan of action for the management response with the CAR-number, PAR-number, or “Immediate Correction”

 **1.8.3.** The report will be signed by the auditor(s), Crime Laboratory Assistant Director,

 the QTL or Lead Auditor and the relevant Laboratory Forensic Manager,

 Supervisor or Technical Leader if the finding affects a laboratory unit.

* 1. A Staff Review will be conducted in a meeting with laboratory staff by June 30th of each calendar year. The Assistant Director of the CCBI will be responsible for completion of the review.

**1.9.1.** The following will be completed to document the review:

* Staff Meeting Notes

 **1.9.2.** The review will:

* review the IQA and Quality System Audit findings with laboratory staff
* communicate the effectiveness and state of the laboratory quality system
* solicit laboratory staff input

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| **Revision History** |
| **Effective Date** | **Version Number** | **Reason** |
| 01/01/2020 | 1 | New Laboratory Administrative Procedures Manual |
| 09/04/2020 | 2 | Added language in 1.5.5 to document the revised Purchasing Audit Form, to allow for the monitoring and evaluation of current and critical vendors. |
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**Chapter 2: Technical and Administrative Reviews**

**2.1.** Laboratory technical and administrative reviews will be conducted in accordance with CCBI

 Standard Operating Procedure (SOP) Chapter 29 on case file records of all completed

 forensic examinations.

**2.2.** A record of the laboratory technical and administrative review will be maintained in the case

 file. Technical and administrative reviews will be considered technical records and will be

 stored as technical records in the case file.

**2.3.** Technical and administrative case file reviews will be conducted by a person other than the

 author of the laboratory report and examination records under review.

**2.4.** The case file examiner and the person(s) conducting technical and administrative reviews

 are responsible for ensuring technical and administrative review criteria are met prior to

 publication of any laboratory report.

**2.5.** Laboratory technical and administrative case file reviews will be documented on a CCBI

 Laboratory Technical and Administrative Review / Coversheet (CCBI-071).

**2.5.1.** The date the forensic examination started, date completed, the laboratory

examiner’s name or initials, the CCBI laboratory case number, and the total pages of technical records documenting the forensic examination will be entered at the top of the CCBI-071 by the laboratory examiner.

**2.5.1.1.** The date completed is the date all laboratory notes and data have been

incorporated into the case file and a completed laboratory report and the

 case file are submitted for review.

**2.6. Conflict Resolution**

**2.6.1.** Attempts should be made to resolve all disagreements that arise during the review

process through discussion and review of laboratory procedures and literature.

**2.6.2.** The QTL, the relevant Forensic Manager and the Crime Laboratory Assistant

 Director will be notified of any conflict that cannot be resolved.

**2.6.3.** Should an examiner and reviewer not be able to resolve a disagreement a

Laboratory Unit Technical Leader will determine the resolution to the conflict.

 **2.6.3.1.** If the disagreement is related to an examination conclusion, the

Laboratory Unit Technical Leader will evaluate the conclusion and

 determine whether the disagreement about the conclusion is justifiable.

 **2.6.3.2.** If the disagreement is clearly not justifiable the conclusion will be

considered a nonconformity and the Laboratory Administrative Procedure

 for Corrective and Preventive Action will be applied.

**2.6.4.** In the event the Unit Technical Leader or Supervisor is either the examiner or the

 reviewer,another Unit Technical Leader and the Unit Forensic Manager or the

 Crime Laboratory Assistant Director will determine the resolution of any

 disagreement.

**2.6.5.** Decisions and resolutions determined will be communicated to all parties involved.

 **2.6.5.1.** The nature of any disagreement and resolution will be dated and

documented in the comments section of the CCBI-071. All involved

 parties will initial the documentation.

**2.7.** Upon completion of a technical or administrative review, case file reviewers will sign, date

 and mark the status of the review on the CCBI-071 as either “returned” or “approved”.

**2.7.1.** Case file reviewers will document approved case file reviews by marking the

 status of the review on the CCBI-071 as “approved”.

**2.7.2.** Case file reviewers will document returned case file reviews by marking the status

 of the review on the CCBI-071 as “returned”.

**2.7.2.1.** Case file reviewers will document the necessary correction(s) for a

 “returned” review in the comments section of the CCBI-071.

**2.7.2.2.** Case file reviewers will also document the necessary correction(s) to a

 laboratory report in Sungard’s® ONESolution Mobile Field Reporting

(MFR) (CCBI’s computerized records system) by placing the statement,

“See comments on CCBI-071”, in the comments section of MFR and then

denying the report in MFR.

**2.7.2.3.** The case file will be returned to the case file examiner, who will make the

necessary correction(s) to the report. Subsequent to making the necessary

 correction(s), the examiner will return the case file to an appropriate

 reviewer and resubmit the report in MFR to for completion of the review.

**2.8.** Reviewers will document cases that do not require technical review by marking the status of

 the technical review on the CCBI-071 as “technical review not required”.

**2.9.** Case file reviewers will document laboratory reports approved in MFR by marking the status

 of the report on the CCBI-071 as either “MFR report approved” or “No MFR report”.

**2.9.1.** DWI Blood Chemistry Laboratory Reports and Facial Recognition Reports are

exempt from MFR review requirements.

**2.10. Technical Review**

**2.10.1**. Any case file containing technical records is subject to technical review.

**2.10.2.** Technical reviews will be conducted on a minimum of 25% of the work

 completed within each unit of the Crime Laboratory.

**2.10.2.1.** Unit Technical Procedures will outline the methods used to meet this

requirement.

**2.10.3.** Persons conducting technical reviews will have sufficient work experience and

 technical expertise in the examination area or testing method being reviewed and

 sufficient knowledge of applicable policies and technical procedures.

**2.10.3.1.** Persons authorized to conduct technical reviews will be approved by the

Assistant Director of the Crime Laboratory in a memo to the CCBI

 Director.

**2.10.4.** Technical reviews will include a review of the laboratory report and examination

 records in the laboratory case file which were used to document the basis for an

 examination result or conclusion.

**2.10.4.1.** Technical reviews will ensure the following criteria:

* The laboratory work conforms to applicable laboratory unit technical procedures.
* The case file examination records are complete and support the laboratory report conclusions and results.
* Report conclusions and results are reasonable and properly qualified in the laboratory report.
* The laboratory report is complete and all items of evidence are addressed in the notes and in the report.
* The laboratory report is accurate.

**2.11. Administrative Review**

**2.11.1.** Administrative case file reviews will include a review of the laboratory report and

 all records in the case file.

**2.11.2.** Any CCBI staff member having sufficient knowledge of applicable administrative policies and procedures is authorized to conduct administrative reviews.

**2.11.3.** Administrative case file reviews will ensure the following criteria:

* Conformance to CCBI administrative policies and procedures.
* The laboratory report contains all key (i.e., header and report template) information.
* The laboratory report contains no spelling or grammar errors.
* Case file records are uniquely identified according to laboratory policy
* Administrative records are present and complete in the case file.

**2.12.** Any additional laboratory unit requirement(s) for administrative and technical reviews not

 addressed in this chapter will be detailed in the respective laboratory unit technical

 procedures.

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| **Revision History** |
| **Effective Date** | **Version Number** | **Reason** |
| 01/01/2020 | 1 | New Laboratory Administrative Procedures Manual |
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**Chapter 3: Certification of Competency**

**3.1.** All laboratory employees employed by CCBI must receive a Certification of Competency from the CCBI Director authorizing them to conduct laboratory testing prior to performing independent laboratory casework.

**3.1.1.** A Certificate of Competency is an authorization to perform a specific type of

 forensic examination, to utilize all laboratory instrumentation and equipment

 necessary to conduct and complete the examination, and to issue laboratory

 reports.

**3.2.** Certification of competency is attained by meeting training requirements of a CCBI

 Laboratory training program and satisfactory completion of a competency test.

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| **Revision History** |
| **Effective Date** | **Version Number** | **Reason** |
| 01/01/2020 | 1 | New Laboratory Administrative Procedure Manual |
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**Chapter 4: Corrective and Preventive Action**

**4.1.** A nonconformity is the nonfulfillment of an expectation or requirement of CCBI policy or

 procedure or an accreditation standard related to the laboratory quality system.

**4.2.** Nonconformities identified within the CCBI Crime Laboratory will be resolved by either

 a Correction or Corrective Action Request (CAR).

**4.2.1.** A Correction is an immediate response to correct the cause of a nonconformity

 with little recurrence frequency and little risk magnitude to the overall quality of

 laboratory work.

**4.2.2.** A CAR is a response to correct the cause of a Nonconformity that is systemic or

 has greater recurrence frequency and elevated risk to the quality of overall laboratory

 work.

**4.3.** It is the responsibility of all CCBI Crime Laboratory employees to bring suspected

 nonconformities to the attention of their Forensic Manger, Forensic Supervisor and

 Technical Leader.

**4.3.1.** Forensic Managers, Forensic Supervisors and Technical Leaders will immediately

secure any work or evidence relating to a suspected nonconformity and ensure it is

 withheld from any further action pending further direction from the Assistant

 Director of the Crime Laboratory or the QTL.

**4.3.2.** Forensic Managers, Forensic Supervisors and Technical Leaders will immediately

 notify the Assistant Director of the Crime Laboratory and the QTL of any

 suspected nonconformity.

**4.4.** The Assistant Director of the Crime Laboratory will determine:

when a nonconformity exists

when it is necessary to notify the customer and recall work,

when laboratory work should be halted and resumed.

**4.5.** A Quality Assurance Enquiry (QAE) will be conducted for any nonconformity or proactive process for improvement identified within the CCBI Crime Laboratory.

**4.5.1.** A Quality Assurance Enquiry Form will be completed to document the QAE.

**4.5.2**. The QTL or a designee by the Assistant Director of the Crime Laboratory will be

 responsible for conducting QAE’s and may utilize Forensic Managers, Forensic

 Supervisors or Technical Leaders to conduct QAE’s.

**4.5.3**. The QAE will be comprised of a Cause Analysis to determine the basis of the

 nonconformity and a Significance Analysis to determine the recurrence frequency

 and the risk magnitude of the nonconformity to the overall quality of laboratory

 work.

**4.5.4** Signature of the completion of the QAE signifies verification that the recommended actions have been reviewed for effectiveness.

**4.6.** A Corrective Action Request Form will be completed to document the CAR plan, to

control and correct the nonconformity, to deal with its consequences. and

 monitor activities resulting from a QAE.

**4.6.1.** The Corrective Action Request Form will use the following numbering scheme:

 XX-X, where the first two digits will indicate the year, and the final digit is the

 next available in a series.

**4.6.2.** The Assistant Director of the Crime Laboratory will approve all CAR’s prior to

 implementation.

**4.7.** Preventive Action is a proactive process for improvement or averting potential a

 nonconformity.

**4.7.1.** Needed improvements and potential nonconformities are identified by the CCBI

 Crime Laboratory through:

* Performance measure meetings with the law enforcement agencies
* Complaints
* Annual Quality Audits of the laboratory
* Administrative and Technical Reviews of laboratory casework,
* Proficiency Testing

**4.7.2.** It is the responsibility of every employee of the CCBI Crime Laboratory Division

 to notify their Forensic Manger, Supervisor, or the QTL of the potential need

 for a preventive action.

**4.7.3.** It is the responsibility Forensic Managers, Forensic Supervisors, Technical Leaders

 and the QTL to notify the Assistant Director of the Crime Laboratory of any

 potential preventive actions.

**4.7.4.** The Assistant Director of the Crime Laboratory will determine whether a

 preventive action is necessary.

**4.7.5**. An action plan will be developed for any necessary Preventive Action Request

(PAR) identified by Assistant Director of the Crime Laboratory.

**4.7.6.** A Preventive Action Request form will be completed to document the actions and

 establish the controls necessary to ensure the effectiveness of the PAR.

**4.7.6.1.** The QTL or a designee by the Assistant Director of the Crime Laboratory

will be responsible for the completing the Preventive Action Request

 form.

**4.7.6.2.** Laboratory personnel may be utilized to aid in the development of action

plans and establish control parameters.

**4.7.6.3.** PAR’s will utilize the same numbering scheme as CAR’s.

**4.7.6.4.** The Assistant Director of the Crime Laboratory will approve all PAR’s

prior to implementation.

**4.8.** Upon completion of any QAE, CAR, or PAR the Assistant Director of the Crime Laboratory

 or the QTL and the Forensic Manager, Forensic Supervisor or Technical Leader will sign the

 relative Quality Assurance Enquiry Form, Corrective Action Request Form or the

 Preventive Action Request.

**4.8.1.** A Quality Assurance Enquiry/Corrective Action Request Case Notification

(CCBI-077) will be completed by the QTL or a designee by the Assistant Director of the Crime Laboratory for all cases in which a significant directly associated QAE and/or CAR has been completed.

 **4.8.1.1.** The completed CCBI-077 will be placed in the corresponding case file(s).

**4.8.2.**  The QTL or a designee by the Assistant Director of the Crime Laboratory will

 maintain all records of nonconformities and preventive actions as required by

 CCBI policy and laboratory accreditation standards.

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| **Revision History** |
| **Effective Date** | **Version Number** | **Reason** |
| 01/01/2020 | 1 | New Laboratory Administrative Procedure Manual |
| 06/22/2020 | 2 | 4.2.2 – added additional language to better describe a CAR, and 4.5.4 – added language to describe that the recommend actions have been reviewed for effectiveness. |
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# Chapter 5: Laboratory Equipment

**5.1.** Forensic Managers or a designee by the Assistant Director of the Crime Laboratory will

 maintain an inventory of the equipment within the laboratory unit which is significant to the

 testing performed in the laboratory unit.

 **5.1.1** The inventory will be maintained on the CCBI shared S: network drive.

**5.1.2**. The inventory will document the following information for the equipment when

 practical:

* The manufacturer name
* The model
* The serial number
* The computer make, model, and serial number utilized to operate the equipment
* The computer software and version utilized to operate the equipment
* The location of the equipment
* The location of the operating manuals
* The service cycle or due dates of service
* Service life of the equipment and replacement date

**5.2.** Laboratory unit technical procedures will document the activity logs and the activity

 information to be maintained for equipment which is significant to the testing performed in

 the laboratory unit.

**5.2.1.** The logs will document the following activity information where appropriate:

* Routine checks that equipment is suitable for use in laboratory testing,
* Dates, results, and acceptance criteria of calibrations, adjustments, repair, and maintenance to the equipment
* Damage, malfunction or modification to the equipment
* Service reports or certificates to the equipment

**5.3.** Forensic Managers, Forensic Supervisors and Unit Technical Leaders will be responsible for

 ensuring laboratory equipment which requires calibration is marked with a Crime

 Laboratory Service Tag.

**5.3.1.** The tag will document the following information:

* The serial number of the equipment
* Maintenance or service due date
* Calibration due date
* Any additional notes

**5.4**. Forensic Managers, Forensic Supervisors and Unit Technical Leaders are responsible for

 ensuring equipment that is not suitable for testing performed in the laboratory unit is labeled

 as such and isolated from service.

**5.5** Laboratory Equipment Calibration Program

**5.5.1.** Calibration programs for equipment having a significant effect on the results will

be established in the applicable Laboratory Unit Technical Procedures. Calibrations will be adjusted and/or performance checked before use according to Laboratory Unit Technical Procedures and supporting documentation shall be maintained. The program will be reviewed as part of the Laboratory Equipment Internal Audit in order to maintain confidence in the status of the calibrations.

**5.6** If laboratory equipment is transported outside of the laboratory, it will be transported in the

 manufacturer supplied storage container when available or packaged in a fashion to protect

 and prevent damage.

**5.6.1.** Upon return to the laboratory, the equipment will be inspected and evaluated according to Laboratory Unit Technical Procedures.

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| **Revision History** |
| **Effective Date** | **Version Number** | **Reason** |
| 01/01/2020 | 1 | New Laboratory Administrative Procedures Manual |
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**Chapter 6: Purchasing, Receipt and Storage of Laboratory Consumables, Services, and Supplies**

**6.1.** The purchase of all laboratory consumables, services and supplies (CSS) will be conducted

 in accordance with CCBI Standard Operating Procedure for Fiscal Management.

**6.2.** Any laboratory employee completing a CCBI Requisition Form (CCBI-025) for CSS will

 ensure the form contains all the specifications and criteria necessary for acceptance and

 purchase for purchase of intended CSS.

**6.2.1**. Completed CCBI-025 forms will be submitted to the Assistant Director of

 the Crime Laboratory for approval, evaluation and selection. Criteria for approval

 will be based of vendor performance, availability of CSS, and suitability of CSS.

**6.3.** The CCBI Business Officer will maintain the records of all CSS requisitioned, purchased,

 and received by the laboratory.

**6.3.1.** The Assistant Director of Laboratory Services, any laboratory examiner or the

CCBI Business Officer will document all requisitioned items received which do

 not affect laboratory testing meet requisition specifications by signing and dating

 the packing slip.

**6.4.** Forensic Managers, Forensic Supervisors and Unit Technical Leaders are responsible for

 requisitioning the CSS necessary for the operation of the Laboratory Unit and for ensuring

 all purchased CSS which affect laboratory testing meet necessary requirements before use.

**6.5.** The Assistant Director of Laboratory Services or any laboratory examiner who has attained a

 certificate of competency within the forensic discipline for which a CSS was requisitioned

 will inspect all CSS which affect laboratory testing prior to utilization and authenticate the

 item for use.

**6.5.1.** Any necessary technical requirements for verification of a CSS and the procedure

to document the actions taken to verify technical requirements will be defined in

 the Laboratory Unit Technical Procedures.

**6.5.2**. Authentication will be performed by initialing and dating the packing slip and the

 items received or the receipt for service received.

**6.6.**  Forensic Managers, Forensic Supervisors and Unit Technical Leaders will return any CSS

 which does not meet requirements for use in the Laboratory Unit to the Assistant Director

 of the Crime Laboratory. The CSS will be returned to the CCBI Business Officer, who will

 notify the vendor of the failure and will coordinate return or replacement of the CSS. The

 Assistant Director of the Crime Laboratory will inform the CCBI Business Officer of any

 vendor performance concern(s). The CCBI Business Officer will document performance

 issues.

**6.7.** Forensic Managers, Forensic Supervisors and Technical Leaders will ensure that any item

 received into the laboratory is stored in a safe and secure manner and the method of storage

 preserves the integrity of the item and facilitates ready knowledge of the current inventory of

 the item. Laboratory Unit Technical Procedures will document any other necessary or

 unique requirement for storage of CSS received into the laboratory unit

**6.8.** The criteria for monitoring and evaluation of all CSS vendors may include but is not limited

 to the following:

* ISO accreditation
* Timeliness of service and response
* Cost effectiveness
* Conformance to established laboratory requirements as specified in Laboratory Unit Technical Procedures

**6.9.** Critical CSS are those that are identified by the laboratory in Laboratory Technical

 Procedures or those imposed by the laboratory accrediting body.

**6.10.** All vendors of CSS and Critical CSS will be monitored on an annual basis as part of the

 Annual Purchasing Audit.

**6.11** Forensic Managers, Forensic Supervisors and Unit Technical Leaders will evaluate the

 suppliers of critical CSS annually to ensure suitability of products and services. Approved

 critical CSS will be maintained on the CCBI Vendor Evaluation Log located on the CCBI

 shared S: network shared drive.

**6.12** All other approved CSS will be maintained by the CCBI Business Officer and documented

 on the annual Expense Record.

**6.13.** CSS vendors that continuously fail to perform to established laboratory requirements will

 not be used.

**6.14.** Reference Standard Weights

 **6.14.1.** Reference standard weights will be securely stored in their manufacturer supplied

 storage container within their designated laboratory unit when not in use.

Reference weights that are used within multiple laboratory units will be stored in the Drug Chemistry Unit.

**6.14.2.** Reference standard weights shall not be handled with bare hands. Gloves,

tweezers and/or weight handles may be used to handle reference standard weights.

 **6.14.3.** Reference standard weights will be calibrated on an annual basis by an approved

 vendor that meets the requirements specified by the accrediting body.

 **6.14.4.** When reference standard weights are transported outside of the laboratory for

 calibration they must be transported in their manufacturer supplied storage

 container.

 **6.14.4.1.** Upon return to the laboratory, reference standard weights will be

 inspected for damage by the Chemistry Forensic Manager or their

 designee. Any damaged reference standard weight will be labeled “Out

 of Service” and will not be used.

 **6.14.4.2.** A Reference Standard Weights Activity Log (CCBI-288) documenting

 all reference standard weights activities will be maintained on the shared

 drive by the Chemistry Forensic Manager or their designee.

**6.15.** Forensic Managers, Forensic Supervisors and Unit Technical Leaders of the laboratory

 units utilizing reference standard weights will maintain a Reference Standard Weights

 Logbook on the shared drive containing all applicable calibration certificates issued by the

 vendor.

 **6.15.1.** Calibration certificates provided by the vendor must demonstrate traceability to

 NIST and include uncertainty of measurement.

**6.15.2**. It is the responsibility of the laboratory unit’s Forensic Manager, Forensic

 Supervisors and Unit Technical Leaders to review all applicable calibration

 certificates prior to placing reference standard weights into service.

**6.16**. Reference standard weights will be checked on all balance(s) in which they are used prior

 to and after calibration to ensure that observed weights fall within acceptable ranges

 specified in Laboratory Unit Technical Procedures. All observed weights will be recorded

 in the applicable laboratory unit’s balance log.

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| **Revision History** |
| **Effective Date** | **Version Number** | **Reason** |
| 01/01/2020 | 1 | New Laboratory Administrative Procedures Manual |
| 6/22/2020 | 2 | Added new language regarding the monitoring of external providers |
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#  Chapter 7: Evidence Handling

**7.1.** Persons assigned to the CCBI Crime Laboratory will take all necessary actions to ensure

 evidence is protected from loss of its evidentiary value.

**7.1.1.** Evidentiary loss includes but is not limited to partial or complete loss of evidence,

 tampering with evidence, and contamination of evidence.

**7.1.2.** When laboratory personnel believe the evidentiary value of an item of evidence

may be compromised, they will immediately notify the Assistant Director of the

 Crime Laboratory and their Forensic Managers, Forensic Supervisors and Unit

 Technical Leaders

**7.2. Submissions**

**7.2.1.** All evidence submitted to the CCBI Crime Laboratory must be received

 in a manner which protects its evidentiary value.

**7.2.1.1**. Evidence submitted to the CCBI Crime Laboratory must be secured in a

sealed evidence container whenever practical.

**7.2.1.1.1.** Sealed Evidence is evidence that is protected from loss of its

evidentiary value.

**7.2.2**. Evidence may only be submitted to the CCBI Crime Laboratory in person or via

 the crime laboratory secure URL portal.

**7.2.2.1.** Evidence submitted by other means must have approval by the Crime

Laboratory Assistant Director.

**7.2.3.** All evidence submitted by external agencies for crime laboratory services must be

accompanied by Laboratory Examination Request Form (CCBI-002).

**7.3. Remediation**

**7.3.1.** CCBI Laboratory personnel will cause evidence inadequately packaged or sealed to

 be immediately remediated.

**7.3.2.** Unacceptable packaged or sealed evidence may be remediated by either the person

 with current custody of the evidence or by the person receiving the evidence.

**7.3.2.1.** The remediation of evidence packaging and seals will be in a manner

appropriate to protect the evidentiary value of the evidence.

**7.3.2.2.** Laboratory personnel will document the remediation by describing the

remediation action performed, and by placing their initials and date on

 the CCBI Evidence Inventory Form (CCBI-001) or the CCBI-002.

**7.4**. **Seals**

**7.4.1.** Evidence containers will be sealed at all times with the following exceptions and

 only as long as doing so does not jeopardize the evidentiary value of the evidence:

* Evidence under forensic examination may be unsealed during examination.
* Evidence stored within an employee’s personally assigned evidence storage location may remain unsealed.
* Evidence may be transferred unsealed to another person when the transfer is necessary for safety or as part of a forensic examination so long as the transfer is a person to person transaction.

**7.4.1.1.**When sealing evidence containers, CCBI Laboratory personnel will at

least fully seal the designed entry point(s) of evidence containers.

**7.4.1.2.** CCBI Laboratory personnel will seal evidence containers with tape or heat seal, and they will place their initials and the sealing date across the seal and extending onto the evidence container.

**7.4.2.** CCBI Laboratory personnel may use a new or secondary container to seal

 evidence, but the original evidence packaging must be contained in or attached to

 the new container.

**7.4.2.1.** The new package will be labeled with the agency case number and item

number if the agency case number and item number are not otherwise

 visible

**7.5. Labeling**

**7.5.1.** Upon receipt of evidence, CCBI Crime laboratory personnel will label the evidence

 with their initials and date, and ensure the evidence is labeled with the CCBI case

 number and the CCBI item number (except for Drug and DWI submissions which

 will be identified with the submitting agency item number).

**7.5.2.** CCBI Crime laboratory personnel will affix labels to evidence in a manner which

 reduces the possibility of removal or alteration and supports the long-term storage

 and identification of the evidence.

**7.6. Storage**

**7.6.1.** Evidence not under forensic examination will be stored in a laboratory evidence

 storage location with the following exceptions:

* Evidence in the process of forensic examination may be stored during the workday in a personal evidence storage location when the examiner leaves the work area for a short period of time (e.g., restroom break, meal break). Evidence to be stored beyond a short period of time will be returned to a laboratory evidence storage location. A personally assigned evidence storage location is a lockable storage location within the laboratory for which access is controlled.
* Evidence undergoing forensic examination by way of the automation feature of a piece of laboratory equipment or any other process not requiring direct action by the examiner may be stored or left unattended in a locked laboratory work area.

**7.6.2.** Laboratory evidence storage locations are:

* + - Main Evidence Storage Vault (room C1397)
		- Latent Evidence Control (room 2422)
		- Drug Vault (room C1398)
		- DWI Evidence Storage (room C2426)
		- Putrefaction Room (room C1394)
		- Computer Forensics Lab (room C1377)
		- Firearms Lab (room C1378)

**7.7. Transfers**

 **7.7.1.** All transfers of evidence performed by laboratory personnel will be

documented at the time of the transaction by completion of the Chain of

 Custody Section of CCBI-001 or CCBI-002.

 **7.7.2.** The CCBI Director or a CCBI Assistant Director may retrieve or transfer of

 evidence from the custody of laboratory personnel who are unavailable.

**7.7.2.1**. The reason for the retrieval or transfer will be documented on the

CCBI-001 or CCBI-002.

 **7.7.3.** Laboratory personnel will visually examine firearms for safety prior to transfer and ensure the following conditions are met. Prior to transfer:

**7.7.3.1.** Ammunition must be removed from any feeding mechanisms that are attached and unable to be separated from a firearm.

**7.7.3.2.** Detachable magazines or feeding mechanisms must be removed from firearms.

**7.7.3.3**. The breachface of a firearm must be secured in the open position, if possible, in a manner to prevent the unintentional closing and or locking

 of the chamber. Any functioning lock on the firearm that secures the

 weapon in an open position will suffice when the locking mechanism

 appears to be in operational condition.

**7.7.3.4.** Firearms must have a marker placed through the barrel in its entirety and secured in a manner to prevent accidental or unintentional removal. Zip ties will be used when possible. Plastic-coated copper electrical wire will be used for firearms whose length precludes the use of zip ties. This marker may be removed by a Firearms Examiner for the purpose of unloading and analysis.

**7.7.3.5.** Laboratory personnel will have a Firearms Examiner or Firearm

 Instructor check any firearm they have uncertainty about. Any firearm not secured as indicated here or having been otherwise secured appropriately but found to still contain rounds within the weapon will be brought to the attention of a CCBI Firearms Examiner or Firearms Instructor via notification for the purposes of coordinating the safe inspection and unloading of the firearm.

**7.8. Receiving and Opening**

 **7.8.1.** Upon receiving evidence and opening evidence containers, CCBI Crime

laboratory personnel will compare the evidence and contents of an evidence

 container to the corresponding item description listed on the CCBI-001 or

 CCBI-002.

 **7.8.2.** CCBI Laboratory personnel opening a previously sealed or labeled evidence

container will leave all prior seals and labels intact whenever possible.

**7.9. Discrepancies**

 **7.9.1.** Any discrepancy related to evidence will be resolved before a laboratory examiner

continues the forensic examination. The submitting person or the requestor will be consulted for discrepancies which significantly affect the value of the evidence before proceeding with the requested examination. Laboratory Unit Technical Procedures will identify significant discrepancies for the laboratory unit when necessary.

**7.9.2.** All discrepancies will be resolved by one of the following methods:

* Correction by the submitting person or requestor
* Correction or written description of the discrepancy by the laboratory examiner

**7.9.3.** Discrepancies will be documented by the laboratory examiner and another

person. The submitting person or requestor and the laboratory examiner will acknowledge discrepancies when possible by initialing and dating the correction or description of the discrepancy.

**7.9.4.** Discrepancies will be documented on the laboratory report and in one of the

 following locations:

* a CCBI-001 or CCBI-002
* a communication log
* the examination notes of a laboratory case record

**7.10. Evidence Item Numbers**

 **7.10.1.** Evidence collected by CCBI laboratory personnel will be labeled with a

 unique sequential item number.

 **7.10.2.** Evidence derived from another item of evidence during a forensic

examination will be considered a sub-item of the evidence from which it

 was created or derived.

**7.10.2.1.** Sub-items of evidence will be labeled with a unique item number

based on a sequential item / sub-item relationship (e.g., sub-item

* 1. derived from item 1).

 **7.10.2.2.** Evidence derived or created from a sub-item of evidence will be

 labeled with a unique item number based on a sequential sub-

 item / sub-item relationship (e.g., sub-item 1-1-1 derived

 from sub-item 1-1).

 **7.10.2.3.** The creation of the sub-item will be documented in forensic

 examination notes and will be listed as “created” on the Chain of

 Custody of the CCBI Laboratory Request Form (CCBI-002).

 **7.10.3.** Evidence derived from a forensic examination, but not specific to a single

item of Evidence, will be assigned a new item number by the CCBI Evidence

 Technician which is sequential to the last item number.

**7.11. Disposition**

**7.11.1.** Evidence will only be returned to a representative of the agency with

investigative authority unless prior approval is obtained from the Assistant Director of the Crime Laboratory.

**7.11.2.** Legal authorization is required for the destruction of evidence.

**7.11.2.1.** The destruction of evidence will be documented in the case or in

the Evidence Destruction Folder located on the CCBI shared S:

 network drive.

**7.12. Evidence Trackers**

**7.12.1.** Central Records will enter the date the case file is received.

**7.12.2.** The laboratory examiners will enter their initials, the date they received the evidence, the date the report is completed, and the date the evidence is returned to the Evidence Receiving Unit or the evidence storage location, and applicable Laboratory Unit entries on the tracker log

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| **Revision History** |
| **Effective Date** | **Version Number** | **Reason** |
| 01/01/2020 | 1 | New Laboratory Administrative Procedures Manual |
| 4/16/2020 | 2 | Adds new language for created and derived evidence |
| 9/3/2020 | 3 | Removed 7.6.3, Modified 7.7.3, 7.7.3.4 and 7.7.3.5 |
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# Chapter 8: Laboratory Safety and Security

**8.1** Laboratory facility access and security policies and procedures will be conducted in

 accordance with the CCBI Health and Safety Manual and the Wake County Safety,

 Security, and Loss Prevention Manual.

 **8.1.1** The Wake County Safety, Security, and Loss Prevention Manual can be found at

 <http://we.wakegov.com/gsa/policies/Pages/sslpmanual.aspx>

 **8.1.2** Forensic Managers are responsible for determining the status of all personnel under

their supervision during a laboratory evacuation, and will relay their evaluation to the Crime Laboratory Assistant Director once they are at the evacuation point.

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| **Revision History** |
| **Effective Date** | **Version Number** | **Reason** |
| 01/01/2020 | 1 | New Laboratory Administrative Procedures Manual |
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# Chapter 9: Laboratory Case Record Contents, Management, and Retention

**9.1.** Laboratory case record contents, management, and retention will be conducted in

 accordance with CCBI Standard Operating Procedure (SOP) Chapter 29 and Chapter 36.

**9.2. Laboratory Case File**

**9.2.1.** Forensic examinations and the associated case file records are considered

 finalized at the time the case file is submitted for technical or administrative

 review.

**9.2.2**. With the exception of laboratory test reports, laboratory case files will contain all

 administrative and technical records associated with laboratory examinations.

**9.2.3.** Laboratory test reports will be maintained in RMS except for DWI

 Blood Chemistry Unit Laboratory Reports and Facial Recognition Reports

 which will be maintained in the laboratory case file.

**9.2.4.** All laboratory case files for which the required technical and administrative

 reviews have been completed will be forwarded to CCBI Central Records Unit

 for storage and retention.

**9.3. Laboratory Case Number**

**9.3.1.** With the exception of laboratory examinations conducted by the DWI Blood

 Chemistry Unit, unique CCBI Laboratory case file numbers will be automatically

 generated for each laboratory examination request by the Sungard’s®

 ONESolution RMS System (RMS).

**9.3.2.** A unique case file number for DWI Blood Chemistry cases will be manually

 generated and documented on the Blood Tracker Log.

**9.3.2.1.** DWI Blood Chemistry Unit case numbers will be assigned in a

 sequential manner based on the time of receipt of a request for

 examination.

**9.3.2.2.** Case numbers will follow the format, XXB-XXXX, where the first

segment is the year, the “B” stands for “blood,” and the third segment is

 the next sequential number.

**9.3.2.3**. Blood Tracker Log will document the CCBI case number, the CCBI

personnel assigned the case, the date assigned the requesting agency

 case number, and the report date.

**9.3.2.3.1.** The Blood Tracker Log will be maintained on the CCBI shared

S:network drive.

**9.4. Case Records General**

**9.4.1.** Paper case file records must be prepared in ink or in a manner that is permanent in

 nature.

**9.4.2.** Corrections to paper case file records may only be made by a single strikeout, so

 that what is stricken can still be deciphered.

**9.4.2.1.** Nothing will be obliterated or erased.

**9.4.3.** Strikeouts, additional notations, and interlineations made to case records or

documentation of any type must be initialed and dated by the person making the modification.

**9.4.4.** Correction fluid or correction tape will not be used to correct paper case file

 records.

**9.4.5.** With the exception of common grammatical abbreviations such as “i.e., or sic” or

 common scientific symbols (e.g., elements of the periodic table or mathematical

 symbols), abbreviations used in case file notes will be defined in the laboratory

 unit technical procedures.

**9.4.6.** Laboratory personnel discussing any aspect of a laboratory case file with a person

 outside of CCBI will document the communication on a Communication Log

 Sheet (CCBI-100).

 **9.4.6.1.** Completed CCBI-100’s will be placed in the corresponding case file

 folder(s) as an administrative record.

**9.4.7.** Email communication specific to a forensic examination will printed and placed

 in the corresponding case file folder(s) as an administrative record.

**9.5 Administrative Records**

**9.5.1.** Administrative records include, but are not limited to evidence forms,

 communication logs, external agency records, or other information that is not

 product of a forensic examination or testing activities conducted by CCBI

 Laboratory personnel.

**9.5.2.** Administrative records will include the CCBI case file number and the initials of

 the individual who placed the document in the case file.

**9.5.2.1.** Initials required on administrative records are in addition to any initials

required for corrections.

**9.5.3.** Administrative records will be fastened to the left-hand side of the case file folder.

**9.6. Technical records**

**9.6.1.** Technical records include but are not limited to: notes, spectra, graphs, sketches,

 diagrams, test data, and any other documentation resulting from the forensic

 examination or testing activities which are used to form the basis for the

 conclusions of the laboratory report.

 **9.6.1.1.** All test results or observations that are rejected shall have the reason(s)

 for the rejection documented in the technical case record

  **9.6.1.2.** Any deviation from test methods shall be documented and

 communicated to and accepted by the customer

 **9.6.1.2.1.** Communication regarding deviations will be documented on

 the Communication Log Sheet

**9.6.2.** Technical records will be marked with the CCBI case number, the laboratory

 examiner’s handwritten initials or signature, and a sequential page number.

**9.6.2.1.** These initials are in addition to any initials required for corrections.

**9.6.2.2.** Technical records will be marked with the date(s) during which the

laboratory work was performed.

**9.6.2.3.** Two-sided technical records must be marked on both sides.

**9.6.2.4.** Technical records created or prepared by someone other than the

forensic examiner must also be initialed by the individual preparing or

 creating the record.

**9.6.3.** The Laboratory Technical and Administrative Review / Coversheet (CCBI-071)

will be placed over the first page of the technical records and will document the

 total number of pages of technical records, and the start and end dates of the

 forensic examination.

**9.6.4.** Technical records will be fastened to the right-hand side of the case file folder.

**9.6.4.1.** DWI Blood Chemistry Unit Laboratory Reports will be fastened to the

right-hand side of the case file folder and placed on top of the CCBI-071.

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| **Revision History** |
| **Effective Date** | **Version Number** | **Reason** |
| 01/01/2020 | 1 | New Laboratory Administrative Procedures Manual |
| 09/04/2020 | 2 | Amended 9.4.3 to remove the reference to completed casefiles and note that any change or modification must be initialed and dated. |
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| **Revision History** |
| **Effective Date** | **Version Number** | **Reason** |
| 01/01/2020 | 1 | New Laboratory Administrative Procedures Manual |
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# Chapter 10: Laboratory Reports

**10.1.** All CCBI Crime Laboratory Division test reports will be generated and stored in

 accordance with CCBI Standard Operating Procedure Chapter 29 and as set forth for the

 Crime Laboratory Division in the CCBI Report Writing Manual (RWM).

**10.2. General**

**10.2.1.** All items of evidence submitted to the CCBI Crime Laboratory for forensic

 examination will be addressed in a laboratory report.

**10.2.2.** Paper copies of DWI Blood Chemistry Affidavit and Revocation Reports and

 Facial Recognition Reports will be maintained in the laboratory case file as a

 technical record.

**10.2.3** All laboratory reports will identify the method(s) used to reach the examination

 conclusion(s).

**10.2.4** The dates of laboratory activity begin on the earlier of either the date a request is

 submitted, or the date evidence is submitted to the laboratory and end on the date

 the report is approved in the Records Management System.

**10.2.5** The date of issue of a laboratory report is the date the report is approved in the

 Records Management System.

**10.2.6** The author of a laboratory report is the name of employee issuing the report listed

 on the laboratory report.

**10.3. Stop Work Requests**

**10.3.1.** When evidence is submitted to the CCBI Crime Laboratory for forensic

 examination and a subsequent request or notice is received to stop the forensic

 examination, a report will be completed and the “Results and Conclusions”

 section of the laboratory report will state:

* the date the cancellation was received
* name of the person and agency providing authority to cancel the forensic examination

**10.3.2.** And identify the examination status of each item of evidence submitted as:

* “Not examined”
* “Examination started but not completed”
* Results and conclusions will be stated for any portion of the evidence

 submitted for which the requested forensic examination has been

 completed.

**10.4. Publication of Reports**

**10.4.1.** Only the laboratory reports from a case file containing the necessary technical and

administrative reviews marked with “approved” status may be released for

 publication.

**10.4.2.** The individual publishing the report will update the appropriate Tracker log with the date the report was published.

**10.5. Amendments and Modifications**

**10.5.1.** Changes or modifications to published laboratory reports will be in accordance with SOP Chapter 29 Section 5 when possible. A new laboratory report will be issued for any change or modification to a published laboratory report. The new

 report will contain the following statement completed at the top of the report:

AMENDED REPORT - Amendment to CCBI Laboratory Report *<list case number of the corrected report>* dated *<list date>.*

**10.5.2.** Amended and modified laboratory reports will be additionally reviewed to

 evaluate amendments or modifications to the original report.

**10.5.2.1.** The review of amended and modified laboratory reports will be

documented on a CCBI Laboratory Technical and Administrative

 Review / Coversheet form.

**10.5.2.2.** “Amended Report” will be written in the “Comments” section of the

Technical and Administrative Review / Coversheet form for the

 necessary type of review performed.

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| **Revision History** |
| **Effective Date** | **Version Number** | **Reason** |
| 01/01/2020 | 1 | New Laboratory Administrative Procedures Manual |
| 09/04/2020 | 2 | Added language to 10.2 so that the method used will be identified in the conclusions, and defined the dates of laboratory activity, the date of issue and the author of the report. |
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# Chapter 11: Management Continuity

**11.1.** If the Assistant Director of the CCBI Crime Laboratory is unable to perform his/her

duties, the CCBI Director will assume the duties of Assistant Director of the CCBI Crime Laboratory or designate an acting Assistant Director of the CCBI Crime Laboratory Division.

**11.2.** If a Forensic Manager, Supervisor or Technical Leader is unable to perform his / her

duties the Assistant Director of the Crime Laboratory will assume the duties or designate an acting surrogate.

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| **Revision History** |
| **Effective Date** | **Version Number** | **Reason** |
| 01/01/2020 | 1 | New Laboratory Administrative Procedures Manual |
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# Chapter 12: Management Reviews

**12.1.** A Management Review will be conducted once annually by June 30th of each calendar

 year.

 **12.1.1.** The Assistant Director of the CCBI Laboratory will be responsible for completion

of the review.

 **12.1.2.** The following will be completed to document the review:

* Management Review Report

 **12.1.2.1.** The report will include a summary and status of the following inputs:

* IQA
* The Quality System Audit
* Changes in internal and external issues that are relevant to the Laboratory;
* Fulfilment of objectives;
* Suitability of policies and procedures;
* Status of actions from previous management reviews;
* Corrective actions;
* Assessments by external bodies;
* Changes in volume and type of the work or in the range of laboratory activities;
* Customer and personnel feedback;
* Complaints;
* Recommendations for and the effectiveness of any implemented improvements;
* Adequacy of resources;
* Results of risk identification, including risks to impartiality;
* Outcomes of the assurance of the validity of results; and
* Other relevant factors, such as quality control activities and staff training.

 **12.1.2.2.** The following outputs will also be included in the report:

* The effectiveness of the management system;
* Improvements, and corrective and preventive actions the Assistant Director deems appropriate;
* Provision of required resources; and
* Any need for change.

 **12.1.2.2.** The Management Review Report will be forwarded to the CCBI

 Director upon completion.

 **12.1.2.3.** Any findings from management reviews and actions that arise from

 them will be addressed through the Laboratory Administrative

 Procedure for Corrective and Preventive Action.

 **12.1.2.4.** Management Review Report will be maintained for five years or for a

 period required by the laboratory accrediting body whichever is longer.

  **12.1.2.5.** The Assistant Director of the CCBI Laboratory or designee will be

 responsible for maintaining Management Review Reports.

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| **Revision History** |
| **Effective Date** | **Version Number** | **Reason** |
| 01/01/2020 | 1 | New Laboratory Administrative Procedures Manual |
| 6/1/2020 | 2 | Added language in 12.1.2.1 and 12.1.2.2 to include inputs and outputs of the Management Review Report. |
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# Chapter 13: Proficiency Testing

**13.1.** The laboratory proficiency testing program shall comply with requirements of the

 laboratory accrediting body.

**13.2.** The Assistant Director of the Crime Laboratory or his/her designee will have responsibility

 for administering proficiency tests.

**13.3.** The type, method, and scope of proficiency tests will be determined at the discretion of the

 Crime Laboratory Division Assistant Director.

**13.4.** The expected results of internally prepared proficiency will tests will be determined prior to

 assignment to laboratory personnel.

**13.5.** All proficiency tests will be performed in accordance with the laboratory policies and

 procedures to include verification, administrative, and technical review; however,

 laboratory reports created for proficiency tests will be excluded from the requirements for

 creation and approval in RMS.

 **13.5.1.** Proficiency testing participants shall not share or compare examination results

 prior to verification or administrative and technical reviews.

**13.6.** The Assistant Director of the Crime Laboratory or his/her designee will provide feedback

 on the results of proficiency tests to all laboratory personnel assigned the test by

 completion of a Proficiency Testing Form (CCBI-108).

 **13.6.1.** The examiner and the technical and administrative reviewer will sign and date the

 CCBI-108 signifying the results the proficiency test were reviewed with them.

 **13.6.2.** The Assistant Director of the Crime Laboratory or his/her designee will sign and

 date the CCBI-108 signifying a quality review was completed with laboratory

 personnel assigned the test.

 **13.6.3.** A Technical Leader will review the proficiency test results

 and sign and date the CCBI-108 signifying the technical correctness of the test

 results.

**13.7.** Proficiency tests must be successfully completed.

 **13.7.1.** Successful completions of a proficiency test will be determined by the Assistant

 Director of the Crime Laboratory.

**13.8.** Any nonconformity identified for a proficiency test will be addressed in accordance with

 Laboratory Administrative Procedures for Quality Inquiries and Corrective Actions.

**13.9.** Proficiency test results will be submitted to the accrediting body by the proficiency testing

 provider or as required by the accrediting body.

**13.10.** The Assistant Director of the Crime Laboratory or his/her designee will maintain records

 of proficiency tests.

 **13.10.1.** The proficiency test documentation will include the following:

* a test identifier
* the test creator
* the person(s) assigned the test
* the assigned and due date of test
* the original test data and report
* the expected test results for internally prepared tests
* the final test results
* CCBI-108
* any quality inquires and corrective actions taken

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| **Revision History** |
| **Effective Date** | **Version Number** | **Reason** |
| 01/01/2020 | 1 | New Laboratory Administrative Procedure Manual |
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# Chapter 14: Laboratory Quality Record Retention

**14.1.** Laboratory record retention will be conducted in accordance with CCBI Standard

 Operating Procedure (SOP) Chapter 36.

**14.2.** Laboratory quality records include quality audits, laboratory inventories, safety inspections,

 management reviews, annual accreditation reports, laboratory staff training records,

 corrective and preventive actions, court testimony reviews, proficiency testing

 documentation validations, performance checks, instrument logs, and reagent logs.

**14.3**. All laboratory quality records will be maintained for at least five (5) years or as required by

 the laboratory accrediting body, whichever is longer except for laboratory validations,

 performance checks, instrument logs, and reagent logs.

**14.3.1** Validations, performance checks, instrument logs, and reagent logs will be

 maintained in a manner such that they are readily accessible, and they will

 be treated as forensic examination records for purposes of retention schedules.

**14.4.** Quality records will be maintained by the Assistant Director of the Crime Laboratory or

 designee.

**14.4.1** Forensic Managers, Supervisors and Technical Leaders will responsible for

 maintaining laboratory validations, performance checks, instrument logs, and

 reagent logs.

**14.5.** Quality assurance inquiry, corrective actions and proficiency test records will be

 maintained indefinitely.

**14.6.** Laboratory quality records will be destroyed by shredding of paper records or deletion of

 electronic records.

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| **Revision History** |
| **Effective Date** | **Version Number** | **Reason** |
| 01/01/2020 | 1 | New Laboratory Administrative Procedures Manual |
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# Chapter 15: Laboratory Command

**15.1.** The management and organization of the Crime Laboratory will be in accordance with CCBI Standard Operating Procedure (SOP) (See SOP Chapter 2).

**15.2.** The scope of authority and responsibility of the Assistant Director of the Crime Laboratory Division is to:

* Oversee and direct the operation of the Crime Laboratory
* Oversee budget preparation and expenditures for the Crime Laboratory.
* Ensure a management system facilitating laboratory quality is implemented and followed
* Grant authority to individuals to perform key tasks within the laboratory

**15.3.** The position of Forensic Manager is one of Positional Authority.

 **15.3.1.** The scope of the authority and responsibility of the Forensic Manager is to:

* Manage the personnel resources within a laboratory section
* Manage the distribution of work within the laboratory section
* Develop strategies and policy for successful completion of laboratory work within the laboratory section
* Develop, administer and maintain the laboratory unit technical training program
* Maintain maintenance records for laboratory equipment within the laboratory section
* Evaluate and document vendors of a critical consumables, supplies, and services for the Laboratory Unit
* Document and ready resources within the laboratory unit for use in laboratory testing (See Chapter 6)
* Ensure validation and verification of laboratory technical procedures and laboratory instrumentation within the laboratory unit

**15.4.** The position of Forensic Supervisor is one of Positional Authority.

 **15.4.1.** The scope of the authority and responsibility of the Forensic Supervisor is to:

* Assist the Forensic Manager in managing the laboratory unit
* Ensure the work of the laboratory section is completed in a timely manner
* Supervise and evaluate the daily performance of the laboratory personnel
* Provide technical knowledge and support for the laboratory unit
* Perform and fulfill the same essential functions as subordinate personnel

**15.5.** The role of Laboratory Quality Technical Leader is one of Granted Authority.

 **15.4.1.** The scope of the authority and responsibility of the Laboratory Quality Technical Leader is to:

* Provide knowledge and support for laboratory accreditation
* Coordinate the laboratory Annual Internal Quality Audits and reporting activities for the audits
* Coordinate the laboratory Proficiency Testing Program
* Coordinate the laboratory Courtroom Testimony Evaluation Program
* Coordinate the laboratory Corrective and Preventative Actions
* Manage the Laboratory Quality System

**15.5.** The role of Laboratory Unit Technical Leader is one of Granted Authority.

**15.5.1.** The scope of the authority and responsibility of Laboratory Unit Technical Leaders is to:

* Provide technical knowledge and support for the laboratory unit
* Perform the duties of Forensic Supervisor in the absence of the Forensic Supervisor

**15.6.** The scope of the authority and responsibility of Chemists, Forensic Examiners, Latent Print Examiners, Digital Image/Graphics Specialists’, Forensic Photographers, Forensic Evidence Custodians, and the Computer Systems Administrator is to:

* Fulfill the essential functions of their job as described in the Wake County job classification.
* Complete the tasks assigned by CCBI administrative, managerial and supervisory personnel.

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| **Revision History** |
| **Effective Date** | **Version Number** | **Reason** |
| 01/01/2020 | 1 | New Laboratory Administrative Procedures Manual |
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# Chapter 16: Resolution of Complaints

**16.1.** Complaints that involve misconduct and do not involve quality management issues will be

conducted in accordance with CCBI Standard Operating Procedure (SOP) Chapter 17.

**16.2.** Quality System complaints may be received in writing, in person, electronically or by

phone. Complaints may be made by external stakeholders or laboratory employees.

**16.3.** Any laboratory employee receiving a potential complaint will resolve the issue if within

his/her authority. If the issue cannot be resolved, it will be considered a valid complaint and the employee will immediately refer the complaint to the Assistant Director of the Crime Laboratory. Laboratory personnel will refer valid complaints against the Assistant Director of the Laboratory directly to the CCBI Director.

**16.4.** Each valid Quality System complaint will be investigated, tracked and recorded using form CCBI Laboratory Quality System Complaint Form **(CCBI-019**). The form will document decisions and appropriate actions taken to resolve the complaint.

**16.4.1.** The Assistant Director or his designee will conduct the investigation. If additional

resources are necessary an evaluation team may be assigned.

**16.4.2.** Whenever possible, the laboratory will acknowledge the receipt of the complaint

and provide the complainant with progress reports and a formal notice of the outcome and end of the investigation.

**16.4.3.** The Assistant Director of the Crime Laboratory will communicate the outcome to

the complainant. If the complaint is against the Assistant Director of the Laboratory the outcome will be communicated by the CCBI Director or his designee to the complainant.

**16.5.** Laboratory Corrective and Preventive Action procedures will be used to address complaints

 involving a nonconformity to the laboratory quality system.

**16.6.** Records of all complaints will be maintained by the Assistant Director or his designee.

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| **Revision History** |
| **Effective Date** | **Version Number** | **Reason** |
| 01/01/2020 | 1 | New Laboratory Administrative Procedures Manual |
| 6/22/2020 | 2 | Added Sections 16.3.1 to 16.6 to describe how general complaints can be received, investigated, handled and recorded. |
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# Chapter 17: Review of Requests, Tenders and Contracts for Laboratory Services

**17.1.** Evidence may be submitted to the Crime Laboratory by CCBI Crime Scene personnel and

 documented on CCBI Evidence Inventory Form (CBI-001), or submitted directly by an

 external agency and documented on a Laboratory Request for Examination Form

 (CCBI-002).

**17.2 Requests for Service**

 **17.2.1**. Any request for CCBI Crime Scene Service serves as a contract

**17.2.1.1.** Initiating a request for service authorizes the CCBI Crime Laboratory to

 conduct the necessary forensic examinations utilizing approved

 laboratory policies and procedures.

 **17.2.1.2.** Evidence that is submitted by CCBI Crime Scene personnel will be

 subject to a Forensic Examiner Review.

 **17.2.2.** The CCBI-002 serves as a contract for evidence submitted directly by an external

 agency to the CCBI Crime Laboratory.

 **17.2.2.1.** By signing the CCBI-002 and releasing custody of evidence to the

 CCBI Laboratory an external agency authorizes the CCBI Crime

 Laboratory to conduct forensic examinations utilizing approved

 laboratory policies and procedures.

 **17.2.2.2.** Requests that are submitted directly by an external agency will be

 subject to an Evidence Receiving Review and a Forensic Examiner Review.

**17.3. Evidence Receiving Review**

 **17.3.1.** CCBI personnel receiving evidence from an external agency in the Evidence

 Receiving Unit will evaluate the evidence and the accompanying CCBI-002 and

 determine that the CCBI Crime Laboratory has the capability to perform the

 requested forensic service(s).

 **17.3.2.** The Evidence Receiving Unit will not accept examination requests for which the

 CCBI Crime Laboratory cannot provide service(s).

 **17.3.3.** Any request for reanalysis of evidence or to examine evidence that has been

 previously analyzed must be approved by the Crime Laboratory Assistant

 Director or CCBI Director.

**17.3.3.1.** The approval to re-examine previously examined evidence will be

 documented in the casefile.

 **17.3.4.** Forensic Evidence Custodians will document the Evidence Receiving Review by

 accepting the evidence and signing the chain of custody on the accompanying

 CCBI-002.

**17.4. Forensic Examiner Review**

 **17.4.1.** Forensic examiners receiving evidence for examination from CCBI Crime Scene

 personnel or from an external agency through the Evidence Receiving Unit will

 evaluate the evidence and the corresponding CCBI-001 or CCBI-002 and

 determine if the requested forensic examination can be completed using the

 approved laboratory policies and procedures.

 **17.4.2.** Forensic Examiners will document the Forensic Examiner Review and acceptance

 of evidence for laboratory examination by signing the chain of custody on the

 accompanying CCBI-001 or CCBI-002.

 **17.4.3.** If a requested forensic examination cannot be completed, the forensic examiner

 will:

* contact the submitting agency and explain why the examination cannot be completed
* document in the case file records the reason the CCBI laboratory is unable to fulfill the service requested

**17.5. Requests and Review for Laboratory Rush Examination**

 **17.5.1.** Requests for expedited forensic examinations (i.e., Rush Request) will be

 documented on a Rush Request for Evidence Analysis Form (CCBI-101).

 **17.5.1.1.** The Assistant Director of the Crime Laboratory Division or Technical

 Leaders must evaluate the rush request, and document their approval by

 signing CCBI-101.

 **17.5.1.2.** Completed CCBI-101’s will be maintained in the case file as an

 administrative record.

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| **Revision History** |
| **Effective Date** | **Version Number** | **Reason** |
| 01/01/2020 | 1 | New Laboratory Administrative Procedures Manual |
| 04/16/2020 | 2 | Requires the approval to re-examine evidence to be documented in the case file |
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# Chapter 18: Technical Field Assistance

**18.1.** Requests for Technical Field Assistance from the CCBI Crime Laboratory personnel must

 be approved by a CCBI Assistant Director or the CCBI Director.

**18.2.** Technical Field Assistance will be limited to the identification, documentation and

 collection of evidence.

 **18.2.1.** All forensic testing of evidence collected during technical field assistance will be

 performed at the CCBI Laboratory.

**18.3.** Laboratory personnel will complete a Technical Field Assistance Report documenting

 technical field assistance activities.

 **18.3.1.** Laboratory personnel will take sufficient notes during technical field assistance

 activities necessary to complete a Technical Field Assistance Report.

 **18.3.2.** The Technical Field Assistance Report will be generated, stored, and reviewed in

 accordance with CCBI Standard Operating Procedure Chapter 29 and as set forth

 for the Crime Laboratory Division in the CCBI Report Writing Manual (RWM).

**18.4.** Any physical evidence collected by laboratory personnel for forensic testing during

 technical field assistance activities will be documented by completion of a CCBI Evidence

 Inventory Form (CCBI-001).

 **18.4.1.** Laboratory personnel assigned to provide technical field assistance will be

 responsible for completing the CCBI-001.

**18.5.** The CCBI Laboratory Forensic Evidence Custodian will create a CCBI case number in the

 Sungard’s® ONESolution Record Management System absent an existing case number.

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| **Revision History** |
| **Effective Date** | **Version Number** | **Reason** |
| 01/01/2020 | 1 | New Laboratory Procedures Manual |
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# Chapter 19: Courtroom Testimony Review

**19.1.** The courtroom testimony of personnel assigned to the CCBI Crime Laboratory Division will be evaluated at least once between January and December of each calendar year.

 **19.1.1.** Evaluations conducted in a moot court held as part of a training program will be considered a courtroom testimony evaluation.

**19.2.** The evaluation of courtroom testimony and moot court will be documented by completion

a CCBI Employee Testimony Evaluation Form (CCBI‐047).

**19.3.** A courtroom testimony evaluation will be conducted with those employees for whom a

 courtroom evaluation cannot be completed within a calendar year as part of the employee

 interview portion of the yearly CCBI Crime Laboratory internal audit.

 **19.3.1.** The employee’s testimony evaluation will be performed by the auditor asking at

 least three applicable courtroom testimony questionsbased upon evaluation

 criteria listed on the CCBI Employee Testimony Evaluation Form (CCBI-047).

  **19.3.1.1.** All auditor questions and employee answers will be documented in the

 “Additional Questions” section of the Interview Guide Form

 (CCBI-069).

 **19.3.2.** A CCBI-047 will be completed by the auditor to document the evaluation of

 courtroom testimony.

**19.4.** The courtroom testimony of laboratory personnel may be evaluated by any of the following

persons who observe the testimony of an employee:

* the CCBI Director
* a CCBI Assistant Director
* a CCBI Forensic Manager, Forensic Supervisor or Technical Leader
* the District Attorney
* an Assistant District Attorney
* a defense attorney
* a judge
* a person designated by the CCBI Director or Assistant Director of the Crime Laboratory

**19.5.** Completed Employee Testimony Evaluation Forms will be returned to the Assistant

 Director of the Crime Laboratory.

**19.6.** The CCBI-047 will be reviewed with the evaluated individual by one of the following persons:

* + - the CCBI Director
		- the CCBI Crime Laboratory Assistant Director
		- a Forensic Manager
		- a person designated by the CCBI Director or Assistant Director of the Crime Laboratory

 **19.6.1.** Laboratory personnel will acknowledge review of the testimony evaluation and

 feedback by signing the CCBI-047.

**19.7.** All completed and signed CCBI-047’s will be returned to the CCBI Laboratory Assistant

 Director, or designee, and stored in a court testimony folder on the CCBI shared S:

network drive.

**19.8.** Corrective action procedures and employee performance reviews will be used to address

 deficiencies relating to courtroom testimony.

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| **Revision History** |
| **Effective Date** | **Version Number** | **Reason** |
| 01/01/2020 | 1 | New Laboratory Administrative Procedures Manual |
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**Chapter 20: Laboratory Training and Continuing Education**

**20.1 Initial Laboratory Competency Training**

 **20.1.1** A written training program will be maintained by each laboratory unit which

 documents the required training topics and exercises necessary to perform

 independent casework for a forensic service provided by the CCBI Crime

 Laboratory.

 **20.1.1.1** Written laboratory training programs will be stored on the

 CCBI shared S: network drive.

 **20.1.2** Training in general forensic science will be completed by reading Chapter 1 of

 “Criminalistics: An Introduction to Forensic Science” by Richard Saferstein, and

 training in ethics will be satisfied by the completion of Ethics Awareness Training

 Questions (CCBI-076).

 **20.1.3** Forensic Manager and Technical Leaders of each laboratory section will be responsible for developing, maintaining, administering, and documenting satisfactory completion of laboratory unit training programs.

 **20.1.3.1** Forensic Managers and Technical Leaders may utilize other CCBI

 employees to assist in any training activity or training responsibility.

 **20.1.3.2** Forensic Managers and Technical Leaders will evaluate an employee’s

 training needs by comparison of the employee’s training and experience with the laboratory unit training program.

 **20.1.3.3** A schedule of training will be determined and documented by completion

 of a CCBI Crime Laboratory Training Schedule Form (CCBI 119).

  **20.1.3.3.1** The CCBI-119 will document each section of the laboratory

 unit training program, the training objective to be completed, a

 scheduled completion date for each section, the actual

 completion date for each section, any modification to the

 laboratory unit training program, and the reason for the

 modification.

 **20.1.4** Training external to CCBI training programs may be used in laboratory training.

 **20.1.4.1** Forensic Managers and Technical Leaders will evaluate external

 courses for appropriate content. The documentation of these evaluations

 and any external training completed by a laboratory employee will be

 maintained in the employee’s training record.

 **20.1.5** The Assistant Director of the Crime Laboratory Division will approve all training

 schedules prior to the commencement of training.

**20.1.5.1** CCBI laboratory training schedules may be modified by the Crime Laboratory Assistant Director as needed to address the training needs ofa

 specific laboratory employee.

 **20.1.6** CCBI Crime Laboratory training programs will consist of two phases.

 **20.1.6.1** Phase I will consist of successful completion of the training program

 outlined in the training schedule followed by completion of a competency test. The competency test will include:

* + - * Examination of sufficient unknown samples to cover the

anticipated spectrum of assigned duties and evaluate the employee’s ability to perform proper testing methods;

* + - * Creation of a test report to demonstrate the employee’s ability to properly convey results and/or conclusions and the significance of those results/conclusions; and
			* A final written or oral examination to assess the employee’s overall knowledge of the discipline, category of testing, or task being performed.

 **20.1.6.2** Upon an employee’s successful completion of a phase I, Forensic

 Managers and Technical Leaders will notify the Assistant Director of the

 Crime Laboratory and a CCBI Certificate of Competency will issued by

 the CCBI Director.

 **20.1.6.3** Phase II will consist of 100% Technical Review all cases completed by

 the employee for a minimum of three months.

 **20.1.6.4** Upon an employee’s completion of phase II, Forensic Managers and Technical Leaders will submit a memorandum to the Assistant Director

 of the Crime Laboratory releasing the employee from training status.

 **20.1.6.5** Any additional requirements for Phase I or Phase II specific to a

 laboratory unit will be documented in the laboratory unit training manual or training procedures.

**20.1.7** Forensic Managers or Technical Leaders will create an initial competency training

file and maintain all training records in the file during an employee’s initial competency training.

 **20.1.7.1** All completed initial competency training records will be stored in the

 employee’s personnel file.

**20.2 Continuing Education Training**

 **20.2.1** The CCBI Crime Laboratory policy and procedure for continuing education will be in accordance with CCBI Standard Operating Procedures Chapter 23.

**20.2.2** The Crime Laboratory Quality Technical Leader will be the Crime Laboratory

Training Coordinator.

**20.2.****3** The Quality Technical Leader will update the training transcript of each laboratory

employee in OSSI to reflect all completed continued education training except generalized training completed through Wake County eWake Talent Learning Management which is automatically electronically updated and stored by Wake

County.

**20.2.4** The Quality Technical Leader will ensure information required in Standard

Operating Procedures Chapter 23 Section 3.3 and Section 7.2 are documented in all employee training requests.

 **20.2.5** Any information required in CCBI Standard Operating Procedures Chapter 23

Section 3.3 and Section 7.2 for generalized training assigned to all laboratory employees which is not available will be noted on a training request completed by the Quality Technical Leader and maintained in a Generalized Training File with laboratory employee training records.

 **20.2.6** The Quality Technical Leader will maintain a record of the certification for each

laboratory employee, to include but not limited to certifications date, recertification date, training credits necessary for certification / recertification, and number of training events attended.

 **20.2.7** Upon approval or denial of a training request the Crime Laboratory Assistant

Director will provide the training request to the Forensic Manager who will notify the employee of approval or denial and provide the Training Request to the Quality Technical Leader.

 **20.2.8** Employees notified of approved training requests may complete training

registration and travel.

 **20.2.9** The Assistant Director of the Laboratory will provide the CCBI Business Officer

with a copy of the training request for all approved training.

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| **Revision History** |
| **Effective Date** | **Version Number** | **Reason** |
| 01/01/2020 | 1 | New Laboratory Administrative Procedures Manual |
| 05/18/2020 | 2 | Deleted Section 20.1.7 to eliminate the need for a trainee progress review and the Crime Laboratory Training Progress Report Form (CCBI-98). |
| 09/04/2020 | 3 | Added language in 20.2 to better describe the continuing education program in the Laboratory. |
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**Chapter 21: Validation and Verification**

**21.1.** Validation is a procedure that demonstrates a method or technical procedure meets the

 requirements or performance parameters necessary for use in a particular forensic

 examination.

**21.2.** Standard methods and procedures are validated methods or procedures recognized within

 international or national standards or compendiums, commerce, professional fields or

 academia for analytical testing.

 **21.2.1** Commercial off-the shelf software used for Forensic Examinations of

Digital Evidence used within its designed application will be considered to be a standard method sufficiently validated.

**21.3.** Nonstandard methods, laboratory developed methods, and standard methods used outside

 their intended scope will be validated to the extent necessary to demonstrate method

 parameters are fit for use in forensic examinations.

**21.4.** Forensic Managers, Supervisors and Technical Leaders of each laboratory unit will be

 responsible for developing, documenting, administering, maintaining, and reviewing the

 results of the validation of laboratory unit methods and techniques.

 **21.4.1.** Forensic Managers, Supervisors and Technical Leaders may utilize other CCBI

 employees to assist in the validation of laboratory methods and techniques.

**21.5. Validation of Methods and Techniques**

 **21.5.1.** A Validation Plan Form (CCBI-072) will be completed by a Forensic Manager,

or Technical Leader in accordance with the instructions on the (CCBI-072) to document the validation.

 **21.5.2.** Validation plans shall include the following:

* Name - a name for the method being validated
* Scope – a description of the intended use of the method and type of evidence to be tested using this method
* Persons – a list of the persons responsible for conducting the validation
* Date - the projected dates over which the validation will take place
* Apparatus a list of the instrumentation and equipment necessary or to be

used in the method

* Materials – a list of the required reference materials or standards required for the method, including any associated traceability requirements
* Performance – a list and description of the method parameters and

characteristics to be measured and collected. Parameters and

characteristics may include but are not limited to selectivity, matrix

effects, recovery, accuracy, precision, repeatability, reproducibility, range,

limit of detection, limit of quantitation, linearity, or robustness.

* Settings / Conditions – a list and description of any necessary

environmental conditions and equipment settings

* Uncertainty - a list and description of the procedure for estimating any

applicable uncertainty

* Criteria - a list and description of the results that determine acceptance / rejection
* Method - a list of the procedural steps for the method
* Data - the data collected for the validation
* Results – a summary of the results of the validation, including a statement

indicating acceptance or rejection of the method for use in forensic

examinations

**21.5.3.** Forensic Managers or Technical Leaders and participant(s) will review

validation plans prior to commencement of the validation and sign the

Validation Plan Form.

**21.5.4.** Upon completion of the validation of a method, Forensic Managers and

Technical Leaders will review the results against the acceptance criteria

and write a validation statement indicating acceptance or rejection of the

method or technical procedure.

 **21.5.4.1.** Forensic Managers or Technical Leaders along with all

participants will sign the Validation Plan Form indicating the

 review of the results.

 **21.5.4.2.** If the result(s) obtained meet acceptance criteria, the Assistant

 Director of the Crime Laboratory will approve the method or

 technical procedure for use in forensic examinations by signing

 the Validation Plan Form.

 **21.5.5.** All completed Validation Plan Forms and any data associated with method validation shall be maintained in the applicable discipline specific folder on

 the CCBI shared S: network drive or as a hard copy located within the laboratory unit.

**21.5.6.** During execution of a Validation Plan, a review will be carried out to ensure

that the needs of the customer are being met. If modifications become necessary, the validation plan will be updated and re-reviewed by Forensic Managers or Technical Leaders. In addition, the Validation Plan will be signed.

**21.6. Verification of Performance**

 **21.6.1.** Verification is a procedure that checks the reliability of a previously validated

 method or technique used for the forensic examination of evidence.

 **21.6.2.** Validated methods and laboratory techniques will be verified when it is necessary

 to demonstrate the performance of the method or technique.

 **21.6.4.** All performance verifications of laboratory methods and techniques

will be in described laboratory unit technical procedures.

**21.6.5.** Performance verifications records will be documented in an appropriate log and

 maintained by Laboratory Unit Forensic Supervisors and Technical Leaders.

**21.7**. **Infrequently Performed Tests or Analyses**

**21.7.1.** Infrequently performed procedures or testing methods are those which are

contained within a approved technical procedure but have not been used for

casework within a one-year period.

**21.7.2.** Infrequently performed technical procedures or testing methods will be identified

during the Laboratory Unit Quality Audits**.** Infrequently performed technical procedures or testing methods will have competence verified through reverification before the test/analysis is performed on casework samples. This may be accomplished by running the appropriate controls for the method.

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| **Revision History** |
| **Effective Date** | **Version Number** | **Reason** |
| 01/01/2020 | 1 | New Laboratory Administrative Procedures Manual |
| 6/22/2020 | 2 | Added Section 21.7 about infrequently used tests, how they are identified and re-verified. |
| 09/04/2020 | 3 | Added language in 21.2.1 designating that commercial off-the-shelf software used in the Digital Evidence Unit need not be further validated. |
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# Chapter 22: Receipt of Officer Involved Shooting Evidence for Long Term Storage

**22.1.** After an Officer Involved Shooting Investigation, the SBI will provide CCBI with a

numbered itemized list describing each piece of evidence approved by the Wake County District Attorney to be stored at CCBI.

 **22.1.1.** The list will be forwarded to the CCBI Director for approval before receipt of any evidence by CCBI.

 **22.1.2.** The CCBI Director will forward the approved list to the CCBI Evidence Technician.

**22.2.** The CCBI Forensic Evidence Custodian will contact the SBI and coordinate a date for transfer of the evidence to CCBI for storage.

**22.2.1.** The CCBI Forensic Evidence Custodian will ensure only evidence on the list approved by the CCBI Director is received by CCBI.

 **22.2.2.** A CCBI Evidence Inventory Form (CCBI-001) will be completed to document the transfer and inventory of evidence.

  **22.2.2.1.** An inventory list may be attached to the CCBI-001 in lieu of listing each evidence item number and a description of the evidence on the CCBI-001; however, the CCBI-001 must state, “See Attached Inventory List – pages 1 through *< insert total number pages of the inventory list>”.*

**22.2.2.2.**Any attached inventory list must also document the evidence item number(s) and a description of each item of evidence.

 **22.2.2.3.** Any discrepancies on an inventory list will be struck though with one line.

 **22.2.2.4.** Discrepancies or strikes will be initialed and dated by both CCBI and SBI personnel involved in the transfer of the evidence.

**22.3.** All evidence received by CCBI will be placed in an appropriate storage container.

**22.4.** A copy of the CCBI-001 and any inventory attachments will be:

* given to the SBI
* forwarded to the CCBI Director
* placed in the CCBI case file
* placed in each CCBI storage container used to store the evidence

**22.5.** The outside of each CCBI storage container will be marked with the following information:

* CCBI case number
* the CCBI container number and total number of CCBI containers utilized to house evidence in the case
* the corresponding evidence item number(s) identified on the inventory list contained inside the storage container
* the victim’s name
* the date of the incident
* the date the evidence was received

 **22.5.1.** Example (for box two of five boxes):

 CCBI Case Number 17-000123

 CCBI Container *2* of *5*

 Items 2-4, item 6, and item 9 (inside)

 Joe Doe (victim)

 1-1-1999 (incident)

 12-25-2000 (received)

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| **Revision History** |
| **Effective Date** | **Version Number** | **Reason** |
| 01/01/2020 | 1 | New Laboratory Administrative Procedures Manual |
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# Chapter 23: Consultation

**23.1.** Laboratory examiners may consult with one another; however, the laboratory examiner

 who is assigned a forensic examination will avoid seeking consultations for the sole

 purpose of determining a consensus about their conclusion(s).

**23.2.** Any examiner who feels any portion of a forensic examination is beyond their capability or

 skill or who cannot independently reach a conclusion for a forensic examination assigned

 to them will immediately notify their Forensic Manager.

**23.3.** A significant consultation is one in which the examiner assigned to a forensic

 examination relies exclusively on the input of another examiner to reach their final

 conclusion(s).

 **23.3.1.** The examiner assigned to a forensic examination of a laboratory case will decide

 if a consultation is significant in nature.

 **23.3.2.** All significant consultations will be documented in the case record.

 **23.3.3.** The consulting examiner of a significant consultation will document all aspects

 and the full extent of their consultation and provide it to the examiner assigned to

 the laboratory case. Consulting examiners may use the CCBI Additional Notes

 form (CCBI-111) to document their consultation.

 **23.3.4.** The examiner assigned to the laboratory case will ensure the documentation of

 any significant consultation is placed in the laboratory case record.

 **23.3.5.** Documentation of significant consultations will be clearly separated in the case

 file from the notes and examination records prepared by the examiner assigned to

 the laboratory case.

**23.4.** Any examiner providing significant consultation for a case will not be assigned to perform

 the technical review for that case.

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| **Revision History** |
| **Effective Date** | **Version Number** | **Reason** |
| 01/01/2020 | 1 | New Laboratory Administrative Procedure |
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