Raleigh/Wake City-County
Bureau of Identification
Crime Laboratory Division

ADMINISTRATIVE PROCEDURES

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Chapter 1: Annual Quality Audits

The Forensic Quality Manager will coordinate annual quality audits, inspections and inventories. The Forensic Quality Manager may utilize Internal Auditors to assist in the audit process. In order to serve as an internal auditor, employees must have attended an audit training class provided or approved by the Forensic Quality Manager. Random sampling may be used in conducting audits. Should the random sampling reveal a systemic issue, a larger random sample or a complete audit may be utilized at the direction of the Forensic Quality Manager.

In addition to those listed, the Forensic Quality Manager may perform additional inspections, inventories and audits to ensure the quality of operations.

Laboratory Unit Quality Audits

The Forensic Quality Manager will coordinate an annual quality audit of every laboratory unit by March 31 of each year. ~~The Forensic Quality Manager may utilize a Quality Assurance Committee to assist in the audit process. In order to participate in an audit committee, employees must have attended an approved audit class.~~

The audit committee for each discipline will use a case file review worksheet, audit trail worksheet, interview guide and internal audit checklist provided by the Forensic Quality Manager when conducting the annual quality audit. The internal audit checklist will address compliance with ISO/IEC 17025 and ASCLD/LAB Supplemental Requirements. All notes made by internal auditors will be preserved and forwarded to the Forensic Quality Manager at the conclusion of the audit. All quality audits should include the following where applicable:

- Staffs' awareness of the Forensic Science Quality Manual
- Analytical procedure selection, control, and validation
- Control of reagents and standards
- Equipment calibration and maintenance records
- Adequacy of case reports and notes and their disposition (only those case files completed since the last audit by current CCBI employees)
- Evidence handling procedures
    - Evidence audit of each individual having custody of evidence
- Proficiency testing
- Personnel training and competency records
- Handling of technical deficiencies and remedial action
- Laboratory orderliness and health and safety measures
- Review of testimony monitoring
- Review of new procedures

- Inspection and random audit of drug standards

A Quality Audit Report Form will be used to summarize any audit findings which can not be immediately corrected. ~~In addition, CCBI will ensure the quality of operations by conducting periodic inventories and inspections.~~

Document Control Audit

The Forensic Quality Manager will coordinate an annual quality audit of the document control activities of the laboratory by March 31 of each year. The audit will include a compliance review of a minimum of five randomly selected procedures and five randomly selected forms for the following where applicable:

- Document control number assignment
- Document tracking form
- Revision history
- Archived version
- Staff notification
- Master list entry

Security Audit

The Forensic Quality Manager will coordinate an annual quality audit of the security activities of the laboratory by March 31 of each year. The audit will include the following where applicable:

- Review of the procedures relating to security for compliance and effectiveness
- Review of Safety and Security Checklists to ensure timely completion and effectiveness
- Review of the individuals having key, swipe card and biometric access to CCBI facilities for accuracy, security and compliance with CCBI policies

Records Management and Case File Review Audit

The Forensic Quality Manager will coordinate an annual quality audit of the records management and case file review activities of the laboratory by March 31 of each year. The audit will include a compliance review of a minimum of ten randomly selected cases from each unit for the following where applicable:

- CCBI case number assignment
- Appropriate storage of the case file
- Completeness of the case file
- Required technical and administrative reviews completed
- Tracker entry accurate and complete

Purchasing Audit

The Forensic Quality Manager will coordinate an annual quality audit of the purchasing activities of the laboratory by March 31 of each year. The audit will include a compliance review of a minimum of five randomly selected purchases for each unit for the following where applicable:

- Approved vendor used for criticals
- Checked for adherence to specifications
- Documentation complete

Evidence Audit

The Forensic Quality Manager will coordinate ~~ensure that~~ an annual evidence audit of the main laboratory evidence vault and unit evidence vaults by March 31 of each year ~~are conducted~~. ~~This audit shall consist of a random sampling of evidence items. Should the random sampling reveal a systemic issue, a more in-depth evidence audit will be conducted in the affected area.~~ The audit will include a compliance review of the following where applicable:

- Evidence properly marked and sealed
- Evidence properly stored to avoid damage, loss and contamination
- Biometric and swipe card access function
- Tracker entry complete and accurate
    - Evidence selected from the Tracker is correctly located in the vault
    - Evidence selected from the vault has its location correctly indicated in the Tracker

Equipment ~~Property~~ Inventory

The Forensic Quality Manager ~~CCBI Crime Laboratory Division~~ will annually coordinate ~~conduct~~ an ~~complete~~ equipment ~~property~~ inventory by March 31 of each year.

Chemical & Toxic Substance List

The Chemical Hygiene Officer or designee will update annually the list of all chemicals and toxic substances in the CCBI Crime Laboratory Division and ensure access to corresponding Material Safety Data Sheets (MSDS).

Controlled Substances Inspections and Inventory

The Forensic Quality Manager in conjunction with the Drug Chemistry and DWI Blood Chemistry Unit Technical Leaders will annually inspect the inventory of the controlled

substances that are kept in each area of the CCBI Crime Laboratory Division ~~as part of the annual quality audit~~.

The Unit Technical Leader is responsible for maintaining the ~~laboratory's~~ drug reference materials maintained in the unit. The Technical Leader will ensure that an annual inventory of all controlled substance ~~drug~~ reference materials including gross weight check is completed annually ~~during each internal audit~~. The inventory will be conducted by the Technical Leader and an employee designated by the Forensic Quality Manager. The results of the inventory will be forwarded to the Forensic Quality Manager.

Quality Audit Report

Upon completion of annual audit documentation, the Deputy Director and Director will be briefed by the Forensic Quality Manager as to the preliminary findings. If a nonconformity is observed which can be corrected immediately, immediate corrective action may be taken. Any issues unable to be corrected during the audit must be documented on the Quality Audit Report. Those findings that require corrective actions will follow the Administrative Procedure for Corrective and Preventive Actions.

A copy of the Quality Audit Report Form~~, including the checklist and a summary of any findings,~~ will be provided to the Deputy Director and Director on or about April 30 of the audit year. The Forensic Quality Manager will be the final arbitrator of any disagreement on findings in consultation with the Director. Quality Audit documentation will be maintained by the Forensic Quality Manager for at least five (5) years or one (1) ASCLD/LAB accreditation cycle, whichever is longer.

Quality System Audit

The Deputy Director will coordinate an annual quality audit of the quality control activities of the laboratory by September 30 of each year. The audit will include a compliance and effectiveness review of the following where applicable:

- Annual quality audits
  - Unit quality audits
  - Document control audit
  - Security audit
  - Records management and case file review audit
  - Purchasing audit
  - Evidence audit
  - Equipment inventory
  - Chemical and toxic substance list
  - Controlled substance inspection and inventory

- Quality audit report
- Management review
- Annual accreditation report
- Testimony review records
- Proficiency testing plan and records
- Corrective actions, preventive actions and quality enquiries
- Internal auditor training
- Training and competency testing records
- Technical reviewers
- Exceptions
- Complaints

Revision History		
Effective Date	**Version Number**	**Reason**
January 1, 2013	1	New Policy to comply with ISO 17025
February 2, 2014	2	Include Deputy Director in reporting chain of command
January 16, 2015	3	Updated to include additional detail. Add and audits of Document Control, Security, Records Management, Case File Review, Purchasing and Quality

Chapter 2: Case File Reviews and Verifications

Each case-working employee will proofread their reports ensuring the report reflects accurate information prior to submitting for review.

Individuals who provide testimony based on examination records generated by another person(s) shall complete and document the review of all relevant pages of examination records in the case record by initialing each page of the examination records that were reviewed and relied upon.

Technical Review

Technical casework review will be conducted on a minimum of 25% of completed case files. Disciplines may define other reviews and exceed the minimum as described in their Technical Procedures. Unit Technical Procedures will outline the methods used to identify cases for technical review. Technical reviews will be completed prior to the publication of the report.

Technical casework review will include a thorough review of all technical records to include bench notes, data, photographs, and other documents that form the basis for the conclusions. The review shall ensure that the conclusions of examiners are reasonable, within the constraints of validated scientific knowledge and supported by the technical records. Any additional requirements are detailed in the respective unit Technical Procedures.

Each technical review shall be conducted to ensure at least the following:

- Conformance with technical procedure and CCBI Crime Laboratory Division policies and procedures;
- Accuracy of the laboratory report and results and/or conclusions in the report supported by data;
- Proper qualification of associations in the laboratory report; and
- Provision of all required information in the laboratory report.

The employee(s) conducting a technical casework review will ensure that these actions are documented via a coversheet. If a discrepancy is found the reviewer shall document the discrepancy on the technical review sheet and return the case file to the examiner for correction. All changes and additions made to the case file after the examination has been completed shall be initialed and dated by the examiner. When the corrections are completed the case file shall be returned to the same technical reviewer for completion of the technical review. If a disagreement arises between the examiner and the technical reviewer that cannot be resolved through discussion and review of procedures and any relevant literature, the Unit Technical Leader and the Crime Laboratory Deputy Director shall be notified and shall determine a resolution. The resolution shall be documented in the case record. In the event that the Unit Technical Leader or

the Crime Laboratory Deputy Director is either the examiner or the technical reviewer, the resolution shall include the Forensic Science Quality Manager and / or the Director.

Significant technical discrepancies that could affect the reliability of the Analyst's conclusion will immediately be referred to the Forensic Quality Manager who will follow the policy and procedures as detailed in the Administrative Procedure for Corrective and Preventive Action.

Technical casework review does not shift the responsibility for the forensic findings to the reviewer, but the reviewer is responsible to ensure that the documentation does reflect adequate basis for the conclusion.

Technical reviewers cannot be the report's author or co-author and must be authorized by the Director to conduct technical reviews. The Forensic Quality Manager will ensure that reviewers conducting technical casework reviews have technical knowledge in the examination area or testing method that is sufficient to ensure compliance with all discipline procedures and/or protocols, reporting procedures, and evidence handling policies and procedures. Also, Technical reviewers and individuals conducting technical casework reviews must have technical knowledge in the examination area or testing method to ensure that the correct conclusion(s) have been drawn. At a minimum, the reviewer conducting and signing the technical casework review must be or have been a case-working individual in the discipline or testing method being reviewed and have six (6) months of independent casework experience in that discipline or with the testing method.

Verification

Verification, an independent check on a critical finding, will be addressed in Unit Technical Procedures if the Technical Leader of that unit determines that it is required. When required, the verification shall be:

- Performed by an individual having expertise gained through training and casework experience in the category of testing; and
- Recorded in the examination records to indicate that the critical finding has been checked and agreed to, by whom and when the check was performed. Unit Technical Procedures shall contain instructions on the course of action to be followed if the critical finding is not agreed to by the individual performing the verification.

Administrative Review

Administrative casework review will be conducted on all completed case files prior to publication.

Administrative review will ensure the completeness and correctness of the reports issued and will be conducted by an employee other than the author or co-author of the report. The review will include a check for consistency with policy and editorial correctness. This includes, but is not limited to, a review of the report and case record for:

- Spelling; and
- Grammar; and
- Case number and initials on appropriate pages (see Administrative Procedure on Laboratory Case File Contents, Management, and Retention); and
- Descriptions of evidence and seals; and
- Key information is contained in test report.

Administrative reviewers cannot be the report's author or co-author. The employee(s) conducting an administrative review will document this action on an administrative review sheet in the case file. All comments regarding the administrative review shall be recorded only on the administrative review sheet in the case file. Upon approval the administrative reviewer shall also approve the review within CCBI's computerized records system under "Supervisory Review" with the exception of DWI Blood Chemistry reports, which shall only be documented on the coversheet in the case file.

Administrative deficiencies such as obliterations, strikeouts, or opaque correction fluid that are recurrent in nature will be reported to the Supervisor or Forensic Quality Manager.

Revision History		
Effective Date	**Version Number**	**Reason**
January 1, 2013	1	New Policy to comply with ISO 17025
April 11, 2013	2	Removed requirement of administrative review being conducted after the technical review
July 14, 2014	3	Organize content and include headings, require technical review prior to publication, require review of examination records for testimony on records generated by another, include verification in title and include verification instruction
June 16, 2015	4	Reorganize technical review content. Include details regarding scope, parameters and discrepancies for technical reviews
June 13, 2016	5	Require use of administrative review sheet to record administrative reviews in each case file.

Chapter 3: Certification of Competency

The Director's authorization is required for the performance of independent casework and for the performance of technical reviews.

CCBI Crime Laboratory Division Analysts and Forensic Technicians must attain CCBI certification of competency prior to conducting independent casework. Certification is attained upon the demonstration of proficiency in the discipline or area of testing or completion of the CCBI training program.

Certified Analysts and Forensic Technicians must maintain certification in a major area by independently completing at least one (1) proficiency test per major area per calendar year. Major areas are DWI Blood Alcohol, Drug Chemistry, Computer Forensics, Latent Print Comparison, and DWI Blood Chemistry. Proficiency testing in Footwear Impressions must be completed once within each ASCLD/LAB accreditation cycle.

The Certification of Competency to perform casework includes authorization to operate items of equipment significant to the test results and may include the authorization to perform technical reviews.

Revision History		
Effective Date	**Version Number**	**Reason**
January 1, 2013	1	New Policy to comply with ISO 17025

Chapter 4: Corrective and Preventive Action

Corrective Action

All Crime Laboratory Division staff will follow the CCBI Code of Conduct appended hereto. Crime Laboratory Division staff will avoid conflicts of interest including involvement in activities that would diminish confidence in their competence, impartiality, judgment, or operational integrity. Crime Laboratory Division personnel will not alter data. Confidential section information will not be used for any purpose beyond the scope of employment; nor will employees engage in outside employment that negatively affects or interferes with their Unit duties.

All discrepancies, occurrences of non-conforming work, or departures from the policies and procedures, the management system, or technical operations will be properly noted, reported, and promptly reviewed. Discrepancies will be evaluated prior to any changes or modifications in the work product or the issuance of any report.

Each laboratory employee is responsible for his/her work product including technical review and/or verification. When a Supervisor or Technical Leader notes an apparent discrepancy that has not been detected in the normal quality system activities, the Supervisor or Technical Leader will notify the Forensic Quality Manager and, when necessary, secure all notes, spectra, analytical work products, and case files. All casework of the affected employee will be held pending a quality review.

The top portion of a Quality Enquiry Form (QER) should be filled out by the Forensic Quality Manager upon discovery of an issue and forwarded to the Director for determination if further action is necessary. If further action is warranted, the Forensic Quality Manager will complete the center portion of the form. Once a determination is made as to whether or not a corrective action request (CAR) will be issued, the QER will be printed and signed by the appropriate parties.

Upon identification of nonconformity in the quality system, the Forensic Quality Manager will initiate a root cause investigation to identify the basis of the nonconformity. The Forensic Quality Manager will direct the appropriate personnel to conduct the root cause analysis investigation when it involves a technical procedure.

While conducting a root cause investigation, the investigator shall consult with all personnel necessary to determine the basis of the nonconformity. Upon completion of the root cause investigation, the Forensic Quality Manager will ascertain the class and severity of the nonconformity, make the final determination on the findings of the root cause analysis, direct a CAR, and have final authority to determine the appropriate course of corrective action to

eliminate the problem and prevent recurrence. The Supervisor or Technical Leader may be involved in the final remedial decisions if the issue is technical in nature. Corrective actions shall be appropriate to the magnitude and risk of the problem. The Forensic Quality Manager, with appropriate technical personnel, will ensure implementation of any technical remedies. If necessary, work will be recalled, and the customers will be notified about nonconformities.

The CAR 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.

The following levels of nonconforming work will be considered in determining a course of corrective action:

A Level 1 nonconformity is a situation or condition that directly affects and has a fundamental impact on the work product of the laboratory and the integrity of the evidence.

A Level 2 nonconformity is one that may affect the quality of the work but does not, to any significant degree, affect the fundamental quality of the work product.

The CAR will be issued in a timely manner to minimize the impact of the nonconformity. Corrective actions can include, but are not limited to: remedial training; issuing a supplemental proficiency test in the discipline or category of testing in which the employee had a nonconformity; notifying the contributor(s); issuing supplemental or amended reports; or indefinitely removing the employee from casework.

If an employee is removed from performing independent case work, the employee's Certificate of Competency will be suspended and the employee will be notified of said suspension. An employee who has been removed from independent casework because of technical issues will not be reinstated without written authorization from the Director.

The Forensic Quality Manager will direct appropriate follow-up action to confirm the effectiveness of the corrective action. This may involve review of casework and audits of an Analyst or unit.

The Forensic Quality Manager will maintain records of nonconformities, quality system complaints, and resolutions including the corrective action requests for at least five (5) years or one (1) ASCLD/LAB accreditation cycle, whichever is longer.

Preventive Action

Employees of the CCBI Crime Laboratory Division are encouraged to identify preventive actions as opportunities to improve quality and correct potential sources of noncompliance before they

become problems. These opportunities for improvement shall be forwarded to the Forensic Quality Manager.

The Forensic Quality Manager will evaluate the suggestion. If implemented, they will work with the submitting individual to develop a preventive action request (PAR). As the preventive action is implemented, it shall be monitored for effectiveness as outlined in the PAR.

The PAR form will use the following numbering scheme: XX-X, where the first two digits indicate the year and the final digit(s) is the next available in a series.

Revision History		
Effective Date	**Version Number**	**Reason**
January 1, 2013	1	New Policy to comply with ISO 17025
January 28, 2013	2	Change to Corrective Action Procedure resulting from GAP analysis

Chapter 5: Document Control and Management

See CCBI Standard Operating Procedural Manual Chapter 24. Any changes to documentation covered under this section require review and approval by the Forensic Quality Manager in addition to other required approving authorities.

~~This procedure applies to the creation, revision, and control of all CCBI-developed operational documents, forms, written directives, policies, procedures, administrative orders, training manuals, safety manuals, and all documents pertaining to the Laboratory Quality Management System (QS).~~

~~Instrumentation manuals or externally produced quality documents are controlled if they provide direction in performing the quality-affecting activities unless the manual or documents have been referenced in other controlled documents or have been incorporated in their entirety into an internally produced document. The affected documents include, but are not limited to, the following:~~

- ~~All Agency Standard Operating Procedures~~
- ~~All Agency Quality Manuals~~
- ~~All Agency Administrative Policy and Procedures~~
- ~~All Agency Technical Procedures~~
- ~~All Agency Safety Manuals~~
- ~~All Agency Training Procedures~~
- ~~All Agency Forms~~
- ~~Externally produced quality documents~~

~~For the purposes of this policy, the included documents shall be referred to as quality documents.~~

~~**Definitions:**~~

- ~~Approver – The employee responsible for the content of the document. Approvers shall be considered the issuing authority.~~
- ~~Author – The employee who writes or revises the document.~~
- ~~Controlled Document – A document that is issued and distributed in a trackable manner.~~
- ~~Document – Any CCBI written directive, form, or other document as identified by the scope of this policy.~~
- ~~Document Custodian – The employee(s) assigned responsibility by the CCBI Director for ensuring the proper formatting, placement, publishing, distribution, and archival of quality documents.~~

- Document Tracking Form (DTF): A form to record and authorize the creation, change, and/or approval of each controlled document. Each controlled document shall have a unique DTF.
- Forms – Internally developed forms approved for use in CCBI operations, examinations, analysis, or casework requiring physical completion.
- Issuing Authority – Authorized approver of documents.
- Laboratory Quality Management System (QS) – All documents that form part of the Laboratory Management System (internally generated or from external sources), such as regulations, standards, other normative documents, test and/or calibration methods, as well as drawings, software, specifications, instructions, and manuals.
- Master List – A list that identifies the current version status and distribution of documents in the management system. For each document, the Master List shall include the title, document number, version number, and issue date.
- Quality Documents – All documents identified under this section to be controlled.
- Revision History – Document prepared for and maintained for each document, policy, or standard to track changes or modifications.
- Reviewer – The employee responsible for reviewing documents using reference sources and other pertinent information to ensure inclusion of all necessary elements and in compliance with any associated policies and procedures. The review may be conducted for technical, legal, or quality assurance purposes.
- SMARTworks® – An internet based application for forms management contracted and maintained by Wake County Information Services.
- Uncontrolled Document – A document that has been removed from the officially approved controlled location.

Dissemination and Storage

The Director shall assign responsibility for the storage and maintenance of the document control procedure and the assigned entity shall be referred to as the document custodian for the purposes of document control.

The official copies of CCBI quality documents shall be electronic, whenever possible, and copies published or maintained as described herein. Safeguards shall be in place to ensure that all electronically stored documents are protected from unintentional and unauthorized editing or deletion. No hand written amendments of documents are authorized. Employees may download and print copies, however, any printed copy shall be considered uncontrolled and labeled as such. Employees are responsible for ensuring use of the most current version of all quality documents.

All quality documents, except forms and those physically maintained, must be maintained electronically and published on the CCBI network location under the folder labeled "Standard Operating Procedures". In cases where the quality document's type, size, or copyright

regulations prevent the electronic retention of such documents, the method of document retention and the location shall be noted and maintained on the master list.

SMARTworks® shall house all CCBI forms. Wake County Information Services maintains the SMARTworks® application. The assigned Wake County Information Services liaison shall maintain sole authorization for the physical addition, modification, or removal of forms from the software application with appropriate CCBI authorization. SMARTworks® access is internet-based, allowing all employees secure access for the purpose of form retrieval. Forms in SMARTworks® are protected from unauthorized editing.

Format

Written Directives - Each written directive will bear the following information at a minimum:

Header Contents:

- The document title;
- The issue date;
- A unique document identifier consisting of the initials of the document followed by a chapter or section number (i.e. SOP12, LAPM10, etc.);
- Version number indicated as Version #; and
- The issuing authority.

Footer Contents:

- The page number indicated as "Page_ of _"; and
- The statement that all copies of this document are uncontrolled when printed.

Forms - Each internally developed form will bear the following information at a minimum:

- The document title;
- The issue date:
- A unique document identifying number;
- A version number indicated by a decimal at the end of the identifying number;
- The issuing authority;
- The page number indicated as "Page _ of_"; and
- The statement that all copies of this document are uncontrolled when printed.

All documents internally produced for use by a division or unit shall be electronically maintained and named in such a manner to specifically identify the division or unit to which the document is applicable.

~~Technical Procedures – Each discipline's technical procedures will establish uniform requirements and analytical procedures for each category of testing for which the Technical Leader is responsible. The technical procedures must include at a minimum, if applicable, the following:~~

- ~~Definitions of key terms;~~
- ~~Abbreviations;~~
- ~~Quality control;~~
- ~~Procedures and/or protocols;~~
- ~~Performance checking and maintenance of equipment; and~~
- ~~Use of controls, traceable reference standards, and materials.~~

~~Master List~~

~~A master list shall be contained for all quality documents to include at a minimum the unique document identifier, the title, the revision status, and the effective date of the document.~~

~~Revision History~~

~~A revision history shall be maintained for each quality document. The written history shall be maintained electronically when practical. For all quality documents, except forms and those documents which preclude electronic maintenance or editing, a revision history shall be maintained at the end of the body of each document. For forms and documents precluding electronic maintenance or editing, revision histories shall be maintained by the document custodian.~~

~~Document Development~~

~~Documents shall be created or modified according to the basic process below.~~

~~The author of a document shall have expertise in the subject matter. The document shall include enough detail to ensure that the activity addressed conforms to quality requirements. Documents in draft form shall be labeled as such.~~

~~The author shall complete the Document Tracking Form (DTF) indicating a title of the document and the signature of the author. The DTF shall be submitted with the draft version of the document to the reviewer.~~

~~Externally produced documents to be added or modified in the quality system shall be forwarded in original form with a DTF to the appropriate reviewer.~~

~~Document Review and Approval~~

~~The draft version of the document and the DTF shall be submitted to the Division Deputy Director for review. Documents directly pertaining to the Crime Laboratory Division shall additionally be submitted to the Forensic Quality Manager for review if different than the Division Deputy Director. Review shall ensure that the proposed or revised documents do not contradict other existing agency directives or applicable law.~~

~~Document drafts authored by Deputy Directors may be submitted directly to the Director for review and approval. In such cases, the authoring Deputy Director shall sign the DTF as the author.~~

~~Once review is completed and approved, the DTF must be submitted to the Director for review and approval. The Director will indicate approval on the DTF. The DTF along with the finalized version of the document will be forwarded to the document custodian with an effective date.~~

~~Reviewers and the approver(s) shall have access to pertinent background information upon which to base their review and approval including any document revision history.~~

~~Issuance and Distribution~~

~~The document custodian shall post the approved document at the appropriate location on the effective date of the document. Any revised or new text of internally prepared quality documents will be shown in red ink and will remain as such until the next revision or annual review of the document. Once revisions are approved, the current document will be archived, and the new version will take its place.~~

~~Externally produced documents not electronically maintained will be placed in the affected division or unit. Externally produced quality documents will have a label referencing the master list unique assigned number, the affected division or unit, the issuing authority, and the issue date.~~

~~Documents (except forms):~~

~~All affected employees will be notified of the addition or change via email containing the new version.~~

~~An acknowledgement form(s) will be forwarded by the document custodian to the highest ranking staff member of the affected unit. It will be the responsibility of the ranking staff member to have each affected employee sign the acknowledgement form indicating review and understanding of the document.~~

When necessary for proper understanding, the ranking staff member shall be responsible for ensuring adequate training is provided regarding the document in such situations that no other training method has been established or provided. The acknowledgement form shall be returned to the document custodian as soon as practical and shall be maintained with the document tracking form.

Forms:

All affected employees will be notified of the addition or change via email.

Approved forms shall be posted on SMARTworks® on the effective date of the form. Having received an approved DTF, the document custodian shall be the only employee authorized to contact the Wake County Information Services SMARTworks® custodian to authorize changes, additions, or deletions of controlled forms. Controlled forms in SMARTworks® are authorized to be printed in mass quantities for use or for forms requiring special considerations (i.e. card stock, carbon paper, etc.). It is the responsibility of the employee using the form to ensure that any printed form utilized for quality purposes is the most current and up to date version as found in SMARTworks®.

When new versions are approved and controlled, all printed copies of obsolete versions being used for quality purposes shall no longer be used for casework. New copies created or ordered must be consistent with the form located in SMARTworks®.

Document Removal

The Director retains sole authority for authorizing the removal of obsolete documents. Upon notification to the document custodian, the document shall be removed from its location and archived in accordance with procedures. The revision history shall indicate the removal date and reason.

Document Review

All documents shall be reviewed annually to ensure that the documents reflect current policies, practices, procedures, and technology.

Document Retention and Archival

Superseded or removed documents shall be removed from use and when possible, maintained electronically by the document custodian as an archived document. Archived quality documents having been maintained physically shall be forwarded for retention to the document custodian. Archived documents shall be maintained separately from current documents and the document custodian shall limit access to archived documents to ensure that archived documents are not utilized for current operations.

~~All documents archived shall clearly indicate "archived" status on the document. Electronic document names will indicate the unique numeric document identifier as identified on the master list along with dates that the document was utilized.~~
~~Quality documents shall be maintained permanently.~~

Revision History		
Effective Date	**Version Number**	**Reason**
January 1, 2013	1	New Policy to comply with ISO 17025
February 2, 2014		Consolidation with redundant information in CCBI SOP

Chapter 6: Equipment Records

Each unit's Technical Leader shall ensure that records are maintained for each item of equipment and its software significant to the tests and/or calibrations performed. The records shall include at least the following:

- The identity of the item of equipment and its software;
- The manufacturer's name, type identification, and serial number or other unique identification;
- Checks that equipment complies with the specification;
- The current location of the equipment, where appropriate;
- The manufacturer's instructions, if available, or reference to their location;
- Dates, results, and copies of reports and certificates of all calibrations, adjustments, acceptance criteria, and the due date of next calibration;
- The maintenance plan, where appropriate, and maintenance carried out to date; and
- Any damage, malfunction, modification, or repair to the equipment.

The records shall be maintained in close proximity to the equipment.

Revision History		
Effective Date	**Version Number**	**Reason**
January 1, 2013	1	New Policy to comply with ISO 17025

Chapter 7: ~~Equipment Ordering~~ Purchasing and Receipt of Consumables, Services, and Supplies

Purchasing and Receipt of Consumables, Services, and Supplies

Each unit is responsible for originating orders of ~~ordering~~ its own consumables, services, and supplies ~~with prior approval of the Deputy Director and the Director~~. The Deputy Director will ensure that the Division has the necessary and appropriate services and supplies to operate in an efficient manner.

~~All~~ Requests for consumables, supplies, and services will be made on ~~accompanied with~~ a CCBI Requisition Form and have the written approval of the Deputy Director and Director prior to ordering. Items which are ordered on a regular basis and billed to CCBI may be ordered by direct contact with the vendor. The Deputy Director may use Wake County Purchasing Cards to expedite the ordering of certain types of supplies and materials. Services and supplies may be ordered by the Deputy Director of Support Services.

Consumables, Supplies, and Services that Affect the Quality of Testing

Purchase requisitions or orders must contain specifications of the consumables, supplies, and services ordered if they affect the quality of testing. The requisition or order must originate from or be reviewed and approved by the applicable unit Technical Leader or designee prior to ordering to ensure compliance with unit specifications.

CCBI Crime Laboratory Division Unit Technical Leaders will ensure supplies, reagents, and consumable materials that affect the quality of the examinations are not used in casework until they have been evaluated for compliance with unit Technical Procedure requirements and/or specifications in the purchase requisition. When an order is received, the unit Technical Leader or designee will check the merchandise to ensure that it meets unit specifications. Merchandise that meets specifications will be retained and stored appropriately in accordance with any manufacturer's instructions. A copy of the requisition or order will be initialed, dated, and maintained by the unit Technical Leader or designee within the unit or on the CCBI network location to indicate the successful completion of the check.

Merchandise that does not meet specifications will not be used. The unit Technical Leader or designee will ensure that it is stored in an area separate from approved merchandise and clearly marked "Not for Use" until it can be returned or otherwise disposed.

Additional Requirements for Consumables, Supplies, and Services that CRITICALLY Affect the Quality of Testing

Consumables, supplies, and services which either:

-affect the quality of the test in a manner that is fundamental to the quality of the test and their reliability must be verified prior to use; or
-affect the quality of the test in a manner that is fundamental to the quality of the test and their reliability is not verified as part of the quality control checks performed in association with the test.

are critical consumables, supplies or services. Critical consumables, supplies, and services will be identified in the technical procedures in which they are utilized. The technical procedures will include the procedure to determine the quality and reliability of a critical consumable, service or supply.

The vendor of a critical consumable, supply, or service must be evaluated utilizing the Vendor Approval for Critical Supplies and Services form by the appropriate unit Technical Leader or designee prior to making any purchases from the vendor. Records of evaluations and a list of approved vendors will be maintained by each unit Technical Leader in the unit or on the CCBI network location. The evaluations must be repeated annually at a minimum.

Communication with vendors regarding the quality and reliability of merchandise and services shall be documented and maintained by the unit Technical Leader in the unit or on the CCBI network location.

~~Vendors of critical services and supplies (those that affect the quality of the test results) shall be evaluated utilizing the CCBI Laboratory Division Vendor Approval for Critical Supplies and Services form prior to making any purchases from the vendor. The documentation of these evaluations will be maintained by CCBI and reviewed annually.~~

~~When an order is received, the employee will check the merchandise to ensure it meets discipline criteria, sign and date the unit requisition, and route through the Deputy Director.~~

~~Testing of materials used during the analytical process shall be outlined in the unit's Technical Procedures. Procedures should include the steps taken to ensure the quality and reliability of the materials as well as the actions taken if a material fails to meet the quality standards. Any materials having specific storage requirements will be addressed in the unit Technical Procedures.~~

Revision History		
Effective Date	**Version Number**	**Reason**
January 1, 2013	1	New Policy to comply with ISO 17025
September 24, 2014	2	Revise title, define critical services, differentiate between affecting quality and critically affecting quality, records to be kept in units

Chapter 8: Evidence Handling and Case Management

All evidence will be maintained in the appropriate evidence storage area. All evidence storage areas will be secured by a card reader and biometric reader. Evidence storage areas will only be accessible by individuals authorized by the Director. Handle all evidence in a manner which protects it from loss, cross-transfer, and contamination. Store all evidence not in the process of examination under proper seal in a secure evidence storage area.

Non-evidentiary photographs used for illustrative purposes, other work product, or other documentation shall be maintained in a manner similar to case notes, indexed to the case file, or contained in the case record.

Those employees assigned to the Evidence Receiving Unit will have primary responsibility for the receipt, storage, transfer, and return of all evidence. Employees assigned to the Evidence Receiving Unit will receive submissions in accordance with the Laboratory Administrative Procedure for Review of Requests, Tenders and Contracts for Laboratory Services. All employees will be trained to ensure the integrity of evidence is maintained for all areas of forensic science requested.

Evidence Requiring Special Consideration

1. Firearms

All firearms must be unloaded prior to submission. Upon submission of a firearm, the contributor must show CCBI Evidence Receiving Unit staff that the weapon is unloaded prior to sealing the evidence container. This may be accomplished by any method satisfactory to the Evidence Receiving Unit but may include removing the magazine, locking the slide to the rear, and inserting a zip tie through the barrel. If the contributor is a CCBI employee, this may be accomplished by locking the weapon, unsealed, in a CCBI evidence locker.

Once the Evidence Receiving Unit is satisfied that the weapon is unloaded, the contributor may seal the evidence packaging pursuant to the procedures outlined below. If a CCBI employee has submitted the firearm, unsealed, the Evidence Receiving Unit may remediate the seal as outlined below.

If a weapon cannot be unloaded due to a technical reason, the contributor must advise Evidence Receiving Unit staff prior to arrival. Evidence Receiving Unit staff will attempt to obtain the assistance of a certified Firearms Instructor to assist in unloading the weapon in this circumstance. If one is not available, the evidence submission will be denied.

2. Biological Evidence

An evidence container holding potential biological evidence will have the appropriate stamp or sticker affixed indicating it contains a biological hazard. In addition, the contributor must indicate on the CCBI Laboratory Examination Request form that the case contains biohazardous evidence and exactly where the biohazardous evidence was collected.

All liquid blood samples, toxicology kits, urine samples, and biological evidence such as bones or tissue should be stored in refrigerators prior to submission to the North Carolina State Crime Laboratory.

All refrigerators used for storage of evidence will be monitored on a regular basis for temperature control (using thermometers) by the DWI Blood Chemistry Unit. Documentation that each refrigerator has been monitored will be kept in a log; refer to the DWI Blood Chemistry Unit Technical Procedure for General Laboratory Equipment.

3. Sharps

Due to the possibility of accidental punctures or cuts, sharps pose a safety threat to both the contributor and laboratory personnel. Evidence containing sharps should be packaged in a rigid container with the item secured to heavy cardboard with ends protected. Regardless, the outer packaging should be marked that it contains sharps.

4. Digital Evidence

Stand-alone hard drives that are submitted for analysis should be placed in protective packaging such as anti-static bags, anti-static bubble packaging, or paper envelopes.

If left powered on, evidence items having the possibility of receiving or transmitting data (such as cellular telephones) should be sealed in packaging such as a clean arson can.

Evidence Receipt

All evidence submitted to the CCBI Crime Laboratory Division must be sealed using either tape or heat seal. Tamper-proof packages must be additionally sealed with tape. All evidence seals must be initialed, in permanent ink, by the person sealing the package. In the case of tape, the initials may be on the tape or partly on the tape and extending onto the package surface; in any case, the initials must be either on the tape or partially on the tape. For heat sealed packages, the initials must be as close as practical to the seal.

If the evidence received is sealed but does not bear the initials or identification of the person who sealed the evidence container, the Evidence Technician will advise the submitter to remediate the

seal by placing a piece of frangible evidence tape perpendicularly across the seal and initial the tape.

A container is properly sealed if its contents cannot readily leak, if entering the container results in obvious damage/alteration to the container or its seal, and the seal bears the initials or identification of the person sealing the evidence container. The actual seal itself must be sufficient to prevent the possibility of the item(s) contained from being lost or removed without altering the seal or from being contaminated by outside sources so as to alter the integrity of the evidence.

CCBI Laboratory Analysts submitting evidence to the laboratory must submit the evidence to the Evidence Receiving Unit unless it is outside the normal hours of the Evidence Receiving Unit and there are exigent circumstances that warrant immediate examination. If the laboratory employee receives the evidence into the laboratory rather than submitting it to the Evidence Receiving Unit, they must perform all actions that the Evidence Receiving Unit would have performed; i.e., ensure that the evidence is sealed, labeled with case and item numbers, recorded in the appropriate tracker and accompanied by an Examination Request Form. Additionally, the receiving employee must document the exigent circumstances on the Examination Request Form.

The Evidence Receiving Unit employs differing procedures upon receipt of an item of evidence, depending on the case submission history.

If a case has had no prior CCBI Investigations response, the Evidence Receiving Unit will enter the evidence into CCBI's computerized system as follows:

- Create a Computer Aided Dispatch ("CAD") call, which initiates a case.
- Enter the Mobile Computing Technology Module ("MCT") which generates a case number from the CAD call. The Evidence Receiving Unit will enter initial case information to populate the report "face sheet" and make an entry indicating that evidence has been received.
- Enter Mobile Field Reporting ("MFR") and approve the MCT entry.

If a case has had prior CCBI Investigations response, the Evidence Receiving Unit will:

- Search CCBI's computerized system for the CCBI case number and use it for the newly-received evidence.

If the case is a DWI case, the Evidence Receiving Unit will:

- Assign a case number in the format XX-B-XXXX, where the first segment is the year, the "B" stands for "blood," and the third segment is a sequential number.

In all types of cases, the Evidence Receiving Unit will:

- Place his/her initials, the date, 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) on each evidence container at the time of receipt.

- Ensure evidence is packaged and sealed in a manner appropriate for the type of evidence except where precluded due to the size or the nature of the evidence.

- Secure the evidence in the appropriate evidence storage area.

- Place details about the case and its evidence in the appropriate Evidence Tracker.

    - For Drug evidence the Evidence Receiving Unit will enter details about the case in the Drug Evidence Tracker to include the unique CCBI case number, date received, offense date, submitting agency, submitting agency case number, subject(s), and agency DA request status.

    - For DWI evidence the Evidence Receiving Unit will enter details about the case in the Blood Log to include the unique CCBI blood case number, date received, agency, agency case number, and subject(s).

    - For Computer Forensics evidence the Evidence Receiving Unit will enter details about the case in the Computer Forensics Evidence Tracker to include the unique CCBI case number, date received, offense date, submitting agency, submitting agency case number, and subject(s).

    - For other evidence the Evidence Receiving Unit will enter details about the case in the Evidence Tracker to include date of incident, unique CCBI case number, evidence collection date, employee, agency, agency case number, victim, last item numbers for physical evidence and latent evidence, code for required laboratory examination, and indicate whether evidence is in CCBI custody.

- Prepare a case file and distribute the case files to the appropriate personnel.

Evidence Trackers

- Drug Tracker

- The reporting Chemist will enter their initials or "RUW" for returned unworked, the date they received the evidence, the date the report is completed and ready for review, and the date the evidence is returned to the vault.

- The date the report is published will be entered upon publication.

- The Evidence Receiving Unit will enter the date the evidence is returned to the submitting agency.

- Central Records will enter the date the case file is received.

- Blood Log

  - The reviewing Chemist will enter the analysis performed and the date the report is completed and ready for review.

  - The Evidence Receiving Unit will enter the date the report is published.

  - Central Records will enter the date the case file is received.

- Computer Forensics Evidence Tracker

  - The analyst will enter the date they receive the evidence, the date the report is completed, and the date the evidence is returned to the Evidence Receiving Unit.

  - The administrative reviewer will enter the date the report is published.

  - The Evidence Receiving Unit will enter the date the evidence is returned to the submitting agency.

  - Central Records will enter the date the case file is received.

Multiple Items and Sub-Items

When an item contains multiple objects or elements:

- If objects are removed from the original item and packaged separately, they are considered sub-items.
- If objects are repackaged with the original item, at the Analyst's discretion, they may be marked for identification purposes and not considered sub-items.

If evidence is derived or created from an item of evidence, the derived/created evidence shall be considered a sub-item. Sub-items shall be given a new unique item number based on a parent/child relationship, and the chain of custody shall be maintained that will track the sub-items. The creation of the sub-item shall be documented in the case record. The ability to create child items from parent items shall permit multiple levels of relationships. For example:

Item 1 (parent)
1-1 First sub-item derived from Item 1
1-2 Second sub-item derived from Item 1
1-2-1 First sub-item derived from Item 1-2
1-2-2 Second sub-item derived from Item 1-2

If evidence is derived or created from multiple items of evidence, the derived/created evidence shall be considered a new item of evidence. The new item shall be given a next available sequential CCBI item number. The creation of the new item shall be documented in the case record and on the chain of custody.

Employees creating a sub-item, item, or new container shall mark the exterior packaging with the CCBI item number and the submitting agency item number, if applicable, of the evidence contained within the packaging.

Evidence which is properly sealed and marked for identification may be placed in unsealed and unmarked containers such as boxes or bags for the purpose of grouping items of evidence or for the convenience of carrying the evidence without that container having to meet the requirements of identification and sealing as long as evidence security requirements are otherwise met.

Evidence Package Resealing

When a package is opened, the original seal shall be left intact, when possible, and a new opening made. When the analysis is complete, the new opening shall be sealed as outlined in these procedures; thus, the original package seals will be intact, when possible, and all seals will be clearly marked.

A new evidence package may be used upon resealing evidence. The new evidence package shall also be marked and sealed according to the above procedures, and the original evidence packaging shall be maintained inside the new evidence packaging. The receiving employee will ensure that the CCBI item number, agency item number, CCBI case number, and agency case number are listed on the outside of the package. DWI Blood Chemistry cases will adhere to the DWI Blood Chemistry Technical Procedures.

Evidence Storage and Retention

Evidence will be stored in the appropriate evidence storage area until it is transferred or returned.

Evidence in the possession of a CCBI Crime Laboratory Division employee, but not out for examination purposes, shall be secured in individual lockers or designated unit evidence areas.

When an individual with evidence in their immediate custody leaves the work area during the workday for a short time (e.g., restroom break, meal break) the evidence in the work area must be secured according to the Unit Technical Procedures. When evidence is to be left unattended for an extended period (i.e., longer than a meal break) the evidence must be secured by returning it to the unit secure area for evidence storage. For Computer Forensics evidence only, evidence that is actively being processed by a password protected computer system may be left unattended for an extended period if it is secured by a ~~locked work area~~ door secured by a card reader and biometric reader.

Evidence Routing and Processing

All evidence transfers must be documented on the chain of custody on the CCBI Laboratory Examination Request form at the time of transfer.

Evidence to be processed by more than one Analyst may be transferred from one CCBI Crime Laboratory Division employee to another, and the evidence transfer must be recorded on the chain of custody on the CCBI Laboratory Examination Request form at the time of transfer. In this case, the receiving employee need only mark the evidence container with his/her initials and date of receipt; this marking should be made at the time of transfer in proximity to the original marking made by the employee who first received the evidence container.

In the event that an employee is not present and evidence must be retrieved from his/her custody for exigent circumstances such as, but not limited to, court proceedings, the Director will grant the authority to a Deputy Director or designee to administratively transfer the evidence. The administrative transfer will be recorded on the chain of custody on the CCBI Laboratory Examination Request form.

Evidence Return

When forensic analysis is completed, evidence will be transferred by the Analyst to the Evidence Receiving Unit for return to the contributor. These transfers will be recorded as described above.

Evidence will be returned only to a representative of the original submitting agency except when released to officers of the court. Evidence may be returned to representatives of other agencies only with direct written authorization from the original submitting agency. A copy of this written authorization shall be maintained in the case record. If Evidence Receiving Unit personnel do not recognize the contributor, proper identification must be provided.

Revision History		
Effective Date	**Version Number**	**Reason**
January 1, 2013	1	New Policy to comply with ISO 17025
February 2, 2014	2	Changes to required information in Trackers
July 14, 2014	3	Include reference to LAPM19, responsibility for refrigerator monitoring, use of Agency item numbers for drug chemistry and DWI, instruction for evidence created from multiple items and require chain of custody updates to be made at the time of transfer
September 24, 2014	4	Allow receiving of evidence by analysts after hours/exigent circumstances
June 16, 2015	5	Require evidence to be handled in a manner which protects it from loss, cross-transfer and contamination. Require evidence not in the process of examination to be stored under proper seal. Update requirements for Computer Forensics unattended evidence.

Revision History		
Effective Date	**Version Number**	**Reason**
January 1, 2013	1	New Policy to comply with ISO 17025
February 2, 2014	2	Changes to required information in Trackers
July 14, 2014	3	Include reference to LAPM19, responsibility for refrigerator monitoring, use of Agency item numbers for drug chemistry and DWI, instruction for evidence created from multiple items and require chain of custody updates to be made at the time of transfer
September 24, 2014	4	Allow receiving of evidence by analysts after hours/exigent circumstances

Chapter 9: Exceptions

See CCBI Standard Operating Procedural Manual Chapter 3, Section 5. Any changes to documentation covered under this section require review and approval by the Forensic Quality Manager in addition to other required approving authorities.

~~There are times when departures from documented policies or procedures are necessary. This procedure specifies the actions required to approve exceptions from CCBI laboratory policies and procedures.~~

~~Exceptions to Technical Procedures~~

~~A request for an exception to unit Technical Procedures must be made to a Technical Leader, if applicable. If the Technical Leader concurs, the request will be forwarded to the Forensic Quality Manager. The Director authorizes the Forensic Quality Manager to evaluate exceptions to Technical Procedures within the CCBI Crime Laboratory Division quality system.~~

~~The request should include the CCBI case number, the Technical Procedure reference in question, the reason the exception is needed, and any supporting documentation needed for evaluation. The Forensic Quality Manager may require additional information be provided to help evaluate the request.~~

~~If the Forensic Quality Manager approves the exception, the request is implemented and documented. The exception approval must be maintained in the affected case file(s). If the exception is not approved, notification will be made to the requesting party.~~

~~Exceptions to Forensic Science Quality Manual or Laboratory Administrative Procedures Manual~~

~~A request for an exception to the Forensic Science Quality Manual (FSQM) or the Laboratory Administrative Procedures Manual (LAPM) must be made in writing. The request will include an adequate description of the circumstances requiring the action, a statement of the proposed alternative policy or procedure, the intended duration of the exception, and any supporting documentation needed for evaluation. The request is forwarded to the Forensic Quality Manager for approval.~~

~~All FSQM or LAPM exception approvals must be maintained by the Forensic Quality Manager for at least five (5) years or one (1) ASCLD/LAB accreditation cycle, whichever is longer. If the exception is not approved, notification will be made to the requesting party.~~

Revision History		
Effective Date	**Version Number**	**Reason**
January 1, 2013	1	New Policy to comply with ISO 17025
February 2, 2014		Consolidation with CCBI SOP

Chapter 10: Facilities and Security

See CCBI Standard Operating Procedural Manual Chapter 25. Any changes to documentation covered under this section require review and approval by the Forensic Quality Manager in addition to other required approving authorities.

~~A safe, secure, and efficiently operated facility is crucial to employee performance and overall productivity. CCBI procedures should reflect this belief and be in accordance with best known practices. CCBI employees' adherence to and understanding of facility operations and security procedures is imperative to maintaining the strictest level of security regarding the evidence, records, and examinations conducted on a daily basis by CCBI staff.~~

~~CCBI will provide a productive and safe work environment. CCBI will also be devoted to the integrity of the facility and its security procedures to safeguard all employees, evidence, and records contained therein. CCBI will maintain facility access and security procedures in compliance with ISO 17025 standards.~~

~~Facility Criteria~~

~~Employees shall have workspace appropriate for the job to be performed. Sufficient space shall be provided near work areas for storage of supplies, equipment, and tools. Storage areas for samples shall accommodate retention of samples for the time and conditions needed to protect their integrity.~~

~~Separate storage areas of sufficient size shall be present in laboratory areas to ensure that evidence, glassware, instrumentation, supplies, reagents, solvents, chemicals, hazardous or regulated wastes, and reference standards and materials are properly stored.~~

~~Chemicals and solvents shall be stored based on compatibility and in accordance with the manufacturer's guidance, Material Safety Data Sheets, and the fire code.~~

~~If possible, separate rooms shall be used for work areas and clean areas. Otherwise, units shall establish a means of ensuring and preserving a distinction between work areas and clean areas.~~

~~Airflow is designed to minimize and prevent cross contamination. Exhaust hoods and biological safety cabinets shall be provided and shall have sufficient airflow to provide a safe environment. Airflow in the hoods shall be monitored and calibrated.~~

~~Adequate lighting shall be provided in all work areas.~~

Adequate plumbing and wiring shall be available and accessible for all tasks.

Heating, cooling, and general ventilation shall be adequate.

De-ionized water systems shall be provided as needed and shall be maintained properly.

Laboratory areas shall be maintained in a clean and orderly manner to prevent contamination and to facilitate the efficiency of operations.

Security

The CCBI Director shall be solely responsible for the authorization of individual access to all portions of CCBI facilities. Agreements with the Wake County General Services Administration and the Wake County Sheriff's Office shall be maintained and be on file at CCBI regarding access authority to CCBI facilities. The Wake County Sheriff's Office and Wake County contract security staff will maintain perimeter security of CCBI facilities at all times.

Definitions

- **Authorized Personnel**: CCBI employees who by virtue of their position or official responsibilities have physical access to areas of CCBI.
- **Authorized Persons**: Persons serving Wake County in an official capacity authorized by the CCBI Director to access portions of CCBI facilities.
- **Employee**: CCBI staff members to include full-time, part-time, temporary, volunteers, or interns who have completed the appropriate hiring or appointment process and have successfully passed a background investigation.
- **Limited restriction**: Any area in CCBI not otherwise addressed to include hallways, corridors, break rooms, bathrooms, etc.
- **Operational Area**: Any area inside of CCBI that houses evidence or that evidence is routinely placed in for the purpose of examination or analysis.
- **Public Area**: Any area inside the facility that is accessible by the public during routine business hours.
- **Restricted Area**: Operational areas of CCBI used for examinations or the analysis of evidence.

- **Secure Area**: Areas of CCBI where evidence is maintained and is restricted to specific CCBI employees.

- **Visitor**: Any person not defined as a CCBI employee or Authorized Persons.

Swipe Card Access

Wake County utilizes AMAG Technologies access control systems for swipe card access in the Wake Detention Center Facility. Administration of this system including access authorization is the physical responsibility of the Wake County General Services Administration, the Wake County Sheriff's Office, and any security vendors contracted by Wake County for the maintenance and/or administration of the system.

The Wake County General Services Administration will maintain responsibility for the creation and distribution of swipe cards to individuals authorized by the CCBI Director. CCBI employees leaving the employment of CCBI shall be required to return their issued swipe cards, CCBI identification, and any keys to the Executive Assistant to the Director upon the termination of employment. Additionally, the Executive Assistant to the Director shall be responsible for terminating card access of CCBI employees at the conclusion of their employment.

The CCBI Executive Assistant to the Director and the CCBI Office of Professional Standards shall maintain the primary responsibility for coordinating and acquiring facility swipe card access for all CCBI employees, volunteers, interns, or other persons acting on behalf of CCBI requiring access to CCBI facilities. Any requests for access or modifications shall be completed by the entities stated above in accordance with access authorization requirements dictated by the CCBI Director.

Requests for the modification of any currently provided access rights provided by swipe card access will be forwarded to the Executive Assistant to the Director or Office of Professional Standards.

Employees placed in an administrative/investigatory suspension status shall be required to return their issued swipe cards, CCBI identification, and any keys to the Executive Assistant to the Director. When the suspension has been fulfilled, and the employee returns to a full duty status, the employee may regain the issued swipe cards.

The Office of Professional Standards and the Forensic Quality Manager shall review the individuals having swipe card access to CCBI facilities during annual internal audits to ensure accuracy, security, and adherence to CCBI policies.

Temporary Use Swipe Cards

~~The Executive Assistant to the Director shall maintain swipe cards for general CCBI access. These swipe cards may be issued to new CCBI employees until receipt of their officially issued employee swipe card. The Executive Assistant to the Director shall log the issuance and return of each temporary use swipe card and maintain account of all CCBI temporary use swipe cards at all times.~~

~~Biometric Access~~

~~Biometric security access will be employed on all CCBI evidence rooms in addition to other security controls. Access to biometric readers will be granted based upon the employee's position in the agency and the official functions assigned to the position that require access to such areas.~~

~~Only CCBI employees authorized by the CCBI Director will be granted entry access into any biometric reader. Contracted personnel servicing or maintaining the biometric system may be enrolled in the biometric readers for the purpose of service, maintenance, or repairs for a time period no longer than that required to complete the service provided.~~

~~The Office of Professional Standards shall maintain responsibility for facilitating and removing the access of employees to all designated evidence rooms within the CCBI facility. Such action will be determined based upon the employee's position and employment status. Employees granted light-duty status or approved for FMLA leave whereby subject to a condition that prevents the job duties that require access to any evidence room, shall be removed from having biometric access to that area(s) until the condition has been satisfactorily resolved. Any employees leaving the employment of CCBI shall be removed from having access to evidence rooms immediately upon termination of the employment.~~

~~Facility Keys~~

~~The Wake County General Services Administration retains responsibility for all CCBI facility keys and locksmith services in accordance to the aforementioned agreement. The maintenance, accountability, and issuance of all CCBI facility keys shall be the responsibility of the CCBI Office of Professional Standards. The issuance and return of all facility keys shall be documented and maintained by the Office of Professional Standards.~~

~~As CCBI employs a variety of electronic and biometric security access systems, it shall be the policy of CCBI to minimize the issuance of keys wherever possible. When designated security systems are in place and operating precluding the use of a key, CCBI employees are required to use the appropriate system as opposed to accessing the area by a key.~~

Requests for additional or copies of any facility keys shall only be authorized by the Office of Professional Standards, the CCBI Director, or his or her designee. The Office of Professional Standards shall maintain copies of all keys to all facility doors, lockable storage units, operational/facility equipment, and furniture items.

The CCBI Director and Deputy Directors shall have access to all facility keys as needed for the efficient operation of the agency. The acquisition of such keys shall be done only for legitimate official purposes and with the knowledge of the Office of Professional Standards.

Video Surveillance

The Wake County General Services Administration in conjunction with the Wake County Sheriff's Office maintains administrative responsibilities of the Wake County Detention Center's video surveillance system. Entryways to all CCBI evidence rooms and the CCBI central files room shall be recorded 24/7. Other areas of CCBI may be monitored by video surveillance at the discretion of the CCBI Director.

Predetermined areas of CCBI facilities have been designated as necessitating constant video surveillance coverage. The CCBI Director may authorize video surveillance of additional areas at his/her discretion in accordance with applicable laws. Such recordings may be used as evidence in any subsequent administrative investigations. Such recordings may also be released upon request in any criminal investigations in accordance with applicable laws.

Requests for copies of any video surveillance shall be authorized only with prior approval from and under the direct authority of the CCBI Director or the Office of Professional Standards.

Access

Visitors

Visitors to CCBI shall include, but are not limited to, those individuals conducting official business at CCBI to include outside law enforcement officers, general Wake County Detention staff, tour participants, media personnel, sales persons, Wake County employees, accreditation assessors, CCBI vendors, or other persons not defined in this chapter. Family members of CCBI employees inside the facility will be considered and treated as visitors.

All visitors to CCBI shall be required to sign a CCBI Visitors Log prior to entry into the CCBI limited restriction area. Visitors will be issued a visitor's identification badge to be visible on their persons while inside CCBI at all times. Visitors may only access CCBI through the CCBI lobby on the 2nd floor or the CCBI Evidence Receiving area on the 1st floor. Visitor groups containing multiple people may be indicated as one entry on the visitors log and are exempt from

~~the visitor's identification badge requirement only when being accompanied by CCBI employees during the duration of the visit.~~

~~All visitors inside the CCBI facility beyond the designated public area shall move through the facility by escort only.~~

~~Authorized Persons~~

~~For the purpose of maintaining efficient Wake County and CCBI operations, the following groups of individuals, hereby referred to as authorized persons, shall be provided general swipe card access only to areas of CCBI identified as limited restriction or public:~~

- ~~General Services Administration employees assigned to official duties at the Wake County Detention Center~~
- ~~Wake County contractors (housekeeping, security staff, security system administrators)~~
- ~~Wake County IS personnel assigned to CCBI operations~~
- ~~Wake County Sheriff's Office employees specifically responsible for the security or maintenance of the Wake County Detention Center facility encompassing areas indicated as CCBI facilities.~~

~~Authorized persons may only enter CCBI facilities while performing their official duties and must use swipe card readers while inside the facility.~~

~~Keys to CCBI facilities, with the exception of CCBI secure areas, may be maintained and released by the Wake County Detention Center Central Control staff for the purposes of facility maintenance, security, or applicable fire protection procedures. All keys maintained by Wake County Detention Staff must be accounted for at all times. The release of such keys for any of the above outlined purposes will be documented to include date and time of issuance, date and time of return, and to whom the key was provided., and for what purpose.~~

~~Public Areas~~

~~CCBI public areas shall be open for public use during official Wake County business hours with no restrictions regarding access. The following area is designated as CCBI's public area:~~

- ~~Room C2351, the 2nd floor public reception area~~

~~Limited Restriction Areas~~

~~All CCBI facility areas, hallways, and corridors shall be classified as limited restriction unless otherwise addressed in this chapter. Limited restriction areas shall be limited to CCBI employees and those listed as Authorized Persons only. The public and others identified as~~

visitors are not authorized to be unescorted in limited restriction areas. All CCBI Limited Restriction Areas will maintain physical and/or electronic lock systems.

Restricted Areas

Restricted areas shall be identified as operational areas of the agency where forensic analysis or examinations are routinely conducted. Additionally, any area maintaining criminal justice information or access to such information shall be considered restricted to include staff office space. All CCBI restricted areas will maintain physical and/or electronic lock systems.

Restricted areas may be accessed only by CCBI personnel who have been granted physical access authority to such location by virtue of their position or official job duties. Individuals entering these areas who have not been granted access to any of these areas must be accompanied by an authorized CCBI employee during the entirety of the individual's presence. (Authorization for the purposes of accompaniment, as defined in this section, may include CCBI employees who themselves do not have access to the specific area as long as the restricted area was originally accessed by a physically authorized employee and the accompanying employee was assigned to the responsibility of accompanying the individual. Accompany will be considered as being in such close physical proximity to ensure no unauthorized or illegal activity can take place.)

Wake County Information Services staff assigned to assist CCBI are excluded from the CCBI employee accompanying requirement as long as the examination of evidence, evidentiary items, or controlled substances are not being maintained presently inside the area or room.

Wake County Detention Center administration or security staff members may possess facility keys to access CCBI restricted areas for the purposes of security and accessibility by emergency personnel in the event of an emergency.

The following CCBI facility rooms are designated as restricted areas:

- C0096 - The Criminal Identification Unit secure employee work area
- C1377 - The Trace Laboratory
- C1378 - The Dry Laboratory
- C1379 – The Wet Laboratory
- C1387- The DWI Blood Chemistry Storage Area
- C1388 and C1400 – The DWI Blood Chemistry Laboratory
- C1392 – The Vehicle Garage
- C1396 – The Evidence Receiving Office
- C1399 – The Drug Laboratory
- C1401 – The Drug Reference Materials Storage Area
- C2361 – The Central Files Record Room

- ~~C2418 – The Forensic Photography Laboratory~~
- ~~C2427 – The Forensic Computer Evidence Laboratory~~
- ~~All personally assigned staff offices~~

~~Secure Areas~~

~~Secure areas are those areas of CCBI designed for and utilized for the purpose of maintaining evidence and requiring biometric access for entry. All secure areas of CCBI will require biometric and swipe card access for entry. Entryways to all CCBI secure areas and corresponding access points will be monitored by video surveillance 24 hours a day, 7 days a week. Keys to secure areas will be maintained by the Office of Professional Standards exclusively and will not be issued to any CCBI employees.~~

~~The Wake County Detention Center Administration or staff members may not possess any facility keys to access CCBI secure areas.~~

~~Secure areas may be accessed only by CCBI personnel who have been granted physical access authority to such location by virtue of their position or official job duties. All individuals or CCBI employees entering these areas who have not been granted access to any of these areas must be accompanied by a CCBI employee who has been granted physical access to the area during the entirety of the individual's presence in the respective area.~~

~~The following CCBI facility rooms are designated as CCBI secure areas:~~

~~C1397 – The Main Evidence Room~~
~~C1394 – The Putrefaction Room~~
~~C1398 – The Drug Evidence Room~~
~~C2426 – The Forensic Computer Evidence Room~~
~~C2422 – The Latent Evidence Control Room~~

Revision History		
Effective Date	**Version Number**	**Reason**
January 1, 2013	1	New Policy to comply with ISO 17025
April 11, 2013	2	Remove purpose from out-of-agency key issuance logs
February 2, 2014		Consolidation with redundant information in CCBI SOP

Chapter 11: Laboratory Case Record Contents, Management, and Retention

Laboratory Case File Contents

The CCBI Laboratory Division will assign a unique case identifier as assigned by CCBI's computerized records system for the purpose of tracking evidence and documentation. The unique case identifier consists of the calendar year and the sequential case number.

Completed laboratory case files will contain administrative and technical records and will be maintained in Central Records.

Required administrative documentation includes records of evidence forms, description of packaging and seals, and communication logs. Other examples of administrative documentation that may be present, but are not required in the case file, are: police reports, forms, drawings, medical analyst reports, or other such information that is not the work product of the laboratory. These records will be placed on the left hand side of the case record folder.

Required technical records include the laboratory DWI blood drug reports, tests conducted, standards and controls used (unless referenced to other Quality Control documents), diagrams, photographs, printouts, results of examinations, and other observations. The documents and data that form the basis for the conclusions of the laboratory report(s) include, but are not limited to: bench notes, spectra, graphs, sketches, and diagrams. When no conclusion can be made, the reason must be clearly stated in the technical records and must be consistent with discipline interpretation standards. Unit Technical Procedures may have additional case file requirements that must be followed. Technical records will be placed on the right hand side of the case record folder.

All documentation stored in the case file must be securely fastened prior to storage in Central Records. The case file must also contain information on the location of any technical records not present in the case file.

Handwritten notes and observations must be in ink. However, pencil (including color pencil) may be appropriate for diagrams, making tracings, or for crime scene notes.

Any corrections in case file documentation will be made by an initial and single strikeout (so that what is stricken can still be deciphered). Nothing will be obliterated or erased. Additional technical notations, including interlineations, made in case notes must be initialed and dated by the person making the additions. Opaque correction fluid or correction tape shall not be used.

Administrative documentation must be marked with the unique case identifier on each and every

page and with the initials of the individual who placed the document in the case record. Two-sided documents must contain the unique case identifier on both sides.

In the event of a lost, damaged, destroyed, or contaminated case file, a thorough attempt will be made to reconstruct the file folder and its contents. In the case of a damaged or contaminated case file, if possible, the original file should be preserved or photographed. A reconstructed file will be marked as such. This will be done under the supervision of the unit Supervisor and/or Technical Leader with notification to the Forensic Quality Manager.

Technical documentation must be marked with the unique case identifier and the Analyst's handwritten initials and/or signature on each page. These initials are in addition to any initials required due to corrections, etc. Two-sided documents must contain the unique case identifier and the Analyst's handwritten initials on both sides.

When technical documentation is prepared by an individual other than the one who interprets the findings, reports on, and/or testifies concerning the documentation, both individuals must initial each page of the documentation. Machine generated records meet this requirement if they include the printed case number and the Analyst's original handwritten name or initials.

Dates should be recorded throughout the technical documentation to indicate when the work was performed, but at a minimum, the start and end dates of the analysis must be recorded.

Abbreviations and symbols are acceptable if they are defined in the unit Technical Procedures. It is recommended that when technical records consist of multiple pages, a page numbering system indicating total number of pages be used.

Technical records are considered finalized once the data is submitted for technical case file review or administrative review.

Laboratory Case File Management

Access to case file storage areas will be limited to personnel designated by the Director. Laboratory case files will be maintained in accordance with CCBI SOP Chapter 36.

The Director or designee is responsible for:

- Ensuring that permanent retention files are marked for identification;
- Reviewing prior year files for separation of permanent retention files;
- Preparing and submitting applicable form(s) to request destruction of files over ten (10) years old and which are not permanent retention files. The destruction order must be signed by an employee of the Executive Policy Board.

Whenever a case file is temporarily removed from the case file storage area, a record will be made.

Laboratory Case File Retention

Laboratory Information Management System Records Management and Retention

Case File Management

CCBI's Central Records Unit and computerized records management system ("RMS") maintains records, and such records will be compiled, retained, and/or released according to the North Carolina General Statutes; the North Carolina Department of Cultural Resources Records Retention and Disposition Schedule; CCBI policies and procedures; and any case-specific court orders. The Central Records Unit is a component of the CCBI Support Services Division. The Central Records Unit is responsible for maintaining, archiving, and disposing of all records. Such records will be organized and maintained in a manner promoting efficient retrieval.

Access to case files storage areas will be limited to personnel assigned to that area or personnel authorized by the Director or designee. The Central Records Manager is responsible for filing all documents submitted to the Central Records Unit.

Once a case file has been administratively reviewed, the case file will be forwarded to Central Records for permanent filing. Once the file is received in Central Records, the file will be placed into a red folder indicating a person's crime, or a blue folder indicating a property crime.

Property crimes case files identified as greater than twenty (20) years old will be extracted each calendar year by the Central Records Manager and the applicable Deputy Directors. The content of the identified files will be examined to ensure the offense and the age of the case meets destruction order criteria. The case will be logged onto a spreadsheet, and the case file will be securely shredded.

Case files identified as persons crimes or crimes against the state (for example, drug or weapons violations) are permanently retained in Central Records. These offenses include but are not limited to:

- First Degree Murder
- Felony Murder with death resulting in connection with Arson, Sex Battery, Robbery, Burglary, Kidnapping, Escape, Aggravated Child Abuse, Aggravated Elder/Disabled Abuse, Aircraft Piracy, Unlawful Destructive Device, Carjack, Home-Invasion Robbery, Aggravated Stalking, or Resisting Officer with Violence
- Felony which is an act of terrorism

- Unlawful distribution of controlled substance under 893.01, cocaine 893.03 (2)(a)4, or opium or any synthetic or natural salt, compound, derivative, preparation of opium by a person 18 or older when such a drug is proven to be the proximate cause of death of user
- Sexual battery on a child under the age of 12
- Principal in the first degree, where underlying felony is otherwise a capital from felony murder rule
- Death Investigations
- Sexual Assault
- Other sex offenses if by person 18 years or older on a person 11 years old or younger.

Requests for Latent Print and Footwear Impression Evidence Comparison

Comparison requests will be date stamped when received by the Central Records Unit. A query will be made to determine if there are other pending or duplicate requests under the same case number, and a search of the records management system will be conducted to determine if CCBI has collected any print evidence in the case to which comparisons may be made. If prints were not collected, the request will be returned to the requesting agency with such explanation.

The Latent Print Unit Supervisor is responsible for retrieving comparison requests from the Central Records Unit.

Any case records created by the Latent Examination Unit will be forwarded to the Central Records Unit for filing purposes.

Compliance with N.C.G.S. § 15A-501(6) (Discovery)

The release of records for discovery purposes shall be a function of the Central Records Manager or persons designated by the Support Services Division Deputy Director or the CCBI Director. All requests for records made by prosecutorial entities for the purpose of discovery shall be performed in accordance with this policy.

Any request of records for discovery purposes shall be directed to Central Records. Any discovery request shall be logged and placed in the original case file. When an order for discovery is received, all documents will be compiled, to include any electronic documents or latent lift evidence. The entire file is photocopied, and photocopies are sequentially stamped with a Bates stamp. A request for any photos or videos is made to the Forensic Photography Unit by the Central Records Manager, and a copy is prepared.

An Order for Discovery and Compliance Form will be completed. This form shall include at a minimum the requesting entity and date, the numbers of the Bates-stamped documents, a signature of receipt by the requesting entity and the date of receipt, and the CCBI employee complying with the request. This form shall be maintained with the original record.

Before any document can be added to a discovered file, or any changes or alterations to any forms in a discovered file, the changes will be given to the Central Records Manager. The document will be photocopied, sequentially Bates-stamped, and the appropriate entity notified. The original case file is marked with an orange-colored label to indicate that an Order for Discovery has been completed.

Revision History		
Effective Date	**Version Number**	**Reason**
January 1, 2013	1	New Policy to comply with ISO 17025

Chapter 12: Laboratory Reports

General Laboratory Report Information

Administration

The Wake County Sheriff's Office supports and maintains CCBI's primary records management system for all electronically maintained investigative, examination, or analytical test reports in Sungard's® ONESolution RMS system, hereafter referred to as RMS.

All information placed in RMS is backed-up and stored every twenty-four (24) hours. The Wake County Sheriff's Office maintains dedicated servers for the storage of RMS data and contracts electronic storage recovery services whereby maintaining secure servers off-site to back-up all RMS data.

The CCBI Director shall authorize a CCBI employee(s) to work with the Wake County Sheriff's Office and act as a CCBI RMS System Administrator. The CCBI Director and RMS System Administrator shall have full authority for creating access accounts, assigning security, and removing accounts as necessary for operational purposes based upon job functions.

Report Completion

A CCBI Report Writing Manual will be available to all CCBI employees responsible for the completion and submission of test reports in the records management system. This manual shall provide specific instructions to assist the employee with regards to the operation of the RMS system and specifically serve as a guide in completing all test reports.

Laboratory reports will be prepared when analytical conclusions and/or opinions are made regarding evidence submitted for analysis and/or when Crime Laboratory personnel respond to a crime scene investigation (e.g., technical field response).

All test reports completed by CCBI staff shall be entered into RMS upon the collection of evidence or the completion of the examination or analysis as appropriate without undue delay.

Report Information

All CCBI Crime Laboratory Division reports, with the exception of the DWI Blood Chemistry reports, will be completed in RMS in accordance with the established procedures.

All CCBI Crime Laboratory Division reports will include, at a minimum, the following information:

1. A title;
2. The name and address of CCBI and/or the location where the examination/analysis was completed if other than the laboratory;
3. A unique CCBI Case Number;
4. Page numbers;
5. The name, address, and the submitting customer agency case number;
6. The date the evidence was received;
7. A written description, including the CCBI unique item number(s) assigned (for DWI Blood Chemistry and Drug Chemistry: the submitting agency item number(s)), the condition of the item(s), and unambiguous identification of the item(s) tested (including all items submitted and not examined); and
8. The test results will include the following when appropriate for the interpretation of the test results:
    a. Units of measurements;
    b. Changes to standard test methods;
    c. Opinions and interpretations;
    d. Qualified and clearly communicated associations if associations are made;
    e. Eliminations made as a result of comparative examinations; and
    f. Reasons when no definitive conclusion can be reached.
9. The author's official title with a signature or equivalent identification; and
10. A confidentiality statement signifying the end of the report.

Additional items required in test reports by ISO may be detailed in the case record relating to a specific investigation.

1. The date of the examination;
2. Information regarding the sampling plan when necessary for the interpretation of the examination results to include the following as appropriate:
    a. The date that the sample was taken;
    b. A distinct identification of the sampling substance to include the manufacturer's name and any unique sample designators as appropriate;
    c. The location of the collected sample to include all associated records;
    d. Reference to the sampling plan and procedures utilized:
    e. Description of any environmental conditions that may have affected the interpretation of the test results;
    f. Any standard or other specification for the sampling method or procedure and any changes from the same.
3. The test results will include the following when appropriate for the interpretation of the test results:
    a. Test conditions (i.e., environmental conditions);
    b. Statements of compliance/non-compliance with requirements and specifications;
    c. A statement indicating results only relate to the items tested;

d. A statement on the uncertainty of measurement when requested by a customer, affecting compliance to a specification limit, or otherwise necessary;
e. Information necessary as a result of specific methods or otherwise as required by the customer.

RMS reports are formatted in a specific manner whereby including headers and footers with some of the information required above. As the information required is more encompassing than the current available format in RMS, CCBI Crime Laboratory Division reports will be prepared on a "Raleigh/Wake City-County Bureau of Identification" Word document controlled template designed and approved for each unit and copied into the narrative portion of RMS. CCBI Crime Laboratory Division entries made exclusively for the purpose of receipt of evidence and unique case identifier generation is excluded from this template requirement. However, formats used for this purpose will be at the discretion of the Forensic Quality Manager.

An employee may only issue a report containing analytical conclusions in an area in which he/she is currently certified.

The content and distribution of DWI Blood Chemistry reports is specifically dictated by North Carolina General Statute § 20-139.1(c1). Cases that may be charged as impaired driving shall be written on revocation report forms which require notarization. DWI Blood Chemistry reports will be completed independent of RMS and maintained in paper format.

Additional Reports

Additional reports are considered any addition made to an initial RMS-entered record by the examiner or analyst who wrote a prior report. Additional reports are subject to the same content criteria as listed above.

Returned Unworked Notifications (RUW)

If evidence is returned unworked to an agency, a simplified notification will be generated. An RUW (Returned UnWorked) notification is a notification issued on a case in which all items listed in the case record are to be returned unworked. CCBI's Forensic Quality Manager retains discretion for determining which staff members may complete an RUW notification.

Persons authorized by the Forensic Quality Manager to complete an RUW notification do not need to be proficient in the discipline(s) for which the evidence was submitted for examination. RUW notifications do not require administrative review.

One RUW notification can be issued for evidence with multiple disciplines in which all submitted evidence is being returned unworked.

Occasionally, contributors request analysis of an item of evidence by multiple disciplines; CCBI Analysts determine whether analysis is appropriate in all of the requested disciplines. If analysis in only one discipline is appropriate, no RUW notification is required for the requested analysis in the other disciplines. (Example: The requested analysis is drug analysis and latent prints. It is determined that an item can be processed in either discipline but not both. Communication with the contributor is documented in the Communication Log and indicates the contributor prefers to proceed with drug analysis only. As long as the items are tested for drugs, no RUW notification is required for latent prints.)

An RUW notification will contain at a minimum the item description; the CCBI numerical designation of the evidence being returned; the name of the employee authorizing the evidence to be returned unworked; and the reason(s) why the evidence is being returned unworked. Proper documentation of the request shall be maintained in the case record.

If a previous CCBI laboratory report is being cross referenced as part of the reason for the evidence being returned unworked, the RUW notification narrative shall indicate the referenced CCBI case number.

Stop Work

Stop Work is a report issued on a case in which evidence is in the process of being examined but is not yet complete. Stop Work reports shall be completed by the examiner. No conclusion on analysis that has been completed prior to the request shall be noted in the report. Stop Work reports must be administratively reviewed by the appropriate personnel. Proper documentation of the stop work shall be maintained in the case record.

Review

All CCBI reports are considered "pending" until submitted for review by the Analyst. All CCBI reports will be reviewed for content, accuracy, and neatness as part of the required administrative review.

RMS is made of separate modules to allow for a supervisory review process. The RMS supervisory review process shall be considered an administrative review of the report. CCBI Crime Laboratory Division staff writes reports in a mobile RMS module identified as Mobile Field Reporting. Once the supervisory review of the report is complete, the report transfers from Mobile Field Reporting to RMS.

Reviewers denying any submitted report must provide written reasons for the denial. Denial reasons are documented and maintained by RMS.

Crime Laboratory Division reports generated exclusively for the purpose of receipt of evidence and assignment of case number are not considered test reports for the purposes of review. These entries may be reviewed by the entering employee to allow for transfer of the initial receipt of evidence report to RMS for retrieval and for generation of a sequential unique case identifier.

Amendments and Modifications

Once a report has been administratively reviewed and has moved from the mobile module into RMS, any alteration or modification of the content of the examination record or report is prohibited. Report contents must be corrected using amended report submissions.

Once the report has been published, if changes are required, a new report must be issued. This new report must be labeled "AMENDED REPORT" at the top of the new report above the date, in bold font, and within the body of the report must include a remark about the nature of the amendment made. Upon entering the Supplement screen in the report, select "Amended Report (CCBI Use)" in the Supp Type heading (see OSSI Records Management System document for more detailed instructions).

Modifications

The CCBI System Administrator may move and/or copy reports as necessary for the proper administration of the system. Such instances include reports entered in error, duplicate entries, or other administrative functions.

No report or additional report shall be deleted from the records management system due to content contained in the narrative portion without the expressed permission from the Director.

Release of Reports

Reports may be transmitted electronically. Reports will only be released after the appropriate review is conducted.

All case records are confidential. Laboratory results will not be released outside CCBI except as described below:

- Preliminary findings and investigative lead information may be released to the submitting law enforcement agency, to the prosecuting attorney's office, or during deposition. Appropriate documentation of what information was released and to whom will be included in the case record. A communication log shall be used to document discussion of a specific case. Emails pertaining to a specific case shall be retained in the case record.

- Final results, conclusions, or reports will only be released to prosecuting attorneys and

the submitting agency unless directed by the court, by the submitting agency, or authorized by the prosecuting attorney. Results may also be released by the appropriate authority in response to discovery requests or court orders. Case dissemination emails shall be retained in the case record.

File Transfer Protocol (FTP) Server

The RMS function precludes the ability to separate investigative or examination records based upon particular service agencies. As such, with the exception of the Wake County District Attorney's Office, CCBI shall not authorize any outside agency direct access to the CCBI RMS system for viewing or retrieval of records.

Wake County Information Services in conjunction with CCBI has established a File Transfer Protocol (FTP) Server to aid in the publication and distribution of completed test reports to customers. Customer agencies have been provided access to agency specific folders on the Wake County FTP Server. If the agency does not have a folder on the Wake County FTP Server, CCBI personnel will scan the report and email it to the agency.

The CCBI System Administrator designates an IT Liaison with the customer agency. Instructions for use and access are provided to the customer agency. CCBI maintains no further responsibility with regard to the distribution of access to each customer agency employee for access to their agency's FTP Server folder. Individual requests for access are directed to the specific agency IT Liaison.

The Wake County District Attorney's Office has been provided an FTP Server folder that consists of copies of each individual customer agency folder. A routine program has been incorporated to add newly published test reports placed in customer agency folders into the Wake County District Attorney's Office folder automatically on a routine basis.

The administrative reviewer or a Forensic / Evidence Technician will be responsible for publishing customer reports to the appropriate customer agency FTP Server folder at the conclusion of the review. The individual publishing the report will also be responsible for updating the appropriate Tracker log with the date the report was published, if applicable. The publication date is on the report.

Test reports downloaded from RMS are named with the CCBI case number. Submitting agencies do not have access to CCBI's RMS system and do not know the CCBI case number associated with their case. Therefore, when the report is saved on the FTP Server in the agency's individual folder, the report will be named with the agency's case number for convenience purposes.

Specific FTP Server use instructions are included in the CCBI Report Writing Manual.

Revision History		
Effective Date	**Version Number**	**Reason**
January 1, 2013	1	New Policy to comply with ISO 17025
7/14/14	2	Update publishing responsibility
6/13/16	3	Add use of communication logs. Require addition of emails regarding a specific case and case dissemination emails to case record.

Chapter 13: Management Continuity

When the Director, the Forensic Quality Manager, the Deputy Director, or a CCBI Crime Laboratory Division Supervisor will be unavailable to perform their duties, they will designate an employee to assume their responsibilities.

If the Director is unable to designate an acting Director in his/her absence, the Senior Deputy Director will be the acting Director until further notice.

If the Forensic Quality Manager is unable to designate an acting Forensic Quality Manager in his/her absence, the Deputy Director of the CCBI Crime Laboratory Division ~~Technical Leader of Drug Chemistry Unit/DWI Blood Chemistry Unit~~ will be the acting Forensic Quality Manager until further notice.

If a CCBI Crime Laboratory Division Supervisor is unable to designate an acting Supervisor in his/her absence, the Deputy Director of the CCBI Crime Laboratory Division will be the acting Supervisor until further notice.

Revision History		
Effective Date	**Version Number**	**Reason**
January 1, 2013	1	New Policy to comply with ISO 17025
February 2, 2014	2	Comply with new Quality Manager roles

Chapter 14: Management Reviews

An annual management review is required to ensure that laboratory management can continue to be confident that all measures taken provide the highest quality service using "state-of-the-art" technologies. CCBI will conduct an annual management review to determine if the current quality system is effective.

This review will assess:

- The suitability, adequacy, and completeness of CCBI laboratory policies, practices, and procedures for meeting the quality objectives of the CCBI Crime Laboratory Division and the standards of the ASCLD/LAB-*International Program*
- Any reports from technical management
- The annual quality audit program
- Any preventive, follow-up, and/or corrective actions
- Any external assessments
- The proficiency test program
- Changes in the volume and type of work being performed in the CCBI Crime Laboratory Division
- Any feedback or complaints from contributors/jurisdictions and CCBI personnel
- Any recommendations for improvement
- The adequacy of the organizational structure, staff training, and resources to implement the CCBI Crime Laboratory Division quality system
- The overall objectives
- Unit quality audits
- Testimony review (to include documentation of employees who did not testify)
- Proficiency testing
- Personnel training
- Staffing issues
- Quality issues
- Inspection records

The Forensic Quality Manager will forward a summary of the state of the CCBI quality system; a list of implemented changes or enhancements to technologies; and any findings and outcomes arising from the review that affect the Laboratory will be submitted to the Deputy Director and Director on or about May 31 ~~January 15~~ of each year.

Management review documentation will be maintained by the Forensic Quality Manager for at least five (5) years or one (1) ASCLD/LAB accreditation cycle, whichever is longer.

ASCLD/LAB Annual Accreditation Review Report

CCBI will prepare an annual accreditation review report as required by ASCLD/LAB.

The Forensic Quality Manager will complete the annual accreditation review report. The annual accreditation review report will be forwarded to the ASCLD/LAB Executive Director no later than June 30 ~~February 12~~ of each calendar year.

Annual accreditation review report documentation will be maintained by the Forensic Quality Manager for at least five (5) years or one (1) ASCLD/LAB accreditation cycle, whichever is longer.

Revision History		
Effective Date	**Version Number**	**Reason**
January 1, 2013	1	New Policy to comply with ISO 17025
May 29, 2013	2	Change in Submission of management reviews
February 2, 2014	3	Change of required review submission dates

Chapter 15: Proficiency Testing

All CCBI employees who are actively engaged in the forensic analysis of evidence will be proficiency tested at least once each calendar year in their respective disciplines and to the extent that they are involved in analyses.

Each employee will be proficiency tested at least once during the five (5) year ASCLD/LAB accreditation cycle in every category of testing as defined in the Administrative Procedure for Certification of Competency in which the employee performs casework and issues reports.

The distribution date identifies the day on which the test participant was assigned the proficiency test. This date identifies the calendar year for which the test will be credited. (For example, if the distribution date for a test is December 18, 2012, and the due date for that test is March 1, 2013, the test participant is credited with participating in a 2012 proficiency test).

Each employee must successfully complete her/his proficiency test as described in each unit's annual testing plan.

Each employee involved in proficiency testing will assure that the tests are performed in accordance with the appropriate unit Technical Procedure with the exception that proficiency tests will not undergo verification, administrative review, or technical review. Proficiency tests must be submitted within specific time periods. Internal or external proficiency tests will not be subject to policies that have been adopted for efficiency or expediency of casework, i.e., limited identification procedures on latent evidence.

All purchased proficiency tests, whether taken as an external or internal test, will be completed and submitted to the designated person on or before the vendor-established due date.

ASCLD/LAB-approved providers will be utilized whenever possible for external proficiency tests.

Proficiency testing programs utilized by CCBI will consist of internal and/or external proficiency tests in all disciplines and may contain blind proficiency or reanalysis tests in certain disciplines.

The Forensic Quality Manager has overall responsibility for the proficiency testing program administered by CCBI. It is the Forensic Quality Manager's responsibility to ensure that the program and its administration are in keeping with all appropriate guidelines, rules, and regulations.

The Technical Leader of each discipline will review the Proficiency Test Plan for laboratory

employees each calendar year and submit any changes to the Forensic Quality Manager prior to management review. The Forensic Quality Manager and Director will approve the plan.

The Forensic Quality Manager will coordinate the proficiency testing program to include ensuring that all technical support personnel are proficiency tested to the extent they participate in the casework process.

Each unit will maintain testing results and supporting documentation for all participating employees for one (1) accreditation cycle or five (5) years, whichever is longer. The testing results and supporting documentation will include the following:

- The test set identifier
- How the samples were created or obtained
- The identity of the employee taking the test
- The date of analysis and completion
- Originals or copies of all data and notes supporting the conclusions (full details of the analyses/examinations undertaken and the results and conclusions obtained)
- The proficiency test results
- Any discrepancies noted

Unit Technical Procedures will address whether proficiency test samples are retained.

The Forensic Quality Manager will maintain the following documentation:

- An indication that performance has been reviewed and feedback provided to the employee
- Details of the corrective actions taken (when necessary)

The test set identifier, information on how the samples were created or obtained, and the answer key will be provided to the Forensic Quality Manager by the test provider. If the Supervisor or Technical Leader is not involved in the proficiency testing, the answer key will be provided to them.

Each Supervisor or Technical Leader will be responsible for checking all proficiency results. If the Supervisor or Technical Leader is participating in the proficiency testing, the Forensic Quality Manager will be responsible for checking the results. If the Supervisor or Technical Leader notices a discrepancy in the results, the Forensic Quality Manager will be notified. Nonconformities identified at any point in testing will be handled in accordance with Administrative Procedure for Corrective Actions.

The Supervisor or Technical Leader is responsible for ensuring that each employee has been informed of the results of her/his proficiency tests by reviewing the results with the Analyst and

notating acknowledgement on the proficiency test review form. If the Supervisor or Technical Leader is the subject of the proficiency test, then the Forensic Quality Manager will review the results.

The Supervisor or Technical Leader will review and/or verify the results of any blind proficiency tests in their discipline as requested by the Forensic Quality Manager.

Revision History		
Effective Date	**Version Number**	**Reason**
January 1, 2013	1	New Policy to comply with ISO 17025

Chapter 16: Quality and Technical Records

Quality Records

CCBI quality records include internal and external audits, evidence, property, and controlled substance inventories, safety inspections, management reviews, annual accreditation audit reports, quality assurance review forms, corrective and preventive actions, training records, testimony review forms, and proficiency testing documentation.

The Forensic Quality Manager or designee will maintain the official training progress reports and memos, management review, and corrective action records. The records should be maintained in a file system that is organized for ease of access.

All quality records will be maintained for at least five (5) years or one ASCLD/LAB accreditation cycle, whichever is longer. Training records will be maintained for the duration of an employee's employment with CCBI plus thirty (30) years after separation from employment. Quality assurance review forms, corrective actions and proficiency test results will be maintained indefinitely. Disposal of quality records should include shredding or electronic deletion.

Technical Records

CCBI technical records include case records, validations, performance checks, instrument logs, and reagent logs.

Completed laboratory case records will contain administrative and technical records and be maintained in a secure, designated area. The case record must also contain information on the location of any examination documentation not present in the case file.

Access to case file storage areas will be limited to personnel designated by the Director. Laboratory case files will be retained in accordance with CCBI SOP Chapter 36.

Revision History		
Effective Date	**Version Number**	**Reason**
January 1, 2013	1	New Policy to comply with ISO 17025

Chapter 17: Quality Manager

Forensic science's crucial role in the administration of justice requires intensive measures be undertaken to ensure the overall quality of scientific findings. To accomplish this, the CCBI quality system has been created within the CCBI Crime Laboratory Division. To ensure the on-going effectiveness of the quality system, the Director shall appoint a ~~authorizes the CCBI Crime Laboratory Division Deputy Director to serve as the~~ Forensic Quality Manager. The Forensic Quality Manager will oversee the quality functions of the CCBI Crime Laboratory Division. The Forensic Quality Manager has direct access to the Director for all quality related matters. Changes or modifications to the quality system will be reviewed with and approved by the Crime Laboratory Division Deputy Director and Director prior to implementation.

The Forensic Quality Manager is responsible for coordinating all of the activities required to implement and maintain quality within the CCBI Crime Laboratory Division in accordance with ISO 17025 accreditation standards.

The scope of the Forensic Quality Manager's responsibilities and authority are as follows:

1. Ensure all required quality manuals are created, maintained, and kept up to date (includes all manuals related to the quality system), and evaluate the effectiveness of all policies and procedures related to the quality system.
2. Track evaluation of testimony records to ensure adherence to all applicable standards and procedures and to provide periodic feedback to the management team regarding annual compliance.
3. Coordinate the purchasing, creation, and tracking of proficiency tests (all types) to ensure adherence to all applicable standards and procedures and provide periodic feedback to the management team regarding annual compliance.
4. In conjunction with the appropriate personnel, to objectively investigate technical problems, develop and propose corrective actions, and track and verify their implementation.
5. Monitor practices to verify continuing compliance with ISO 17025 standards and procedures.
6. Periodically assess the adequacy of report review activities throughout the laboratory.
7. Select, train, and evaluate internal auditors.
8. Conduct/coordinate annual internal quality assessment audits within the laboratory system.
9. In accordance with ASCLD/LAB ISO guidelines, to prepare an annual Internal Audit Report of the CCBI Crime Laboratory Division.
10. Schedule and coordinate other quality system audits which may be necessary to ensure the effectiveness of the overall quality system.

11. Ensure that technical training and competency testing records of laboratory personnel are created, maintained, and are up to date.
12. Ensure the proper and thorough validation of all new technical procedures and recommend acceptance or rejection of each new procedure to the Deputy Director and Director.
13. Periodically review the overall quality system and propose corrections and improvements to the Deputy Director and Director.

The designation of a Forensic Quality Manager in no way relieves any other Technical Leader or employee from active participation in or commitment to the laboratory's overall quality efforts.

The Forensic Quality Manager will carry out all responsibilities in a fair, impartial, and objective manner. ~~The Forensic Quality Manager will have direct access to the Director. Changes or modifications to the quality system will be reviewed with and approved by the Director prior to implementation.~~ All employees of the CCBI Crime Laboratory Division are expected to cooperate fully with the Forensic Quality Manager.

Revision History		
Effective Date	**Version Number**	**Reason**
January 1, 2013	1	New Policy to comply with ISO 17025
February 2, 2014	2	Changes to Quality Manager selection

Chapter 18: Resolution of Complaints

Complaints Regarding the Quality of Work or Quality Related Aspects of the Management System

If an employee's work is called into question by customers or employees who are concerned about the forensic quality of the work or quality-related aspects of the management system, the complaint is forwarded by the recipient to the Forensic Quality Manager. The Forensic Quality Manager then forwards the complaint to the Director for review. If necessary, the Administrative Procedure for Corrective and Preventive Action will be used.

Complaints Regarding Integrity

Complaints that an employee has violated law, CCBI policies, or otherwise failed to conduct him- or herself in a manner expected of CCBI employees will be submitted to the CCBI Office of Professional Standards.

Revision History		
Effective Date	**Version Number**	**Reason**
January 1, 2013	1	New Policy to comply with ISO 17025

Chapter 19: Review of Requests, Tenders and Contracts for Laboratory Services

Primary Review

Prior to the submission of evidence, CCBI Crime Laboratory Division personnel will evaluate the submission request to ensure that the CCBI Crime Laboratory Division has the capability and resources to perform the requested services. By his/her signature on the CCBI Laboratory Examination Request, the contributor acknowledges and approves the use of the most appropriate and up-to-date methods authorized by the Raleigh/Wake City-County Bureau of Identification.

Examination Request forms with obliterations or illegible content may be refused. Individuals submitting the forms should be instructed to mark all unwanted entries with a single, initialed line through the entry.

CCBI will not routinely conduct reanalysis of evidence that has been previously analyzed by another laboratory unless directed by the court or approved by the Crime Laboratory Deputy Director or Director.

If the request for services is found to be acceptable, this review will be documented by entering the request into the CCBI computerized reporting system and creating a case identifier. The Technician will mark the Examination Request form with the generated unique CCBI case number and their initials. No other markings or changes will be made to the submission form, except in the chain of custody, without documentation authorizing or accepting the change from the submitting agency. Changes authorized or accepted by the submitting agency will be initialed by the individual making the change and the documentation maintained in the case file. If the request for services is declined, the evidence will not be accepted.

Secondary Review

After a case has been submitted to CCBI, and prior to examination, the request is reevaluated by the Analyst or Forensic Technician performing the analysis, the Technical Leader, or Supervisor. If the service requested is acceptable, the Analyst or Forensic Technician will accept the Request and perform the analysis. If the CCBI laboratory is unable to fulfill the service requested, a RUW (returned unworked) notification will be issued designating the reason for the return.

Prior to analysis, the contributor will be contacted when the suitability of an item of evidence for examination is questionable or the request for examination is unclear. This communication will be documented in the case record communication log.

In the event that during analysis it is determined that a previously accepted service request is not possible or appropriate, or additional discipline testing is suggested, this fact will be recorded and will be documented in the case record. The contributor will be contacted and the communication will be documented in the case record communication log.

Rush Cases

Requests by a contributor or the Wake County District Attorney's Office for an expedited examination (a "rush") shall be made via the CCBI Rush Request Form.

Upon receipt of this form, the Deputy Director for the Crime Laboratory Division or the Unit Technical Leader will evaluate the request. If the request is approved, the Deputy Director or Unit Technical Leader will forward the rush request to the appropriate analyst or technician ~~inform the applicable unit~~.

The contributor will be contacted by the Deputy Director or Technical Leader if there are concerns with any aspects of the request or CCBI's ability to fulfill it. The communication will be documented either on the rush request or a communication log and be maintained in the case record. Whether approved or unapproved, the Rush Request Form will be maintained in the case record as an administrative document.

Revision History		
Effective Date	**Version Number**	**Reason**
January 1, 2013	1	New Policy to comply with ISO 17025
7/14/14	2	Add instructions for changes, obliterations, and illegible documentation and communication, include technical leaders for rush approval and rush communication instructions

Chapter 20: Technical Field Assistance

CCBI Crime Laboratory Division Personnel may be called upon to provide assistance to the CCBI Investigations Division crime scene Agents or be requested by local law enforcement agencies or the Wake County District Attorney's Office. Requests for specialized laboratory assistance should be directed to the Deputy Director of the CCBI Crime Laboratory Division. The Deputy Director, applicable Supervisor, Technical Leader, or CCBI Director will assign the appropriate personnel to comply with the request.

Laboratory personnel will maintain detailed documentation of their activities and supply a report on their activities as a Technical Field Assistance report. In the event that physical evidence is collected and brought back to the laboratory for analysis, the CCBI Laboratory Examination Request form will be completed by the Analyst and submitted with the evidence. Evidence collected from a crime scene shall be appropriately identified, packaged, and entered into the evidence control system as soon as practical.

The technical field assistance report shall contain the following:

- Accurately identify the scene(s) and the location of the scene(s) examined
- List CCBI crime scene Agents, officers, or agencies involved in the field assistance
- Identify the procedures used by the Analyst
- State the results of the procedure
- List any physical evidence collected

The report concerning technical field assistance should be subjected to the same review and processed through the CCBI Crime Laboratory Division as any other laboratory report. A separate report will be issued for any analysis conducted in the laboratory on evidence brought back from the crime scene. The in-laboratory analysis shall be conducted in accordance with existing policies and/or procedures.

Revision History		
Effective Date	**Version Number**	**Reason**
January 1, 2013	1	New Policy to comply with ISO 17025

Chapter 21: Testimony Review

To ensure that an employee's testimony is effective and does not compromise or negate a scientifically defensible and legally admissible report and examination, CCBI has a program of testimony monitoring and evaluation.

The evaluation of testimony is necessary to ensure that the testimony of each individual is scientifically consistent with the findings documented in the case record, and that the individual has displayed a demeanor and professional appearance consistent with all applicable policies, all applicable procedures, and the values of the Raleigh/Wake City-County Bureau of Identification.

The testimony of each employee who testifies must be evaluated at least once during the calendar year. The monitoring may be performed in one of two ways:

- In-court observation by their Unit Technical Leader, the Forensic Quality Manager, the Crime Laboratory Deputy Director, Director or another individual designated in the Unit Technical Procedures ~~a designated CCBI staff member~~: This is the preferred method for testimony observation.

- In-court observation by qualified court officials: This shall include the District Attorney, Assistant District Attorney, defense attorney, or judge who observes the testimony of the employee.

Supervisors or the Forensic Quality Manager shall consider the following in assessing additional frequency of testimony observation:

- Employees who are newly qualified or require improvement in this aspect of their work.

- Complaints or concerns from attorneys or judges.

When the testimony is monitored and evaluated by an authorized individual, the evaluation must be documented on the CCBI Employee Testimony Evaluation Form.

Each completed CCBI Employee Testimony Evaluation will be routed to the Forensic Quality Manager. The Forensic Quality Manager, designated Technical Leader, or designated Supervisor will review the evaluation with the employee, and the employee will acknowledge feedback by initialing the lower right hand corner of the evaluation.

After ensuring a feedback session has occurred, the Supervisor will forward the evaluation to the Forensic Quality Manager. The Forensic Quality Manager will maintain copies of the evaluations for a five (5) year period or one (1) ASCLD/LAB accreditation cycle, whichever is longer.

If a Technical Leader or Supervisor believes that there may be technical issues with the employee's testimony, the Forensic Quality Manager should be contacted and a quality review of the employee's testimony performed. If the review does find technical issues, refer to the Administrative Procedure for Corrective and Preventive Action.

Revision History		
Effective Date	**Version Number**	**Reason**
January 1, 2013	1	New Policy to comply with ISO 17025
7/14/14	2	Designate individuals whom may perform testimony review

Chapter 22: Training Programs

Discipline training programs

All technical employees will meet the necessary requirements of their positions and will undergo training and certification of competency in their specific duties. Discipline training programs will include training in general forensic science to include, at a minimum the required reading of Chapter 1 of "Criminalistics: an Introduction to Forensic Science" by Richard Saferstein. Discipline training programs will also include an ethics training course approved by the Forensic Quality Manager. ~~along with familiarity with other forensic disciplines and the application of ethical practices in forensic science.~~

All training programs and their revisions will be approved by the Forensic Quality Manager and the Director. Management is responsible for overall administration of training activities within the laboratory.

Written competency-based training programs for CCBI Crime Laboratory Division Analysts will be maintained for each forensic service.

Each Supervisor and/or Technical Leader, with input from the Forensic Quality Manager, must review and revise appropriate training programs to ensure they continue to meet the requirements of the discipline. This will be reviewed during the CCBI annual audit. The official discipline training programs are posted on the CCBI network location.

The training program will be divided into a series of training tasks. For each task, a complete training unit will be written in a format to include at least: training objectives, method of testing, training methods, required reading, and estimated training time. Unit Training Manuals will outline criteria for successful completion.

The assigned principal instructor will conduct all training programs in accordance with procedures contained herein.

If retraining is required for any reason, a modified training program will be proposed by the Supervisor or Technical Leader to address the specific needs of the situation. The modified program must be approved by the Forensic Quality Manager.

External courses required to be completed prior to CCBI certification of competency as an Analyst or Forensic Technician must be evaluated by the Unit Technical Leader for appropriate content to supplement the in-house training. The documentation of this evaluation will be maintained in each individual's training records ~~by the CCBI Crime Laboratory Division~~.

Continuing education

The CCBI Laboratory will provide occasions for each employee to attend education courses when such attendance will directly benefit the effectiveness or efficiency of services provided.

Management will provide opportunities for training for the employees whenever possible and appropriate as to ensure the best utilization of personnel resources. Management will ensure that the *ASCLD/LAB Guiding Principles of Professional Responsibility for Crime Laboratories and Forensic Scientists* are reviewed annually with all laboratory personnel. This review will be documented and maintained for at least five (5) years or one ASCLD/LAB accreditation cycle, whichever is longer.

The CCBI employee receiving training is responsible for completing such training in a satisfactory and professional manner. CCBI employees are encouraged to improve their knowledge and skills through a variety of educational opportunities, such as but not limited to:

- Professional organizations and meetings
- Staff development seminars
- Technical training courses
- In-house technical meetings, courses, and seminars
- Laboratory-sponsored seminars and conferences
- College level courses

For continuing education, CCBI and Wake County will provide information for both technical and non-technical courses of interest to employees. The effectiveness of the training will be evaluated during annual management reviews.

CCBI Crime Laboratory Division Analyst Training

Fully Qualified Upon Hiring

In those instances where CCBI wishes to hire a fully qualified Analyst, the assessment of the Analyst's training needs will be completed as part of the hiring process and upon employment by the Unit Technical Leader and Forensic Quality Manager. The Analyst must exhibit competency upon employment by:

- Completion of sufficient unknown samples to cover the anticipated spectrum of assigned duties and evaluate the individual's ability to perform proper testing methods;
- A written test report to demonstrate the individual's ability to properly convey results and/or conclusions and the significance of those results/conclusions; and
- A written or oral examination to assess the individual's knowledge of the discipline, category of testing, or task being performed.

The Director will authorize, and the Forensic Quality Manager will issue, the certification of competency to all CCBI Crime Laboratory Division Analysts to perform independent casework. ~~The Forensic Quality Manager will notify the employee and the Director that the employee is certified to conduct independent casework.~~

Trainee Status Employees

Employees assigned to a CCBI Crime Laboratory Division Analyst position in a trainee status must complete an approved training program in one or more of the forensic services.

The principal instructor will provide training to the employee and ensure that all training activities are completed in a satisfactory and timely manner.

The employee in training is responsible for completing the assigned training program, according to the training outline, in a satisfactory, timely, and professional manner.

The Forensic Quality Manager will ensure that each employee's training file is maintained in a centralized location.

The principal instructor will be approved by the Forensic Quality Manager and will complete a Training Schedule for approval by the Forensic Quality Manager, Deputy Director and Unit Technical Leader prior to the commencement of training. An employee undergoing Analyst ~~or Forensic Technician~~ training may forego certain units within the approved training program if the Unit Technical Leader and Forensic Quality Manager determine~~s~~ that they have sufficient knowledge in those areas to meet all requirements. The principal instructor will prepare a modified training plan and submit it to the Unit Technical Leader and Forensic Quality Manager for approval.

On or about the beginning ~~By the 5th~~ of each month, the principal instructor will prepare a monthly CCBI Training Progress Report Form for approval by the Unit Technical Leader, Deputy Director and Forensic Quality Manager and subsequent review with the trainee. The report ~~which~~ will be forwarded to the Forensic Quality Manager for retention. This report will ~~reflect~~ detail each unit in which the trainee underwent training, describe and assess performance of the training activities and include a statement of completion for each unit successfully completed ~~competency testing and a statement to that effect~~. ~~When appropriate, the CCBI Supervised Casework Log will be attached.~~ The report will also include any less than satisfactory performance and any remedial activities. Any modifications of the training schedule and any remedial activities will be approved by the Unit Technical Leader, Deputy Director and Forensic Quality Manager prior to implementation.

Trainee Analysts go through three ~~two~~ phases of training, Phase I-Fundamentals and Phase II-Supervised Casework and Phase III-100% Technical Review. Laboratory Units in which

supervised casework is not utilized in training may combine the Phase I-Fundamentals requirements and Phase II-Supervised Casework requirements into a single training phase omitting the supervised casework.

In order to complete Phase I-Fundamentals training, the trainee must successfully complete all training topics fundamental to the discipline, practical exercises and examinations to demonstrate the ability to perform work in the discipline, oral and/or written examinations to assess knowledge of individual training topics, a final comprehensive written examination and a mock court. The mock court should provide as realistic a courtroom experience as possible and will be used to evaluate the trainee's ability to effectively communicate his/her technical knowledge in a courtroom setting. Mock court performance feedback will be provided by the Unit Technical Leader and the Forensic Quality Manager and / or the Deputy Director to the Principal Instructor for discussion with the trainee and inclusion in the training file. Results of practical exercises, written and oral examinations, and the mock court serve as documentation of the competency of the Analyst trainee to participate in supervised casework.

Upon completion of Phase I ~~the mock court~~, the principal instructor will prepare a memorandum summarizing the units on which written and practical examinations ~~competency tests~~ were completed, their results and the results of the mock court. The memorandum must also contain a statement indicating the trainee has successfully completed training on all instrumentation utilized by the discipline, including a list of instrumentation that may impact test results. The principal instructor will make recommendations for authorization ~~certification~~ of the Analyst Trainee to participate in ~~perform~~ supervised casework. This memorandum will be forwarded to the Forensic Quality Manager, Technical Leader and Deputy Director for approval. Upon approval, the Forensic Quality Manager will recommend to the Director that the trainee be authorized to participate in supervised casework. Upon approval by the Director, the authorization will be documented in a memorandum and a copy maintained in the training file.

In Phase II – Supervised Casework training, the trainee will perform casework tasks under the direct supervision of the principal instructor. The trainee will document all work according to all applicable CCBI Crime Laboratory policies and procedures. The principal instructor will be responsible for supervising and reviewing all casework performed by the trainee and issuing reports. The trainee may be included as an author of the report with a clear indication that they are a trainee. The trainee is only authorized to perform tasks under the direct supervision of the principal instructor and is not authorized to independently form opinions and draw conclusions based on the tasks performed. A CCBI Supervised Casework Log will accompany the CCBI Monthly Training Progress Report form during Phase II training.

Phase II – Supervised Casework training will progress with the goal of the trainee developing the ability to independently perform casework and independently form opinions and draw conclusions based upon the work performed. This progress will be documented in the monthly CCBI Training Progress Reports.

In order to complete Phase II training, the trainee must successfully

- Complete a practical competency test designed to imitate normal casework and cover the anticipated spectrum of assigned duties;
- Complete a written test report to demonstrate ability to properly convey results and/or conclusions and the significance of those results/conclusions; and
- Complete an oral examination to assess the individual's knowledge of the discipline. The oral examination will be conducted by, at a minimum, the Principal Instructor, the Unit Technical Leader and the Forensic Quality Manager and/or the Deputy Director.

Completion of Phase II training ~~is~~ may be defined by each unit's Training Manual, but will be a minimum of three months. When all requirements are met and the principal instructor recommends that the analyst may be released from Phase II, the principal instructor will prepare a memorandum summarizing the analyst's supervised casework and stating their recommendation for release from Phase II training. The memorandum will be forwarded to the Forensic Quality Manager. Upon approval by the Unit Technical Leader, Forensic Quality Manager and Deputy Director, a ~~A~~ certificate of competency will be prepared by the Forensic Quality Manager, signed by the Director, and forwarded to the newly certified Analyst. The certificate of competency will document that the employee is certified to perform analyses and issue reports in the appropriate discipline or category of testing. Notice of certification will be placed in the Analyst's permanent training file.

In Phase III – 100 % Technical Review training, all cases completed by the ~~trainee~~ analyst will be technically reviewed by the principal instructor. Completion of Phase III training may be defined by each unit's Training Manual, but will be a minimum of three months. If no significant technical discrepancies that could affect the reliability of the examiner's conclusion are noted during this time, Phase III training may be completed at the end of the defined period. When the principal instructor recommends that the analyst may be released from Phase III, the principal instructor will prepare a memorandum summarizing the analyst's performance during Phase III training and stating their recommendation for release from Phase III training. The memorandum will be forwarded to the Forensic Quality Manager. Upon approval by the Unit Technical Leader, Forensic Quality Manager and Deputy Director, the Forensic Quality Manager will issue a memorandum releasing the individual from Phase III training.

Forensic Technician Training

Employees assigned to a Forensic Technician position will complete an approved training program. The ~~Forensic Quality Manager~~ Unit Technical Leader will appoint a principal instructor for approval by the Forensic Quality Manager. The principal instructor will complete a Training Schedule for approval by the Forensic Quality Manager, Deputy Director and Unit

Technical Leader prior to the commencement of training ~~is responsible for developing a CCBI Training Schedule Form~~.

An employee undergoing Forensic Technician training may forego certain units within the approved training program if the Unit Technical Leader and Forensic Quality Manager determine that they have sufficient knowledge in those areas to meet all requirements. The principal instructor will prepare a modified training plan and submit it to the Unit Technical Leader and Forensic Quality Manager for approval.

On or about the beginning ~~By the 5th~~ of each month, the principal instructor will prepare and review with the trainee a monthly CCBI Training Progress Report form ~~that will be forwarded to~~ for approval by the Unit Technical Leader, Deputy Director and ~~the~~ Forensic Quality Manager and subsequent review with the trainee. ~~This report will reflect training completed during the previous month.~~ The report will be forwarded to the Forensic Quality Manager for retention. The report will detail each unit in which the trainee underwent training, describe and assess performance of the training activities and include a statement of completion for each unit successfully completed. The report will also include any less than satisfactory performance and any remedial activities. Any modifications of the training schedule and any remedial activities will be approved by the Unit Technical Leader, Deputy Director and Forensic Quality Manager prior to implementation.

Upon completion of the training, a memorandum will be prepared by the principal instructor summarizing the units on which written and practical competency tests were completed and the areas which the trainee is recommended for competency. The memorandum must also contain a statement indicating the trainee has successfully completed training on all instrumentation to be utilized ~~by the discipline, including a list of instrumentation that may impact test results~~. This memorandum will be forwarded to the Forensic Quality Manager, Technical Leader and Deputy Director. Upon approval by the Forensic Quality Manager, Technical Leader and Deputy Director, ~~A training~~ a certificate of competency will be prepared by the Forensic Quality Manager, signed by the Director, and forwarded to the newly certified Forensic Technician. The certificate will document that the employee is certified to perform work in the appropriate discipline or category of testing. Notice of certification will be placed in the Forensic Technician's permanent training file.

Revision History		
Effective Date	**Version Number**	**Reason**
January 1, 2013	1	New Policy to comply with ISO 17025
7/14/14	2	Specify ethics and general forensic science training. Update training phases and procedures.

Chapter 23: Validations and Performance Verifications

All new methods and analytical instruments that have never been validated for forensic casework must be validated prior to use. Changes to validated methods or analytical instruments require verification.

Validation

Prior to beginning a validation project, submit a validation project request to the Forensic Quality Manager. All validation project requests must be approved by the Forensic Quality Manager prior to developing a validation plan.

Develop a validation plan for each approved validation project. The plan shall include:

- purpose / scope statement - specifies what is being tested, the purpose of the testing, and the result(s) required for acceptance;
- the technical procedure to be validated;
- performance characteristics to be measured, characteristics may include but are not limited to selectivity, matrix effects, recover, accuracy, precision, repeatability, reproducibility, trueness, range, limit of detection, limit of quantitation, linearity, robustness, ruggedness and uncertainty;
- reference materials – include any associated traceability documentation with the validation plan; and
- quality control – acceptance criteria for quality control parameters.

Submit the validation plan to the Unit Technical Leader and the Forensic Quality Manager for review. The validation plan must be approved by the Unit Technical Leader and the Forensic Quality Manager prior to implementation.

Upon approval, proceed with the validation plan. Document personnel involved, dates, observations, and analytical data. If the validation plan needs to be changed based upon observations during the validation, submit an amended validation plan for approval by the Unit Technical Leader and the Forensic Quality Manager. Upon approval, proceed with the amended validation plan.

Upon completion of the validation plan, review the results against the acceptance requirements. If the result(s) obtained meet the acceptance requirements then prepare a validation summary and include a statement that the technical procedure is fit for its intended use. If the result(s) obtained do not meet the acceptance requirements then either prepare an amended validation plan, see above, or prepare a validation summary and include a statement that the technical procedure is NOT fit for its intended use.

The Unit Technical Leader and the Forensic Quality Manager will review all validation and verification documentation to ensure thoroughness and adherence to this procedure, the CCBI Quality Manual and Unit Technical Procedures.

The Unit Technical Leader and the Forensic Quality Manager must approve all new validations prior to use in casework.

The Unit Technical Leader shall maintain all validation documentation in the Unit.

Performance Verification

Prior to beginning a performance verification project submit a performance verification project request to the Forensic Quality Manager. All performance verification project requests must be approved by the Forensic Quality Manager prior to developing a performance verification plan.

Develop a performance verification plan for each approved performance verification project. The performance verification shall demonstrate the reliability of the method in–house against any documented performance characteristics of that method. Performance verification must, at a minimum, demonstrate that a representative set of reference materials has been carried through the process and yielded the expected results.
The plan may include:

- purpose / scope statement - specifies what is being tested, the purpose of the testing and the result(s) required for acceptance;
- the technical procedure;
- performance characteristics to be measured - characteristics may include but are not limited to selectivity, matrix effects, recover, accuracy, precision, repeatability, reproducibility, trueness, range, limit of detection, limit of quantitation, linearity, robustness, ruggedness, and uncertainty;
- reference materials – include any associated traceability documentation with the validation plan; and
- quality control – acceptance criteria for quality control parameters.

Submit the performance verification plan to the Unit Technical Leader and the Forensic Quality Manager for review. The performance verification plan must be approved by the Unit Technical Leader and the Forensic Quality Manager prior to implementation.

Upon approval, proceed with the performance verification plan. Document personnel involved, dates, observations and analytical data. If the performance verification plan needs to be changed based upon observations during the performance verification, submit an amended performance verification plan for approval by the Unit Technical Leader and the Forensic Quality Manager. Upon approval, proceed with the amended performance verification plan.

Upon completion of the performance verification plan, review the results against the acceptance requirements. If the result(s) obtained meet the acceptance requirements prepare a performance verification summary and include a statement that the item tested is fit for its intended use. If the result(s) obtained do not meet the acceptance requirements then either prepare an amended performance verification plan, see above, or prepare a performance verification summary and include a statement that the item tested is NOT fit for its intended use.

The Unit Technical Leader and the Forensic Quality Manager will review all performance verification documentation to ensure thoroughness and adherence to this procedure, the CCBI Quality Manual, and Unit Technical Procedures.

The Unit Technical Leader and the Forensic Quality Manager must approve all new performance verifications prior to use in casework.

The Unit Technical Leader shall maintain all performance verification documentation in the Unit.

Revision History		
Effective Date	**Version Number**	**Reason**
January 1, 2013	1	New Policy to comply with ISO 17025

Chapter 24: Uncertainty of Measurement

Removed from Laboratory Administrative Procedural Manual and incorporated into the appropriate Technical Procedure Manuals

~~Uncertainty of measurement, UOM, is a parameter associated with the result of a measurement that characterizes the dispersion of the values that could reasonably be attributed to the measurand.~~

~~The Technical Leader of each Unit shall determine an estimation of the UOM for each test method for which a numerical value is reported on a Laboratory Report. Where an estimation of the UOM is required but has not been determined, the Unit Technical Leader shall have a plan in place for the estimation. The plan shall describe the steps to be taken to determine an estimation of the UOM and their target completion dates.~~

~~Estimation of the UOM shall be performed annually, at a minimum, or when a change in measurement conditions occurs that may have a significant effect on the UOM.~~

~~Each test method requiring UOM shall be evaluated for contributions from sources of uncertainty, u. The contributions shall be evaluated using Type A methods (by a statistical analysis of measured values obtained under defined measurement conditions such as repeatability and / or reproducibility, including measurement assurance data) and Type B methods (by other means of analysis of components from such things as instrument readability, calibration certificate reported uncertainty, etc.)~~

~~Evaluate the identified sources of uncertainty and combine them to obtain the combined uncertainty of measurement, CU, using the formula~~

~~$CU = \sqrt{(u_1^2 + u_2^2 + u_3^2 \ldots)}$~~
~~where~~
~~CU = combined uncertainty~~
~~u_1, u_2, etc. = individual identified sources of uncertainty~~

~~The combined uncertainty of measurement, CU, is an estimation of the uncertainty of measurement, UOM. Individual sources of uncertainty that are not significant contributors may be excluded.~~

~~The expanded uncertainty, EU, shall be calculated to provide a minimum 95% confidence interval by multiplying the CU by the appropriate coverage factor, k.~~

~~The reported EU shall contain at most two significant digits. The reported EU shall be rounded up.~~

~~The EU shall be reported for each test method where a numerical value is reported on a Laboratory Report. When numerical results are added to produce a combined result the respective EU's shall also be added.~~

~~The report shall identify the measured quantity value, *y*, along with the associated EU. The result shall be reported as $y \pm EU$, with the units of *EU* consistent with the units of *y*. The coverage factor, *k*, and the level of confidence, *C*, shall be included.~~

Revision History		
Effective Date	**Version Number**	**Reason**
January 1, 2013	1	New Policy to comply with ISO 17025
February 2, 2014		Moved to appropriate Technical Procedure Manuals

Chapter 25: Annual Discipline Proficiency Test Plan

Drug Chemistry

All analysts shall successfully complete a proficiency test annually. The test may be internal or external; however, at least one external proficiency test must be completed annually by an analyst in the Drug Chemistry Unit.

Internal proficiency tests will prepared by the Technical Leader or designee or originate from an external vendor. The internally prepared proficiency samples will be validated by the Technical Leader or designee prior to distribution. A result that matches the validated result will constitute a satisfactory result.

External proficiency tests will be evaluated against the consensus result reported to the laboratory from the vendor. A result that matches the reported consensus result will constitute a satisfactory result.

Proficiency samples will be distributed with a cover letter and due date. Each Analyst will work independently, completing the proficiency test and providing all notes and documentation to the Supervisor or Technical Leader. The results of each test will be reviewed by the Technical Leader. Written proficiency test feedback will be provided to the analyst.

Digital Evidence

Internal proficiency tests will be completed by all analysts that are certified in Computer Forensics and who do not complete an external proficiency test. The internal proficiency tests can be prepared on any media capable of being analyzed in casework. The tests will be prepared and validated by the Technical leader or designee prior to distribution. Proficiency samples will be distributed with a cover letter and due date to the Supervisors.

Each analyst will work independently, completing the proficiency test and providing all notes and documentation to the Supervisor. Results that match the identity of the validated samples will constitute a satisfactory result. The results of each test will be reviewed by the Supervisor against the answer key provided by the TL.

An external proficiency test for Computer Forensics must be completed by one analyst. The external test provider will give the test results to each laboratory. Results that match the reported consensus results will constitute a satisfactory result. The results of each test will be reviewed by the Supervisor.

Latent Print/Impression Evidence

The Supervisor will administer the Latent Print Proficiency Test from an external source to each certified case working Analyst. Each Analyst will work independently, completing the proficiency test and providing all notes and documentation to the Forensic Quality Manager. The Forensic Quality manager will designate one Analyst's test results as the external proficiency test. All other test results will be returned to the external source but will be treated by the CCBI Crime Laboratory Division as an internal proficiency test for each remaining Analyst. The results of each test will be reviewed by the Forensic Quality Manager.

Each Supervisor or Technical Leader will administer the Impression Examination Proficiency Test from an external source to each certified case working Analyst at least once during each ASCLD/LAB accreditation cycle. Each Analyst will work independently, completing the proficiency test and providing all notes and documentation to the Supervisor or Technical Leader. The Supervisor or Technical Leader will designate one Analyst's test results as the external proficiency test for the laboratory. All other tests will be returned to the external source but will be treated by the CCBI Crime Laboratory Division as an internal proficiency test for each remaining Analyst. The results of each test will be reviewed by the Supervisor or Technical Leader.

Each Forensic Technician certified in latent prints will complete a proficiency test to the extent that they are involved in casework. The test can be accomplished by participating in an Analyst's proficiency test or by completing a test provided by the Supervisor or designee. The test should involve a procedure or function typically performed by the Forensic Technician. Each Forensic Technician will work independently, completing the proficiency test and providing all notes and documentation to the Supervisor or Technical Leader. The results of each test will be reviewed by the Supervisor or Technical Leader.

DWI Blood Chemistry

All analysts shall successfully complete a proficiency test annually in each certified sub-discipline. The test may be internal or external; however, at least one external proficiency test in each sub-discipline must be completed annually by an analyst in the DWI Blood Chemistry Unit.

Internal proficiency tests will prepared by the Technical Leader or designee or originate from an external vendor. The internally prepared proficiency samples will be validated by the Technical Leader or designee prior to distribution. A result that matches the validated result will constitute a satisfactory result.

External proficiency tests will be evaluated against the consensus result reported to the laboratory from the vendor. A result that matches the reported consensus result will constitute a satisfactory result.

Proficiency samples will be distributed with a cover letter, due date and any vendor supplied instructions. Analysts must review any vendor supplied instructions and, if applicable, are only responsible for identifying compounds on the proficiency target list at the stated levels. Each Analyst will work independently, completing the proficiency test and providing all notes and documentation to the Supervisor or Technical Leader. The results of each test will be reviewed by the Technical Leader. Written proficiency test feedback will be provided to the analyst.

Revision History		
Effective Date	**Version Number**	**Reason**
January 1, 2013	1	New Policy to comply with ISO 17025

Chapter 26: Plan for the Estimation of Uncertainty of Measurement for Drug Chemistry Unit Weights

Removed from Laboratory Administrative Procedural Manual and incorporated into the appropriate Technical Procedure Manuals

~~Receive new balances and reference standard weights:~~
~~Mettler XP205 – 0.01 mg balance with anti-static kit~~
~~Mettler XP6002S – 0.01 g balance~~
~~20 kg~~
~~5000 g~~
~~200 g~~
~~100 g~~
~~2 g~~
~~100 mg~~
~~1 mg~~
~~Target completion date: March 22, 2013~~

~~Vendor calibration of balances and revise technical procedure to include new balances:~~
~~Target completion date: April 2, 2013~~

~~Identify and evaluate uncertainty sources and perform intensive two week balance study.~~
~~Target dates: Begin balance study: April 15, 2013~~
~~Complete balance study: April 26, 2013~~

~~Prepare uncertainty budget and determine the combined uncertainty and expanded uncertainty.~~
~~Revise technical procedures to include reporting of uncertainty of measurement.~~
~~Target completion date: May 15, 2013~~

Revision History		
Effective Date	**Version Number**	**Reason**
January 1, 2013	1	New Policy to comply with ISO 17025
February 2, 2014		Moved to appropriate Technical Procedure Manuals

APPENDIX

ASCLD/LAB Guiding Principles of Professional Responsibility for Crime Laboratories and Forensic Scientists
Job Description – Crime Lab Analyst
Job Description – Forensic Technician
Job Description—Evidence Technician
~~Form – Corrective Action Request~~
~~Form – Preventive Action Request~~
~~Form – Expert Testimony Review~~
~~Form – Quality Assurance Review~~
~~Form – Quality Audit Report~~
~~Form – CCBI Training Schedule~~
~~Form – CCBI Training Progress Report~~
~~Form – CCBI Supervised Casework Log~~
~~Form – Vendor Approval for Critical Supplies and Services~~
~~CCBI Code of Conduct~~

ASCLD/LAB GUIDING PRINCIPLES OF PROFESSIONAL RESPONSIBILITY FOR CRIME LABORATORIES AND FORENSIC SCIENTISTS

"If the law has made you a witness, Remain a man of science. You have no victim to avenge, No guilty or innocent person to convict or save -- You must bear testimony within the limits of science."
Dr. P.C.H. Brouardel, 19th Century French Medico-legalist

Preamble

These Guiding Principles are written specifically for forensic scientists[i] and laboratory management. The concepts presented here have been drawn from other professional codes and suggestions made by leaders in the forensic community.[ii] The Guiding Principles have been vetted[iii] and adopted by the ASCLD/LAB Board of Directors and staff with the hope that laboratory management will use them in training sessions, performance evaluations, disciplinary decisions, and as guides in other management decisions. It is also important that all laboratory personnel, including forensic scientists and other laboratory employees who assist forensic scientists in their work, are equally aware of these Guiding Principles and support forensic scientists and managers by incorporating the principles into their daily work.

These Guiding Principles provide a framework for describing ethical and professional responsibilities in the forensic laboratory community. While not all inclusive, they describe key areas and provide some specific rules to supplement existing codes of ethics adopted by professional organizations and individual laboratories. The Guiding Principles are designed to promote integrity among practitioners, and to increase public confidence in the quality of laboratory services, whether or not the laboratory is accredited by any accrediting body.

ASCLD/LAB has adopted the ASCLD Guidelines for Forensic Laboratory Management Practices, many of which have been incorporated into the ASCLD/LAB accreditation standards. Those practices provide for management support of the guiding principles set forth below and are intended to create a culture of ethical behavior and professional responsibility within the laboratory. The ASCLD practices should be implemented and followed to give practical meaning to the Guiding Principles of Professional Responsibility for Crime Laboratories and Forensic Scientists.

Professionalism

The ethical and professionally responsible forensic scientist and laboratory manager . . .

1. Are independent, impartial, detached, and objective, approaching all examinations with due diligence and an open mind.
2. Conduct full and fair examinations. Conclusions are based on the evidence and reference material relevant to the evidence, not on extraneous information, political pressure, or other outside influences.
3. Are aware of their limitations and only render conclusions that are within their area of expertise and about matters which they have given formal consideration.
4. Honestly communicate with all parties (the investigator, prosecutor, defense, and other expert witnesses) about all information relating to their analyses, when communications are permitted by law and agency practice.
5. Report to the appropriate legal or administrative authorities unethical, illegal, or scientifically questionable conduct of other laboratory employees or managers. Laboratory management will take appropriate action if there is potential for, or there has been, a miscarriage of justice due to circumstances that have come to light, incompetent practice or malpractice.
6. Report conflicts between their ethical/professional responsibilities and applicable agency policy, law, regulation, or other legal authority, and attempt to resolve them.
7. Do not accept or participate in any case on a contingency fee basis or in which they have any other personal or financial conflict of interest or an appearance of such a conflict.

Competency and Proficiency

The ethical and professionally responsible forensic scientist and laboratory manager . . .

8. Are committed to career-long learning in the forensic disciplines which they practice and stay abreast of new equipment and techniques while guarding against the misuse of methods that have not been validated. Conclusions and opinions are based on generally accepted tests and procedures.
9. Are properly trained and determined to be competent through testing prior to undertaking the examination of the evidence.
10. Honestly, fairly and objectively administer and complete regularly scheduled:

    - Relevant proficiency tests;
    - Comprehensive technical reviews of examiners' work;
    - Cerifications of conclusions.

11. Give utmost care to the treatment of any samples or items of potential evidentiary value to avoid tampering, adulteration, loss or unnecessary consumption.

12. Use appropriate controls and standards when conducting examinations and analyses.

Clear Communications

The ethical and professionally responsible forensic scientist and laboratory manager . . .

13. Accurately represent their education, training, experience, and area of expertise.
14. Present accurate and complete data in reports, testimony, publications and oral presentations.
15. Make and retain full, contemporaneous, clear and accurate records of all examinations and tests conducted, and conclusions drawn, in sufficient detail to allow meaningful review and assessment of the conclusions by an independent person competent in the field. Reports are prepared in which facts, opinions and interpretations are clearly distinguishable, and which clearly describe limitations on the methods, interpretations and opinions presented.
16. Do not alter reports or other records, or withhold information from reports for strategic or tactical litigation advantage.
17. Support sound scientific techniques and practices and do not use their positions to pressure an examiner or technician to arrive at conclusions or results that are not supported by data.
18. Testify to results obtained and conclusions reached only when they have confidence that the opinions are based on good scientific principles and methods. Opinions are to be stated so as to be clear in their meaning. Wording should not be such that inferences may be drawn which are not valid, or that slant the opinion to a particular direction.
19. Attempt to qualify their responses while testifying when asked a question with the requirement that a simple "yes" or "no" answer be given, if answering "yes" or "no" would be misleading to the judge or the jury.

[i]The term "forensic scientist" is used throughout this document. These Guiding Principles are meant to apply to all laboratory personnel, including technical support personnel and others who assist forensic scientists in their work.

[ii]The materials from which the concepts embodied in these Guiding Principles have been drawn include:

a. ASCLD Guidelines for Forensic Laboratory Management Practices. http://ascld.org/files/library/labmgtguide.pdf.
b. ASCLD Code of Ethics. http://ascld.org/files/library/Code%20of%20Ethics.pdf
c. American Academy of Forensic Sciences Code of Ethics and Conduct. www.aafs.org.
d. The Code of Ethics of the California Association of Criminalistics. www.cacnews.org.
e. The Code of Ethics of the Midwestern Association of Forensic Scientists, Incorporated. www.mafs.net.

f. Schroeder, O. C., "Ethical and Moral Dilemmas Confronting Forensic Scientists," Journal of Forensic Sciences. Vol. 29, No. 4, Oct. 1984, pp. 966-986.
g. Lucas, D. M., "The Ethical Responsibilities of the Forensic Scientist: Exploring the Limits," Journal of Forensic Sciences. Vol. 34, No. 3, May 1989, pp. 719-729.
h. Peterson, J. L., Murdock, J.E., "Forensic Science Ethics: Developing an Integrated System of Support and Enforcement," Journal of Forensic Sciences. Vol. 34, No.3, May 1989, pp. 749-762.
i. Saks, M. J., "Prevalence and Impact of Ethical Problems in Forensic Science," Journal of Forensic Sciences. Vol. 34, No.3, May 1989, pp. 772-793.
j. Starrs, J.E., "The Ethical Obligations of the Forensic Scientist in the Criminal Justice System," Journal of the Association of Official Analytical Chemists. Vol. 54, 1971, pp. 906-914.

[iii]The draft of this document was distributed to thirty (30) forensic science organizations and several legal commentators for comment. The comments received were considered and many suggestions incorporated into the final version.

Job Description for CCBI Crime Laboratory Division Analyst

The Raleigh/Wake City-County Bureau of Identification (CCBI) recognizes the educational requirements for specific job descriptions under ISO 17025:2005 and ASCLD/LAB standards. To that end the
following duties and educational requirements have been implemented.

The CCBI Crime Laboratory Division Analyst conducts laboratory analyses to identify and compare physical evidence and presents expert testimony in courts of law.

EXAMPLES OF WORK PERFORMED: (Note: The examples of work as listed in this class specification are not necessarily descriptive of any one position in this class. The omission of specific statements does not preclude management from assigning specific duties not listed herein if such duties are a logical assignment to the position.)

- Performs chemical, microscopic, and instrumental examinations on suspected drugs or other related substances.
- Performs latent print examination and comparison.
- Performs forensic examination of digital evidence.
- Presents expert testimony in courts of law.
- Performs related work as required.

KNOWLEDGE, SKILLS, AND ABILITIES: (Note: The knowledge, skills, and abilities (KSA's) identified in this class represent those needed to perform the duties of this class. Additional knowledge, skills, and abilities may be applicable for individual positions.)

- Knowledge of the terminology, principles, and analytical techniques used in the analysis of physical evidence as it applies to the forensic laboratory.
- Knowledge of the correct procedures for providing expert testimony in court.
- Knowledge of the procedures for packaging, sealing, handling, and preserving evidence.
- Knowledge of what constitutes physical evidence.
- Knowledge of the scientific method for conducting research.
- Skill in the use of scientific equipment.
- Skill in calibrating and maintaining laboratory equipment.
- Ability to conduct forensic science testing, analyzes results, formulate conclusions, and present findings.
- Ability to give sworn testimony as an expert witness in court.
- Ability to plan, organize, and coordinate work assignments.
- Ability to establish and maintain effective working relationships with others.

MINIMUM EDUCATIONAL REQUIREMENTS

Chemistry: A bachelor or advanced degree in physical, natural or forensic science from an accredited college or university.

DWI Blood Chemistry: A bachelor or advanced degree in physical, natural or forensic science from an accredited college or university.

Latents: A bachelor or advanced degree from an accredited college or university. Professional experience in a forensic laboratory or institution in the specific discipline being advertised may substitute on a year for year basis for the required college education.

Digital Evidence: A bachelor or advanced degree from an accredited college or university. Professional experience in a forensic laboratory or institution in the specific discipline being advertised may substitute on a year for year basis for the required college education.

Job Description for Forensic Technician

The Forensic Tech assists CCBI Crime Laboratory Division analysts in the examination and/or analysis of physical evidence in criminal investigations submitted to the CCBI Crime Laboratory Division, and evaluating analytical methods and procedures.

EXAMPLES OF WORK PERFORMED: (Note: The examples of work as listed in this class specification are not necessarily descriptive of any one position in this class. The omission of specific statements does not preclude management from assigning specific duties not listed herein if such duties are a logical assignment to the position.)

- Evaluates latent fingerprints for entry into local, state, and national databases.
- Performs latent fingerprint entry into local, state, and national databases.
- Presents expert testimony in courts of law.
- Performs quality control on instrumentation.
- Assists with validation studies and implementation of new technology.
- Maintains the integrity of the evidence.
- Performs related work as required.

KNOWLEDGE, SKILLS, AND ABILITIES: (Note: The knowledge, skills, and abilities (KSA's) identified in this class represent those needed to perform the duties of this class. Additional knowledge, skills, and abilities may be applicable for individual positions.)

- Knowledge of the terminology, principles and analytical techniques used in the analysis of physical evidence as it applies to the forensic laboratory.
- Knowledge of the correct procedures for providing expert testimony in court.
- Knowledge of the procedures for packaging, sealing, handling, and preserving evidence.
- Knowledge of what constitutes physical evidence.
- Knowledge of the scientific method for conducting research.
- Skill in the use of scientific equipment.
- Skill in calibrating and maintaining laboratory equipment.
- Ability to conduct forensic science testing, analyzes results, formulate conclusions and present findings.
- Ability to give sworn testimony as an expert witness in court.
- Ability to plan, organize, and coordinate work assignments.
- Ability to establish and maintain effective working relationships with others.

MINIMUM EDUCATIONAL REQUIREMENTS

Latents: An associate, bachelor, or advanced degree in physical, natural or forensic science from an accredited college or university. Professional experience in a forensic laboratory, institution,

or identification division in the specific discipline being advertised may substitute on a year for year basis for the required education.

Job Description for Evidence Technician

The Evidence Technician receives evidence items from contributor law enforcement agencies and CCBI Crime Scene Agents for the purpose of forensic analysis.

EXAMPLES OF WORK PERFORMED: (Note: The examples of work as listed in this class specification are not necessarily descriptive of any one position in this class. The omission of specific statements does not preclude management from assigning specific duties not listed herein if such duties are a logical assignment to the position.)

- Receives and transfers items of evidence within CCBI and to external laboratories such as the North Carolina State Crime Laboratory.
- Documents evidence transfers on written chain of custody and computerized records management programs.
- Performs notary duties for the DWI Blood Chemistry unit.
- Distributes all DWI Blood Chemistry unit reports.
- Maintains the integrity of the evidence.
- Presents testimony in courts of law.
- Performs related work as required.

KNOWLEDGE, SKILLS, AND ABILITIES: (Note: The knowledge, skills, and abilities (KSA's) identified in this class represent those needed to perform the duties of this class. Additional knowledge, skills, and abilities may be applicable for individual positions.)

- Knowledge of the terminology, principles and analytical techniques used in the analysis of physical evidence as it applies to the forensic laboratory.
- Knowledge of the correct procedures for providing expert testimony in court.
- Knowledge of the procedures for packaging, sealing, handling, and preserving evidence.
- Knowledge of what constitutes physical evidence.
- Ability to give sworn testimony as an expert witness in court.
- Ability to plan, organize, and coordinate work assignments.
- Ability to establish and maintain effective working relationships with others.

MINIMUM EDUCATIONAL REQUIREMENTS

An associate, bachelor, or advanced degree in physical, natural or forensic science from an accredited college or university. Professional experience in a forensic laboratory, institution, or identification division in the specific discipline being advertised may substitute on a year for year basis for the required education

Revision History		
Effective Date	**Version Number**	**Reason**
January 1, 2013	1	New Policy to comply with ISO 17025
7/14/14	2	Update table of contents and formatting of guiding principles. Remove training schedule, training progress report, and supervised casework log.