



Quality Division Use Only

Quality Tracking #:	2018-042	Classification:	Incident
Non-Conformance Level:	N/A	Section:	Client Services & Case Management
Date of Discovery:	06/04/18	Date of Incident:	05/25/18

Forensic Case Number(s), if applicable:	Agency Case Number(s), if applicable:
2018-07056	029840018

Description of Non-conformance:

Toxicology evidence was accepted and accessioned even though the seal was not initialed as required by policy. The seal was dated but was not initialed. Per the Toxicology Analytical Manual, evidence should be rejected when it is not properly sealed. It further states, "All seals must include the initials or signature of the individual placing the seal on the item." The HFSC Quality Manual states that evidence is properly sealed if the contents cannot readily escape and if entering the container results in obvious damage or alteration to the container or its seal. All seals must include the initials or signature of the individual placing the seal on the item. Client Services/Case Management (CS/CM) Specialists check seals during the accessioning process prior to analysis. In this case, the CS/CM Specialist missed that the seal did not have initials, accepted the evidence, and placed the blood vial in a rack for analysis.

Actions Taken:

This nonconformance was discovered by the Toxicology analyst after analysis. The analyst notified the Toxicology manager, Toxicology supervisor, CS/CM manager and CS/CM supervisor on June 4, 2018. CS/CM management met with the accessioners on 6/8/2018 to remind them of the importance of thoroughly verifying the information required in the kits. The following comment was added to the alcohol test report: "HFSC accepted the evidence for analysis on May 25, 2018 even though it does not meet the current section policy criteria for accepting evidence for analysis. The seals on the outermost container (Item 1) do not include the initials or signature of the individual placing the seals on the item. Please see Quality Report 2018-042 pending as of June 7, 2018 for further details." The accessioning report was updated with the following comment: "Updating accessioning form to change condition of Properly Sealed from "Yes" to "No" - CM 06/07/18."



Summary of Root Cause Analysis:

Note: Incidents are documented for tracking purposes and trend analysis. Root Cause Analysis is not required for incidents.

N/A

Additional Information/Follow-Up:

Although the seals were not initialed, the evidence tape did not allow the contents to escape and the seal did not appear to be tampered with or damaged. This oversight did not have an impact on the technical results of analysis. Three additional CS/CM Specialists were recently hired which should reduce the likelihood of additional oversights moving forward. SOPs are appropriate for the work being done and will not be revised due to this incident. The Quality Division will monitor this type of incident for recurrence. Recurrent incidents may be elevated to a corrective action.

Section Manager: Ashley Henry _____

Date: 06/21/18 _____

Division Director: Amy Castillo _____

Date: 06/21/18 _____

Incidents or Corrective Actions that involve the Biology/DNA section are reviewed by the Technical Leader and CODIS Administrator.

Technical Leader: N/A _____

Date: N/A _____

CODIS Administrator: N/A _____

Date: N/A _____

Quality Director: Lori Wilson _____

Date Closed: 06/22/18 _____