



Quality Division Use Only

Quality Tracking #:	<input type="text" value="2018-IA-32"/>	Classification:	<input type="text" value="Corrective Action"/>
Non-Conformance Level:	<input type="text" value="Class III"/>	Section:	<input type="text" value="Digital Forensics"/>
Date of Discovery:	<input type="text" value="03/13/18"/>	Date of Incident:	<input type="text" value="03/13/18"/>

Forensic Case Number(s), if applicable:	Agency Case Number(s), if applicable:
N/A	N/A

Description of Non-conformance:

During the 2018 Digital Forensic Laboratory (DFL) internal audit, the audit team noticed the DFL Inventory Spreadsheet (which is used to track equipment assignments and equipment performance checks) was not up-to-date as required by clause 5.5.1 of the Validation and Performance Verification SOP.

Actions Taken:

The spreadsheet was reviewed and divided into multiple, smaller files to reduce confusion and make data entry easier. All examiners were instructed to update information for their assigned equipment. The section supervisor then verified that all analysts updated the information and documented it as required by the SOP. In addition to the spreadsheet, validations and performance checks are also uploaded as reports in LIMS. Because they are added to LIMS, all validations and performance checks are technically and administratively reviewed prior to upload. As a preventive measure, the Validation and Performance SOP was revised to require verification of the internal spreadsheet during technical review.



Summary of Root Cause Analysis:

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

This was a departure from policy that did not have an impact on technical results or reporting. The DFL Inventory Spreadsheet is used as a way to immediately verify whether equipment has been performance checked. The DFL supervisor reviews the spreadsheet periodically throughout the year. Because the spreadsheet is complex and involves manual data entry in approximately 1750 individual data cells, the supervisor and analysts did not realize that some performance checks were not documented on the spreadsheet.

Additional Information/Follow-Up:

Performance checks were completed as required by the SOP. However, the checks were documented in LIMS only instead of in LIMS and the Inventory Spreadsheet as required. No equipment was out of compliance.

Section Manager: Ryan Johnson

Date: 06/21/18

Division Director: Jerry Pena

Date: 06/27/18

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

Technical Leader: N/A

Date: NA

CODIS Administrator: N/A

Date: NA

Quality Director: Lori Wilson

Date Closed: 06/27/18