



**Quality Division Use Only**

Quality Tracking #:	<input type="text" value="2018-IA-38"/>	Classification:	<input type="text" value="Corrective Action"/>
Non-Conformance Level:	<input type="text" value="Class II"/>	Section:	<input type="text" value="Crime Scene"/>
Date of Discovery:	<input type="text" value="06/12/18"/>	Date of Incident:	<input type="text" value="06/12/18"/>

Forensic Case Number(s), if applicable:	Agency Case Number(s), if applicable:
Internal Audit 2018-05084 2018-04999 Sustained Case Record Audit 2018-10299 2018-10772	Internal Audit 040823418 039435618 Sustained Case Record Audit 088875818 093936718

**Description of Non-conformance:**  
The Quality Division conducted a Crime Scene Unit (CSU) internal audit (covering February–May 2018 time frame) in May 2018. A nonconformance was noted during case file reviews involving recording the dates of each stage of analysis. Final diagrams included the incident date but not the date the diagrams were completed. Additionally, two case records contained Notes Continuation forms that did not include the date information was added (FCNs 2018-05084 and 2018-04999). This is a violation of clause 4.13.2.2. of the Quality Manual.

**Actions Taken:**  
The listed case records were reviewed and the date(s) of examination were added. The CSU SOP was revised on July 13, 2018, to include the requirement that the date completed be listed on final diagrams. CSIs were informed of the change during a weekly squad meeting on July 12, 2018. The information covered in the squad meeting was also disseminated to all CSIs in an email and an electronic copy was placed in the CSU shared document folder. Additionally, CSIs were tested on the changes to the SOP through Qualtrax. Testing was conducted between July 13 and July 27. Prior to this nonconformance, CSU management had recognized the need to revise the Notes Continuation form because it was lacking designated fields for the date and incident number. The fields were added to the revised form which was issued on April 11, 2018. Implementation was communicated to CSIs via email. CSIs were reminded during the July 12 weekly squad meeting that dates are required on all case record documents. The Quality Division provided training to the CSU management team regarding HFSC's quality system. The training included a review of the requirements for document control, technical documentation, nonconforming work, and technical and administrative reviews. The Quality Division conducted a follow-up audit in August 2018 for nonconformances identified during the internal audit. The purpose of the follow-up audit was to determine if actions implemented after the internal audit had resulted in improvements. The follow-up audit revealed that actions had not yet been effectively implemented. As of July 12, CSIs were required to document on final diagrams the date on which the diagram was completed. Although the follow-up audit was conducted in August 2018, cases completed after July 12 had not been technically/administratively reviewed and were not part



of the follow-up audit. The follow-up audit did show that CSIs were properly dating their case records notes. A sustained internal audit was started in September 2018 to monitor CSU progress in addressing nonconformances identified during the internal audit. The sustained audit focused on cases completed after July 12, 2018 in order to verify that final diagrams included the date completed. The sustained follow-up audit involved a review of approximately 10 CSU case packets each week. Eighty case-packets from scenes processed after July 12 were reviewed between September 24 and November 19, 2018. Two packets contained scene diagrams that were missing the date completed. Both diagrams were amended. No missing dates were found on note pages during the review process. The sustained follow-up audit showed that CSU has made significant improvements in ensuring case record technical documents are properly dated.

#### Summary of Root Cause Analysis:

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

The 2018 CSU Internal Audit was conducted in part to assess the unit's readiness for accreditation under ISO/IEC 17025:2005. The internal audit focused on compliance to ISO/IEC 17025:2005, ANAB supplemental requirements listed in AR 3011, the HFSC Quality Manual, and the CSU SOP. Nonconformances were observed that indicated the section lacked familiarity with several requirements of the quality system. Conformance to these requirements was addressed through the corrective action process. The corrective action process was used to correct deficiencies, which in some instances included staff training. The root cause of this nonconformance was a lack of familiarity of date requirements for case record documentation. The completion date was not listed on the final diagram because CSU management had not considered it as part of the technical record. Dates were left off the Notes Continuation form by CSIs because the form lacked a designated field for the date. CSIs were not familiar with the importance of the date requirement. The revised Notes Continuation form was issued shortly before the internal audit but the case file reviews conducted during the audit covered part of the time frame in which the previous version of the form was being used.

#### Additional Information/Follow-Up:

This nonconformance originally noted that a report issued for 2018-04303 did not include the dates of follow-up processing and photography as specified in the CSU SOP. However, when the CSI's work schedule was reviewed during the investigation of this nonconformance, it was determined that the CSI worked the night shift. The processing and photography were done on two different dates but were conducted during the same shift and, therefore, the report did not require a reference to "follow-up" processing and photography. The date changed because the CSI started her processing at the beginning of her shift and completed it near the end of her shift. Clause 4.13.2.2. of the Quality Manual states, "It should be clear from the case record who performed all stages of analysis/examination by and the date each stage was performed".

Section Manager: Domingo Villarreal

Date: 11/26/18



**Houston Forensic Science Center**  
**Incident/Corrective Action Report**  
Quality Division

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**Division Director:** Jerry Pena

**Date:** 12/03/18

**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:** 12/03/18