



Quality Division Use Only

Quality Tracking #:	<input type="text" value="2018-IA-39"/>	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:
N/A	N/A

Description of Non-conformance:

The Quality Division conducted an internal audit (February – May of 2018 time frame) of the Crime Scene Unit (CSU) in May 2018. A nonconformance was noted during case file reviews involving the reporting of crime scene measurements. Measurements listed on reports did not include a statement indicating that all measurements are approximations. The statement is required to clearly communicate to the stakeholder that measurements are not quantitative and do not require an uncertainty of measurement as stated in Section 13 clause 5.4.6. of the ANAB Accreditation Requirements for Forensic Testing Laboratories supplemental requirements.

Actions Taken:

The CSU SOP was revised on July 13, 2018, to include the requirement that reports clearly indicate that reported measurements are approximations. This requirement will be verified during the administrative review process. 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 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, 2018. On August 17, the Quality Division provided additional 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.

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 the belief by CSU management that the statement "not to scale" on final diagrams was sufficient notice to the stakeholder that all measurements are approximations. However, because reports include measurements and are disseminated to stakeholders separately from final diagrams, reports also required a statement indicating that all measurements are approximate. CSU had originally intended to seek accreditation under ISO/IEC 17020:2012 and addressing uncertainty of measurements was not a requirement under that standard. When the CSU SOP was revised to meet requirements of ISO/IEC 17025, this requirement was not implemented for reports.

Additional Information/Follow-Up:

Section 13 clause 5.4.6. of the ANAB Accreditation Requirements for Forensic Testing Laboratories MA 3011 (supplemental requirements) states, 'The crime scene investigation for which uncertainty of measurement may be of significance are those that involve quantitative measurements. This includes, but is not limited to, ...crime scene plotting (distance/length).' HFSC Quality Manual clause 5.4.6. related to 'Estimation of Uncertainty of Measurement' refers to sectional SOPs for further details. The CSU SOP in effect at the time of this nonconformance did not address reporting measurements as approximations.

Section Manager: Domingo Villarreal

Date: 08/29/18

Division Director: Jerry Pena

Date: 08/30/18

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: 08/30/18