



Quality Division Use Only

Quality Tracking #:	2018-IA-43	Classification:	Corrective Action
Non-Conformance Level:	Class II	Section:	Crime Scene
Date of Discovery:	06/12/18	Date of Incident:	06/12/18

Forensic Case Number(s), if applicable:	Agency Case Number(s), if applicable:
2018-02920	021437518

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 documentation of tire tracks at crime scenes. CSU SOP clause 9.4.5. states that photographs of tire tracks should always be taken using an L-scale and a tape measure. A review of the crime scene photographs from FCN 2018-02920 showed that an L-scale was used but a tape measure was not.

Actions Taken:

Scene photographs cannot be retaken. This corrective action report will serve as case record documentation that the SOP was not followed. The section of the CSU SOP covering tire track impressions was revised to include a statement that a tape measure is not required if the tire track can be captured in a single image frame. In this case, the entire tire image was captured in a single frame. Additionally, for clarification purposes, the statement 'should always' was replaced with 'shall'. The revised SOP was effective on July 13, 2018. CSIs were informed of the change during a weekly squad meeting on July 12. 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.

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, 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 restrictive nature of the SOP. However, the CSI did not consult the SOP prior to photographing the evidence, which would have prevented this nonconformance. The CSI did not consult the SOP because she was confident in her ability to photograph the evidence.

Additional Information/Follow-Up:

The CSI did misinterpret the SOP. However, due to this nonconformance, the SOP was revised and now reads in line with how the CSI applied the SOP to this scene. She did not use a tape measure because she believed the measure was only required if the impression could not be captured in a single photographic image frame. Most impressions do not fit into a single frame but this was not considered when the SOP was originally written. None of the individuals who reviewed the SOP questioned this requirement.

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 _____