



Quality Division Use Only

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| Quality Tracking #: | <input type="text" value="2018-IA-44"/> | 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:
In May 2018, the Quality Division conducted an internal audit (February – May of 2018 time frame) of the Crime Scene Unit (CSU). A nonconformance was noted during a conversation with and direct observation of a crime scene investigator (CSI). The CSI used a porous control to test the Blue Star reagent prior to use at a scene. This is a violation of CSU SOP clause 19.1.3.1.

Actions Taken:
The reagent was tested prior to use and worked as expected. Therefore, this nonconformance was a violation of the SOP but did not negatively impact the use of Blue Star on the scene. On July 13, 2018, the CSU SOP was revised to state that a surface bearing a known blood source is used for the positive control. This change allows for the use of either a porous or nonporous control. 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 root cause of this nonconformance was the restrictive nature of the SOP. Since Blue Star is used only to visualize latent blood, it is important to test the reagent's ability to react to potential blood but not to the surface the potential blood is deposited on. The CSI had notified CSU supervisors that she did not have a non-porous blood standard as specified in the SOP. She believed that since they had provided her with a porous known blood standard it was okay to use that as her control. In addition, the SOP was not revised prior to this nonconformance. The supervisor acknowledges that Blue Star is used to visualize latent blood on both porous or non-porous surfaces in the field and that either type of surface can also be used for the positive control.

Additional Information/Follow-Up:

The CSI was aware of the SOP requirement to test the reagent prior to use using a nonporous control. However, she did not have a nonporous control available for use. The CSI swabbed a known blood sample and sprayed that swab with Blue Star. The known blood was provided to the CSI for use as a phenolphthalein control. The control swab reacted in a manner indicating the Blue Star was working properly.

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