Quality Division Use Only

Quality Tracking #:	2022-IA-04	**Classification:**	Incident
Non-Conformance Level:	N/A	**Section:**	Latent Print Section
Date of Discovery:	04/11/22	**Date of Incident:**	12/31/21

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

Description of Non-conformance:

The Latent Print section did not complete the annual review training in 2021. The training is intended to refresh reviewers on the importance of reviews, review and discuss applicable standard operating procedures and discuss the most commonly found review issues. It is required by the Quality Manual to be completed by all staff members authorized to perform reviews. This was discovered during the 2022 internal audit.

Additional Information/Follow-Up:

The Forensic Biology section had a similar finding in 2022. Please refer to quality report 2022-014 for more information. The Quality Manual requirement was added as a result of the HFSC Lean Six Sigma design project that sought to evaluate the effectiveness of the technical and administrative review processes in each of HFSC's technical sections, however this internal audit finding (along with the similar finding in the Forensic Biology section) raised the question of whether this requirement was increasing the effectiveness of reviews. The Quality Division solicited feedback from section managers, the AR/TR Lean Six Sigma Project Engineer, and the Chief Operations Officer. The majority of the feedback received from the managers was that while the training may be beneficial, they did not feel that it was an appropriate Quality Manual requirement. Also, since there is no method to measure if the training has a positive impact on reviews, it is not feasible to determine the effectiveness of the training on reviews, specifically. However, because of the AR/TR Project, postmortem reviews are conducted biannually by each section. This data can be used by section management to determine the effectiveness of their review processes and will also be reviewed by executive management on a consistent basis to help identify company-wide trends as was one of the recommendations in the 2021 Management Review.

Summary of Root Cause Analysis: Note: Incidents are documented for tracking purposes and trend analysis. Root Cause Analysis is not required for incidents.
N/A

Actions Taken:
Based on these factors, the Quality Division decided to omit this training requirement from the next revision of the Quality Manual. Prior to this revision, a deviation memo was written and distributed to serve as documentation that sections are not required to complete the annual training for 2022. While this decision is not meant to discourage these trainings in any way, it is ultimately for section management to determine whether to continue these trainings. If performed, the trainings can still be tracked as a quality awareness event.

Section Manager: Rebecca Green **Date:** 09/19/22

Division Director: Amy Castillo **Date:** 09/27/22

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

Technical Leader: Jeniffer Molina **Date:** 09/19/2022

CODIS Administrator: N/A **Date:** N/A

Quality Director: Erika Ziemak **Date Closed:** 09/28/22