

ASCLD/LAB INSPECTION REPORT



CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FORENSIC SERVICES
CENTRAL VALLEY LABORATORY

JUNE 11, 2005

INTRODUCTION

This is the report of the ASCLD/LAB accreditation inspection of the California Department of Justice (DOJ) Bureau of Forensic Services (BFS) Central Valley Laboratory. The initial inspection was conducted on December 7-10, 2005 as a part of the inspection of the California DOJ BFS Laboratory System. The inspection was conducted under the direction of ASCLD/LAB Staff Inspector Michael Hurley.

The ASCLD/LAB inspection team consisted of the following members:

Keith Coonrod, Site Leader, New York State Police, Forensic Investigation Center, Albany, NY
Anthony Goldman, Oklahoma State Bureau of Investigation, NW Regional Lab, Enid, OK
Joe Thibault, Illinois State Police, Forensic Science Center, Chicago, IL
Cathy McCord, Texas Department of Public Safety, Lubbock, TX
Chris Ann Arrotti, Pennsylvania State Police, Regional Crime Laboratory, Greensburg, PA

The inspection was performed using the principles, standards and criteria established in the 2003 version of the ASCLD/LAB Accreditation Manual and the 2004 FBI "Quality Assurance Standards for Forensic DNA Testing Laboratories and Convicted Offender DNA Databasing Laboratories".

LABORATORY OVERVIEW

The Central Valley Laboratory is one of 13 laboratories in the California Department of Justice, Bureau of Forensic Services. The laboratory provides services to the central valley counties of the state and is located at 1306 Hughes Lane, Ripon, CA. The laboratory is seeking renewal of its ASCLD/LAB accreditation. Laboratory Director, John S. Yoshida, Regional Director of the laboratory reports directly to Jill Spriggs the Assistant Bureau Chief. The Laboratory provides services in Controlled Substances, Trace Evidence, Firearms/Toolmarks, Biology, and Toxicology (blood alcohol only). It has a staff of 24 testifying analysts and 8 support staff.

The Laboratory also provides services in the Crime Scene discipline but has elected not to apply for accreditation in this discipline.

INSPECTION TEAM FINDINGS

The inspection team's scoring of each of the ASCLD/LAB Accreditation Standards and Evaluation Criteria from the 2003 Accreditation Manual follows. Each criterion for which the inspection team determined the laboratory to be in compliance is scored "Yes." Each criterion for which the inspection team found the laboratory to not be in total compliance is scored "No." Each criterion which is not applicable to the inspection of this laboratory is scored "N/A." The "Summary" portion of the report documents the basis for all non-compliance and all non-applicable findings of the Inspection Team.

STANDARDS AND CRITERIA

The laboratory should establish objectives which are relevant to the community that it serves and communicate them to all employees orally and in written form.

	Yes	No	N/A
1.1.1.1 (I) Does the laboratory have a written statement of its objectives?	<u>✓</u>	___	___
1.1.1.2 (I) Do the objectives appear to be relevant to the needs of the community serviced by the laboratory?	<u>✓</u>	___	___
1.1.1.3 (D) Does the laboratory staff understand and support the objectives?	<u>✓</u>	___	___

A laboratory or its parent agency should have a formal written budget which is consistent with the forensic services provided by it.

1.1.2.1 (I) Does the laboratory or its parent agency have a formal written budget?	<u>✓</u>	___	___
1.1.2.2 (I) Is the budget adequate to meet the written objectives?	<u>✓</u>	___	___

Clearly written and well understood procedures must exist for handling and preserving the integrity of evidence; laboratory security; preparation, storage, security and disposition of case records and reports; and for maintenance and calibration of equipment and instruments. Clearly written and well understood procedures should also exist for control of materials and supplies; inventory of equipment and instruments; duty hours; leave time; job requirements and descriptions; personnel evaluations and objectives; and for employee grievances.

Do clearly written and well understood procedures exist for the following:

1.1.2.3 (E) Handling and preserving the integrity of evidence.	<u>✓</u>	___	___
1.1.2.4 (E) Laboratory security.	<u>✓</u>	___	___
1.1.2.5 (E) Preparation, storage, security and disposition of case records or reports.	<u>✓</u>	___	___
1.1.2.6 (D) Control of materials and supplies.	<u>✓</u>	___	___
1.1.2.7 (E) Calibration of equipment and instruments.	<u>✓</u>	___	___
1.1.2.8 (D) Inventory of equipment and instruments.	<u>✓</u>	___	___
1.1.2.9 (I) Duty hours.	<u>✓</u>	___	___
1.1.2.10 (I) Leave time.	<u>✓</u>	___	___
1.1.2.11 (D) Job requirements and descriptions.	<u>✓</u>	___	___

	Yes	No	N/A
1.1.2.12 (D) Personnel evaluations and objectives.	<u>✓</u>	___	___
1.1.2.13 (D) Employee grievances.	<u>✓</u>	___	___

A laboratory should have a management information system which provides information which assists the laboratory in accomplishing its objectives.

1.1.2.14 (I) Does the laboratory have and use a management information system?	<u>✓</u>	___	___
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The laboratory manager should be able to relate the organizational structure to interacting variables such as those stated in the principle.

1.2.1.1 (D) Does the organizational structure group the work and personnel in a manner that allows for efficiency of operation, taking into account the interrelation of various forensic disciplines?	<u>✓</u>	___	___
1.2.1.2 (D) Has the laboratory director considered and taken appropriate action to correct any discrepancies with regard to numbers of personnel when grouping work and resources?	<u>✓</u>	___	___

The laboratory director should have authority commensurate with the assigned responsibilities.

1.2.2.1 (I) Is the laboratory director's authority well defined?	<u>✓</u>	___	___
1.2.2.2 (I) Does the laboratory director have authority commensurate with responsibilities?	<u>✓</u>	___	___

Delegation of authority within the laboratory should follow the organizational process outlined in the principle.

1.2.2.3 (I) Is there sufficient delegation of authority?	<u>✓</u>	___	___
1.2.2.4 (I) Is authority of supervisors commensurate with their responsibilities?	<u>✓</u>	___	___
1.2.2.5 (I) Is each subordinate accountable to one and only one immediate supervisor per function?	<u>✓</u>	___	___
1.2.2.6 (I) Are performance expectations established and are they understood by laboratory personnel?	<u>✓</u>	___	___

Constructive discussion should occur between supervisors and subordinates.

1.3.1.1 (D) Is there constructive discussion between supervisors and subordinates?	<u>✓</u>	___	___
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Supervisors should carefully and objectively review laboratory activities and personnel.

	Yes	No	N/A
1.3.1.2 (I) Do supervisors carefully and objectively review laboratory activities and personnel?	<u>✓</u>	___	___

Supervisory techniques should encourage creative thinking and objectivity and should recognize meritorious performance of subordinates.

1.3.1.3 (D) Do the supervisory techniques encourage creative, objective thinking and recognize meritorious performance?	<u>✓</u>	___	___
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Channels of communication within the laboratory should exist for coordination of case work and to ensure wide dissemination of technical information. Vertical, horizontal and diagonal channels of communication should exist within and external to the laboratory.

1.3.2.1 (D) Do clear vertical, horizontal and diagonal channels of communication exist within and external to the laboratory?	<u>✓</u>	___	___
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Vertical channels of communication should normally be used for administrative functions.

1.3.2.2 (D) Are vertical channels of communication used for administrative functions?	<u>✓</u>	___	___
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Staff meetings should be conducted on a regular basis.

1.3.2.3 (D) Are staff meetings held on a regular basis?	<u>✓</u>	___	___
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A training program to develop the technical skills of employees is essential in each applicable functional area.

1.3.3.1 (E) Does the laboratory have and use a documented training program in each functional area for employees who are new, untrained or in need of remedial training?	<u>✓</u>	___	___
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A formalized personnel development program is important to prepare employees to assume more responsible jobs.

1.3.3.2 (I) Does the laboratory have an employee development program?	<u>✓</u>	___	___
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The laboratory should maintain an adequate forensic library to include literature published in the applicable functional areas.

1.3.3.3 (I) Does the forensic library contain current books, journals, and other literature dealing with each functional area?	<u>✓</u>	___	___
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A system or procedure should exist to encourage a review of appropriate new literature by personnel.

1.3.3.4 (I)	Does a system exist to encourage each examiner to review appropriate new literature?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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A chain of custody record (e.g., signature, date, description of evidence) must be maintained which provides a comprehensive, documented history of each evidence transfer over which the laboratory has control.

1.4.1.1 (E)	Does the laboratory have a written or secure electronic chain of custody record with all necessary data which provides for complete tracking of all evidence?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Each individual item of evidence must be marked for identification, when practical. If the item does not lend itself to marking, its proximal container or identifying tag must be marked.

1.4.1.2 (E)	Is all evidence marked for identification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Evidence seals must be designed and used to protect the integrity of the evidence.

1.4.1.3 (E)	Is evidence stored under proper seal?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Procedural precautions must exist which reduce the risk of evidence loss, cross transfer, contamination and/or other deleterious change.

1.4.1.4 (E)	Is evidence protected from loss, cross transfer, contamination and/or deleterious change?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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A secure area for overnight and/or long-term storage of evidence must be available.

1.4.1.5 (E)	Is there a secure area for overnight and/or long-term storage of evidence?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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All elements of a laboratory's quality system must be clearly documented in a quality manual which is kept current under the responsibility of a quality manager.

1.4.2.1 (E)	Does the laboratory have a comprehensive quality manual?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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A laboratory must have an individual designated as the Quality Manager.

1.4.2.2 (E)	Is an individual designated as the quality manager?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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To verify that its operations continue to comply with the requirements of its quality system and the standards under which ASCLD/LAB accreditation was granted, each laboratory must conduct an annual audit of its operations and submit an Annual Accreditation Audit Report (Appendix 6) to ASCLD/LAB, by April 1, each year.

Yes No N/A

1.4.2.3 (E) Did the laboratory conduct and document an annual audit of its operations and submit an annual accreditation audit report to ASCLD/LAB by the required deadline?

The quality system requires that laboratory management conduct a review at least once yearly to ensure the continued suitability and effectiveness of such a system.

1.4.2.4 (E) Does the laboratory conduct and document an annual review of its quality system?

Procedures used must be generally accepted in the field or supported by data gathered and recorded in a scientific manner.

1.4.2.5 (E) Are the procedures used generally accepted in the field or supported by data gathered and recorded in a scientific manner?

New technical procedures must be validated to prove their efficacy in examining evidence material before being implemented on casework.

1.4.2.6 (E) Are new technical procedures scientifically validated before being used in casework and is the validation documentation available for review?

The laboratory must maintain written copies of appropriate technical procedures.

1.4.2.7 (E) Are the technical procedures used by the laboratory documented and are the documents available to laboratory personnel for review?

Controls and standard samples must be used and documented in the case record to ensure the validity of the testing parameters and, thereby, the conclusion.

1.4.2.8 (E) Are appropriate controls and standards specified in the procedures and are they used and documented in the case record to ensure the validity of examination results?

The quality of the standard samples and reagents must be adequate for the procedure used.

1.4.2.9 (E) Is the quality of the standard samples and reagents adequate for the procedure used?

All reagents must be routinely tested for their reliability.

1.4.2.10 (E) Does the laboratory routinely check the reliability of its reagents?

Instruments/equipment should be adequate for the procedures used.

1.4.2.11 (I) Are the instruments/equipment adequate for the procedures used?

Instruments/equipment should be maintained in proper working order.

Yes No N/A

1.4.2.12 (I) Are the instruments/equipment in proper working order?

Instruments/equipment must be properly calibrated and calibration records maintained for all calibrated instruments.

1.4.2.13 (E) Are the instruments/equipment properly calibrated?

The laboratory must create and maintain a case record for administrative and examination documentation generated or received by the laboratory on each case which it receives. Examination documentation such as notes, worksheets, photographs, spectra, printouts, charts, and other data or records which support conclusions must be generated and kept in the case record.

1.4.2.14 (E) Do the examiners generate and does the laboratory maintain, in a case record, all the notes, worksheets, photographs, spectra, printouts, charts and other data or records used by examiners to support their conclusions?

1.4.2.15 (E) Does the laboratory maintain case related administrative documentation generated and received, in a retrievable form?

It is essential that a representative number of reports be subjected to a technical review.

1.4.2.16 (E) Does the laboratory have, use and document a system of technical review of the reports to ensure that the conclusions of its examiners are reasonable and within the constraints of scientific knowledge?

Administrative reviews must be conducted to ensure the completeness and correctness of the reports issued.

1.4.2.17 (E) Does the laboratory conduct and document administrative reviews of all reports issued?

The laboratory must have and follow a written procedure whereby the testimony of each examiner is monitored at least once every year.

1.4.2.18 (E) Does the laboratory monitor the testimony of each examiner at least annually and is the examiner given feedback from the evaluation?

The laboratory must have a written procedure which it uses to initiate a review and to take corrective action when the laboratory has an indication of a significant problem with a technical procedure or the work of an analyst.

Yes No N/A

- 1.4.2.19 (E) If the laboratory has an indication of a significant technical problem, is there a procedure in writing and in use whereby the laboratory initiates a review and takes any corrective action required?

Each laboratory must have a documented program of proficiency testing which measures the capability of its examiners and the reliability of its analytical results.

- 1.4.3.1 (E) Does the laboratory have a documented program of proficiency testing?

The laboratory must participate in proficiency testing programs in which samples are provided by an external test provider. ASCLD/LAB approved providers must be used where available.

- 1.4.3.2 (E) Does the laboratory participate in proficiency testing programs conducted by approved test providers or by other external provider(s) when no approved provider is available?

Each Examiner should be proficiency tested annually in each subdiscipline in which casework is performed.

- 1.4.3.3 (I) Was each examiner proficiency tested annually in each subdiscipline in which casework was performed?

The laboratory should conduct annual proficiency testing in each discipline using re-examination or blind techniques.

- 1.4.3.4 (I) Does the laboratory conduct proficiency testing using re-examination or blind techniques?

MANAGEMENT

The laboratory director should have a minimum of a baccalaureate degree in a natural science, criminalistics or a closely related field. If the director lacks a scientific background, then there should be support within management by personnel with appropriate scientific background.

- 2.1.1 (I) Does the laboratory director possess a degree in a natural science, criminalistics or in a closely related field, or is the laboratory director supported by scientific personnel of sufficient managerial rank and authority?

A laboratory director should have at least five years of forensic science experience performing casework in one of the ASCLD/LAB accredited disciplines.

- 2.1.2 (D) Does the laboratory director have at least five years of forensic science experience?

Additional education in management or business administration by college course work or short training courses (or both) is recommended.

		Yes	No	N/A
2.1.3 (D)	Does the laboratory director have some formal training in management?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The laboratory director should have at least two years of experience in management.

2.1.4 (D)	Does the laboratory director have at least two years of managerial experience?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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CONTROLLED SUBSTANCES

Examiners must have education and experience/training commensurate with the examinations and testimony provided. A baccalaureate degree in a natural science, criminalistics or in a closely related field is required.

2.2.1 (E)	Does each examiner possess a baccalaureate degree in a natural science, criminalistics or in a closely related field and does each have experience/training commensurate with the examinations and testimony provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Examiners must have a good understanding of the principles, uses and limitations of the instruments, and the methods and procedures as applied to the tasks performed.

2.2.2 (E)	Does each examiner understand the instruments, and the methods and procedures used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Examiners must have successfully completed a competency test.

2.2.3 (E)	Did each examiner successfully complete a competency test prior to assuming casework responsibility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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A proficiency test must be successfully completed by each examiner at least annually.

2.2.4 (E)	Did each examiner successfully complete an annual proficiency test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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TOXICOLOGY

Examiners must have education and experience/training commensurate with the examinations and testimony provided. A baccalaureate degree in a natural science, toxicology, criminalistics or in a closely related field is required.

2.3.1 (E)	Does each examiner have a baccalaureate degree in a natural science, toxicology, criminalistics or in a closely related field and does each have experience/training commensurate with the examinations and testimony provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Examiners must have a good understanding of the principles, uses and limitations of the instruments, and the methods and procedures applied to the tasks performed.

	Yes	No	N/A
2.3.2 (E) Does each examiner understand the instruments, and the methods and procedures used?	<u>✓</u>	___	___

Examiners must have successfully completed a competency test.

2.3.3 (E) Did each examiner successfully complete a competency test prior to assuming casework responsibility?	<u>✓</u>	___	___
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A proficiency test must be successfully completed by each examiner at least annually.

2.3.4 (E) Did each examiner successfully complete an annual proficiency test?	<u>✓</u>	___	___
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TRACE EVIDENCE

Examiners must have education and experience/training commensurate with the examinations and testimony provided. A baccalaureate degree in a natural science, criminalistics or in a closely related field is required.

2.4.1 (E) Does each examiner possess a baccalaureate degree in a natural science, criminalistics or in a closely related field and does each have experience/training commensurate with the examinations and testimony provided?	<u>✓</u>	___	___
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Examiners must have a good understanding of the principles, uses and limitations of the instruments, and the methods and procedures applied to the tasks performed.

2.4.2 (E) Does each examiner understand the instruments, and the methods and procedures used?	<u>✓</u>	___	___
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A competency test must be successfully completed prior to working cases of each evidence type.

2.4.3 (E) Did each examiner successfully complete a competency test in each of the subdisciplines processed prior to assuming casework responsibility?	<u>✓</u>	___	___
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A proficiency test must be successfully completed by each examiner at least annually.

2.4.4 (E) Did each examiner successfully complete an annual proficiency test?	<u>✓</u>	___	___
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BIOLOGY

Examiners must have education and experience/training commensurate with the examinations and testimony provided. A baccalaureate degree in a natural science, criminalistics or in a closely related field is required.

- | | | Yes | No | N/A |
|-----------|--|----------|-----|-----|
| 2.5.1 (E) | Does each examiner possess a baccalaureate degree in a natural science, criminalistics or in a closely related field and does each have experience/training commensurate with the examinations and testimony provided? | <u>✓</u> | ___ | ___ |
| 2.5.2 (E) | Does each examiner performing DNA analysis have education, training and experience consistent with those required by the quality assurance audit document? | <u>✓</u> | ___ | ___ |

Examiners must have a good understanding of the principles, uses and limitations of the instruments, and the methods and procedures applied to the tasks performed.

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| 2.5.3 (E) | Does each examiner understand the instruments, and the methods and procedures used? | <u>✓</u> | ___ | ___ |
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Examiners must have successfully completed a competency test.

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| 2.5.4 (E) | Did each examiner successfully complete a competency test prior to assuming casework responsibility? | <u>✓</u> | ___ | ___ |
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A proficiency test must be successfully completed by each examiner at least annually?

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|-----------|---|----------|-----|-----|
| 2.5.5 (E) | Did each examiner successfully complete an annual proficiency test? | <u>✓</u> | ___ | ___ |
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Two proficiency tests must be successfully completed by each DNA examiner annually.

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|-----------|--|----------|-----|-----|
| 2.5.6 (E) | Did each examiner performing DNA analysis successfully complete two annual proficiency tests from an approved test provider? | <u>✓</u> | ___ | ___ |
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FIREARMS/TOOLMARKS

Firearms/toolmarks examiners should have a baccalaureate degree with science courses.

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| 2.6.1 (I) | Does each examiner possess a baccalaureate degree with science courses? | <u>✓</u> | ___ | ___ |
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Examiners must have a good understanding of the principles, uses and limitations of the instruments, and the methods and procedures used as applied to the tasks performed.

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|-----------|---|----------|-----|-----|
| 2.6.2 (E) | Does each examiner understand the instruments, and the methods and procedures used? | <u>✓</u> | ___ | ___ |
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Examiners must have education and experience/training commensurate with the examinations and testimony provided. Independent case examinations must not be undertaken until extensive instruction from a qualified examiner has been completed.

		Yes	No	N/A
2.6.3 (E)	Did each examiner have extensive training from a qualified examiner and does each have experience commensurate with the examinations and testimony provided?	<u>✓</u>	___	___

Examiners must successfully complete a competency test.

2.6.4 (E)	Did each examiner successfully complete a competency test prior to assuming case work responsibility?	<u>✓</u>	___	___
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A proficiency test must be successfully completed by each examiner at least annually.

2.6.5 (E)	Did each examiner successfully complete an annual proficiency test?	<u>✓</u>	___	___
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QUESTIONED DOCUMENTS

Questioned document examiners should have a baccalaureate degree with science courses.

2.7.1 (I)	Does each examiner possess a baccalaureate degree with science courses?	___	___	<u>✓</u>
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Examiners must have a good understanding of the principles, uses and limitations of the instruments, and the methods and procedures used as applied to the tasks performed.

2.7.2 (E)	Does each examiner understand the instruments, and the methods and procedures used?	___	___	<u>✓</u>
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Examiners must have education and training/experience commensurate with the examinations and testimony provided. Independent case examinations must not be undertaken until extensive instruction from a qualified document examiner has been completed.

2.7.3 (E)	Did each examiner have extensive training from a qualified examiner and does each have experience commensurate with the examinations and testimony provided?	___	___	<u>✓</u>
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Examiners must have successfully completed a competency test.

2.7.4 (E)	Did each examiner successfully complete a competency test prior to assuming case work responsibility?	___	___	<u>✓</u>
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A proficiency test must be successfully completed by each examiner at least annually.

2.7.5 (E)	Did each examiner successfully complete an annual proficiency test?	___	___	<u>✓</u>
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LATENT PRINTS

Latent print examiners should have a baccalaureate degree with science courses.

		Yes	No	N/A
2.8.1 (I)	Does each examiner possess a baccalaureate degree with science courses?	_____	_____	<u>✓</u>

Examiners must have a good understanding of the concept of individualization and the principles, uses and limitations of the instruments, and the methods and procedures used as applied to the tasks performed.

2.8.2 (E)	Does each examiner understand the instruments, and the methods and procedures used?	_____	_____	<u>✓</u>
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Examiners must have education and training/experience commensurate with the examinations and testimony provided. Independent case examinations must not be undertaken until extensive instruction from a qualified latent print examiner has been completed.

2.8.3 (E)	Did each examiner have extensive training from a qualified examiner and does each have experience commensurate with the examinations and testimony provided?	_____	_____	<u>✓</u>
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Examiners must have successfully completed a competency test.

2.8.4 (E)	Did each examiner successfully complete a competency test prior to assuming casework responsibility?	_____	_____	<u>✓</u>
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A proficiency test must be successfully completed by each examiner at least annually.

2.8.5 (E)	Did each examiner successfully complete an annual proficiency test?	_____	_____	<u>✓</u>
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TECHNICAL SUPPORT

The individual must meet the specification of the job description.

2.9.1 (E)	Do technical support personnel meet the requirements of their job descriptions?	_____	_____	<u>✓</u>
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The job description and the duties performed must be in agreement.

2.9.2 (E)	Are the job descriptions and the duties performed in agreement?	_____	_____	<u>✓</u>
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Technical support staff must have successfully completed an appropriate competency test.

2.9.3 (E)	Did each member of the technical support staff successfully complete an appropriate competency test prior to assuming casework responsibility?	_____	_____	<u>✓</u>
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Technical support personnel must successfully complete an appropriate proficiency test annually.

		Yes	No	N/A
2.9.4 (E)	Did all technical support personnel successfully complete an appropriate proficiency test, annually?	_____	_____	<u>✓</u>

Two proficiency tests must be successfully completed annually by all technical support personnel performing DNA analysis.

2.9.5 (E)	Did all technical support personnel performing DNA analysis successfully complete two annual proficiency tests from an approved test provider?	_____	_____	<u>✓</u>
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CRIME SCENE

The examiner must meet the requirements of the job description.

2.10.1 (E)	Do examiners meet the requirements of their job descriptions?	_____	_____	<u>✓</u>
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Examiners must have a good understanding of the concept and theory of scene security and integrity, and the uses and limitations of the equipment, methods and procedures used to document and process crime scenes, as applied to the tasks performed.

2.10.2 (E)	Does each examiner understand the equipment, methods and procedures used?	_____	_____	<u>✓</u>
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Examiners must have training and experience commensurate with the examinations, documentation and testimony provided, as applied to the tasks performed. Independent examinations and documentation at crime scenes must not be undertaken until extensive instruction from a qualified examiner has been completed.

2.10.3 (E)	Did each examiner have extensive training from a qualified examiner and does each have experience commensurate with the examinations/documentation and testimony provided?	_____	_____	<u>✓</u>
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Examiners must have successfully completed a competency test(s) as applied to the task(s) performed.

2.10.4 (E)	Did each examiner successfully complete a competency test(s) prior to primary responsibility for the examination, documentation and processing of a crime scene?	_____	_____	<u>✓</u>
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A proficiency test must be completed by each person conducting crime scene examinations at least annually. The proficiency test should reflect the types of procedures, methods and equipment as applied to the typical task(s) performed.

2.10.5 (E)	Did each examiner successfully complete an annual proficiency test?	_____	_____	<u>✓</u>
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DIGITAL EVIDENCE

Digital evidence examiners should have a baccalaureate degree with science courses.

		Yes	No	N/A
2.11.1 (I)	Does each examiner possess a baccalaureate degree with science courses?	_____	_____	<u>✓</u>

Examiners must have a good understanding of the principles, uses and limitations of the hardware, software, and the methods and procedures as applied to the tasks performed.

2.11.2 (E)	Does each examiner understand the equipment, programs, methods and procedures used?	_____	_____	<u>✓</u>
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Examiners must have education and training/experience commensurate with the examinations and testimony provided. Independent case examinations must not be undertaken until extensive instruction from a qualified examiner has been completed.

2.11.3 (E)	Does each examiner have experience commensurate with the examinations/documentation and testimony provided?	_____	_____	<u>✓</u>
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Examiners must have successfully completed a competency test.

2.11.4 (E)	Did each examiner successfully complete a competency test in each subdiscipline prior to assuming casework responsibility?	_____	_____	<u>✓</u>
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A proficiency test must be successfully completed by each examiner at least annually.

2.11.5 (E)	Did each examiner successfully complete an annual proficiency test?	_____	_____	<u>✓</u>
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Each employee should have adequate work space to accomplish assigned tasks.

3.1.1 (I)	Does each employee have adequate work space to accomplish assigned tasks?	<u>✓</u>	_____	_____
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Sufficient space should be provided for storage of supplies, equipment and tools.

3.1.2 (D)	Is there sufficient space provided for storage of supplies, equipment and tools?	<u>✓</u>	_____	_____
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Examiners should have space available for writing reports and other official communications.

3.1.3 (I)	Is there adequate space available for examiners for writing reports and other official communications?	<u>✓</u>	_____	_____
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Adequate and appropriate space should exist for records and reference materials.

		Yes	No	N/A
3.1.4 (I)	Is there adequate and appropriate space available for records, reference works and other necessary documents?	<u>✓</u>	___	___

Sufficient space should be available for instrumentation/equipment to facilitate its operation.

3.1.5 (I)	Is adequate space available for instrumentation/equipment to facilitate its operation?	<u>✓</u>	___	___
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Accessories should be stored near instrumentation/equipment to facilitate its use and operation.

3.1.6 (D)	Are accessories stored near instrumentation/equipment to facilitate its use and operation?	<u>✓</u>	___	___
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The physical design should permit the efficient flow of evidence from the time of its acceptance until its proper disposal.

3.2.1 (I)	Does the physical design permit the efficient flow of evidence from the time of its acceptance until its proper disposal?	<u>✓</u>	___	___
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The relative locations of functional areas should facilitate the use of equipment and instruments.

3.2.2 (D)	Do the relative locations of functional areas facilitate the use of equipment and instruments?	<u>✓</u>	___	___
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Adequate and proper lighting should be available for personnel to carry out assigned tasks.

3.2.3 (I)	Is there adequate and proper lighting available for personnel to carry out assigned tasks?	<u>✓</u>	___	___
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Adequate and proper plumbing and wiring should be available and accessible to carry out assigned tasks.

3.2.4 (I)	Is there adequate and proper plumbing and wiring available and accessible to carry out assigned tasks?	<u>✓</u>	___	___
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The laboratory should have proper general ventilation.

3.2.5 (I)	Does the laboratory have proper general ventilation?	<u>✓</u>	___	___
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There should be adequate heating, cooling and humidity control in the laboratory.

3.2.6 (I)	Is the heating, cooling and humidity control in the laboratory adequate?	<u>✓</u>	___	___
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Access to the operational area of the laboratory must be controllable and limited to those individuals who are assigned to routinely work in the area or to those individuals designated by the laboratory director to have access.

		Yes	No	N/A
3.3.1 (E)	Is access to the operational area of the laboratory controllable and limited?	<u>✓</u>	<u> </u>	<u> </u>

All exterior entrance/exit points require adequate security control.

3.3.2 (E)	Do all exterior entrance/exit points have adequate security control?	<u>✓</u>	<u> </u>	<u> </u>
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Internal areas requiring limited/controlled access must have a lock system.

3.3.3 (E)	Do all internal areas requiring limited/controlled access have a lock system?	<u>✓</u>	<u> </u>	<u> </u>
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Accountability of all keys, magnetic cards, etc., must be documented and their distribution limited to those individuals designated by the laboratory director to have access.

3.3.4 (E)	Is distribution of all keys, magnetic cards, etc., documented and is distribution limited to those individuals designated by the laboratory director to have access?	<u>✓</u>	<u> </u>	<u> </u>
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The laboratory must be monitored during vacant hours by an intrusion alarm or by security personnel.

3.3.5 (E)	Is the laboratory secured during vacant hours by means of an intrusion alarm or by security personnel?	<u>✓</u>	<u> </u>	<u> </u>
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The laboratory should have a fire detection system.

3.3.6 (I)	Does the laboratory have a fire detection system?	<u>✓</u>	<u> </u>	<u> </u>
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All elements of a laboratory's health and safety program must be clearly documented in a manual. The program should be monitored and the manual kept current by a health and safety manager.

3.4.1 (I)	Does the laboratory have an effective health and safety program documented in a manual?	<u>✓</u>	<u> </u>	<u> </u>
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3.4.2 (I)	Is an individual designated as the health and safety manager?	<u>✓</u>	<u> </u>	<u> </u>
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3.4.3 (I)	Is the health and safety program monitored regularly and reviewed annually to ensure that its requirements are being met?	<u>✓</u>	<u> </u>	<u> </u>
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The laboratory should have available and encourage the use of safety devices (particularly those required in its health and safety manual). Examples of such devices are goggles, face protectors, ear protectors, gloves and fire extinguishers.

		Yes	No	N/A
3.4.4 (I)	Does the laboratory have available and encourage the use of safety devices, particularly those required by its health and safety manual?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Proper equipment and material should be available for the handling of carcinogenic, toxic and/or other dangerous material spills.

3.4.5 (I)	Does the laboratory have proper equipment and material available for the handling of carcinogenic, toxic and/or other dangerous material spills?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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The laboratory should have safety shower and eye wash equipment in appropriate locations and in good working condition.

3.4.6 (I)	Does the laboratory have safety shower and eye wash equipment in appropriate locations and in good working condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Exhaust hoods must be available to maintain a safe work environment.

3.4.7 (I)	Are sufficient exhaust hoods available to maintain a safe work environment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Sufficient first-aid kits should be available and strategically located.

3.4.8 (I)	Are sufficient first-aid kits available and strategically located?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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An adequate number of personnel should hold current certification in first-aid.

3.4.9 (I)	Does the laboratory have an adequate number of personnel holding current certification in first-aid?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Space should be provided for safe storage of volatile, flammable, explosive and other hazardous materials.

3.4.10 (I)	Is appropriate space provided for safe storage of volatile, flammable, explosive and other hazardous materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Emergency exits from the laboratory should be in compliance with safe working requirements.

3.4.11 (I)	Are the emergency exits from the laboratory adequate for safe exit in an emergency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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General cleanliness and good-housekeeping should be apparent.

3.4.12 (D)	Is there general cleanliness and apparent good-housekeeping in the laboratory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SUMMARY

The following summarizes the criteria for which the Inspection Team determined the laboratory to not be in compliance at the time of the initial inspection and documents the basis for the findings under the heading of Original inspection finding. The report also documents, as Supplemental findings, the laboratory's compliance with those criteria since the initial inspection.

- 1.4.2.17 (E) Does the laboratory conduct and document administrative reviews of all reports issued?

Original inspection finding:

Five (5) toxicology (BA only) cases reviewed by the audit team had examiner generated findings in the case notes which were not on the final report as required by the laboratory's technical procedure. This resulted in the issuance of amended reports in order to be compliant with established policies on how results are reported.

Supplemental finding

Corrected reports were issued. A discrepancy file was created for each of these reports. The non-compliance (NC) codes were reviewed and discussed with all BA analysts in a Blood Alcohol method training session on February 1, 2005. The specific wording in the reports is mandated by state statute and the coding to generate the correct wording for non-standard BA tubes was reviewed with the analysts in the training session.

- 2.3.2 (E) Does each examiner understand the instruments, and the methods and procedures used?

Original inspection finding:

Some examiners did not understand the technical methods. Examiners could not determine if cases in which they had completed analysis and reported results had produced acceptable performance standard results relative to the resolution check sample, which is required in accordance with GC Headspace Method Forensic Alcohol Analysis, Part II, Section V, Subsection F.4 prior to reporting of results.

Supplemental finding

On February 1, 2005 the Supervisor of the Blood Alcohol section conducted a training session for all of the analysts in the section. A copy of the PowerPoint presentation was provided for review. Each of the analysts was given a test covering the agency BA method and acceptance criteria. Review of the tests for the analysts indicates that each of the analysts now understands the agency method and the performance standard for the method.

The inspection team was not presented with documentation of compliance for the following important criterion which was scored NO during the initial inspection:

- 1.4.3.4 (I) Does the laboratory conduct proficiency testing using re-examination or blind techniques?

Original inspection finding:

The laboratory does not conduct proficiency testing using re-examination or blind techniques.

All criteria for 2.7 Questioned Document, 2.8 Latent Prints, and 2.11 Digital Evidence were scored N/A because the laboratory does not perform work in the disciplines.

All criteria for 2.10 Crime Scene were scored N/A because the laboratory elected not to apply for Crime Scene accreditation.

SUMMATION OF CRITERIA RATINGS

	Total Possible	Total Yes	Total No	Total N/A	Total Number Yes/No
Essential	78	56	0	22	56
Important	47	43	1	3	44
Desirable	20	20	0	0	20

Percent Essential: 100%

Percent Important: 98%

Percent Desirable: 100%

Areas sought for accreditation are as follows:

Controlled Substances

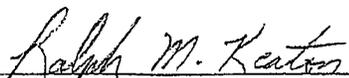
Biology

Trace Evidence

Toxicology (blood alcohol only)

Firearms/Toolmarks

Prepared by: Michael Hurley, Staff Inspector



Ralph M/Keaton, Executive Director



AMERICAN SOCIETY OF CRIME LABORATORY DIRECTORS
LABORATORY ACCREDITATION BOARD

June 22, 2005

Mr. Lance Gima, Bureau Chief
California Department of Justice
Bureau of Forensic Services
4949 Broadway, Room F-104
Sacramento, CA 95820

Dear Chief Gima:

On June 11, 2005, the Board of Directors of ASCLD/LAB met and considered the application for accreditation from the California Department of Justice, Bureau of Forensic Services Central Valley Laboratory. Based on the documentation provided and in accordance with the recommendation of Staff Inspector Michael Hurley, the Board is satisfied that the Central Valley Laboratory meets or exceeds the standards for accreditation as set forth by ASCLD/LAB in the 2003 version of the accreditation manual.

It is my pleasure to advise you that the Central Valley Laboratory has been accredited in the disciplines of controlled substances, toxicology (blood alcohol only), trace evidence, firearms/toolmarks and biology. The accreditation is for a period of five (5) years, effective at the expiration of the previous accreditation. An updated Accreditation Certificate is being forwarded to Director Yoshida at the Central Valley Laboratory with a copy of this letter.

Accreditation is granted only after a thorough evaluation of a laboratory's management practices, personnel qualifications, technical procedures, quality assurance program and facilities. We recognize that accreditation is the result of much work and preparation by the management and personnel in each of your laboratories. On behalf of the Board of Directors, I extend sincere congratulations to you and to your entire staff for this significant accomplishment.

Accredited laboratories are expected to maintain the high standards which were required of them to achieve accreditation. The California Department of Justice, Bureau of Forensic Services Central Valley Laboratory will be expected to participate in external proficiency testing and to agree for test results to be reviewed by the appropriate Proficiency Review Committees (PRCs) as outlined in the accreditation manual. In addition, the laboratory will be expected to conduct an annual audit and submit the Annual Accreditation Review Report (appendix 6 in the manual) to the Executive Director by April 1 of each year. Each of your laboratories will be invoiced near the end of each year for an annual accreditation fee which is based on the budget approved by the Delegate Assembly.

As the director of an accredited laboratory system, you are a voting member of the Delegate Assembly. The directors of each of the accredited laboratories are also voting members of the Delegate Assembly. Each of you are invited and encouraged to participate in the accreditation process and to exercise your vote on issues which are presented to the Delegate either by mail ballot or at the annual meeting.

In the event that your laboratory wishes to use the ASCLD/LAB logo on its letterhead, website or other documents, you may submit a request detailing how you wish to use the logo. When your request is

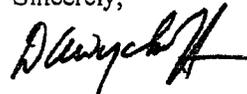
approved, you will be provided an electronic copy of the logo. If you have a laboratory website, you may have it linked from the ASCLD/LAB site by advising us concerning your site locator information.

If you have not submitted the post inspection evaluation form (Appendix 5 in the manual), I encourage you to do so. Feedback on the performance of inspection teams is critical to the continued improvement of the accreditation process.

On behalf of the Board, I extend my sincere congratulations to you and to all of the personnel of your laboratories. If you have any questions or if we might assist you in any way please feel free to get in touch with us.

My best wishes to you and your staff.

Sincerely,



Donald A. Wyckoff
Chair, ASCLD/LAB

cc: ASCLD/LAB Board
N. Michael Hurley, Staff Inspector
John S. Yoshida, Central Valley Laboratory
Jill Spriggs, Compliance Officer