ANNUAL ACCREDITATION AUDIT REPORT FROM 4-29-12 to 4-29-13

Indicate the period of activity above. The period should include a full year from accreditation anniversary to the next anniversary. The Annual Report is due on or within 60 days after the laboratory’s anniversary date.

Accreditation Certificate Number (Submit a separate form for each certificate number): 316

Laboratory Name: Pasadena Police Department Regional Crime Laboratory

Agency Name: Pasadena Police Department

LABORATORY DIRECTOR: Check if changed since the last report □
Name: Pamela J. McInnis  Title: Laboratory Director
Street / Mailing Address: 923 E. Shaw Avenue
City: Pasadena  State/Province: TX  Zip/Postal Code: 77506
Country: USA  Telephone: 713-475-7866  Fax: 713-475-2022
E-mail: pmcinnis@ci.pasadena.tx.us

NAME OF SYSTEM DIRECTOR (if applicable): 

QUALITY MANAGER: Check if changed since the last report ☑
Name: Azell Carter  Title: Quality Manager
Telephone: 713-475-7866  Fax: 713-475-2022
E-mail: acarter@ci.pasadena.tx.us

LABORATORY DELEGATE (Check one)
☑ The Laboratory Director listed above is the Delegate.
☐ As Laboratory Director, I have named the following individual as the Delegate for this laboratory:

Name: Pamela J. McInnis  Title: Laboratory Director
Telephone: 713-475-7866  Fax: 713-475-2022
E-mail: pmcinnis@ci.pasadena.tx.us

SELF-EVALUATION OF COMPLIANCE

Using standards and criteria in the most current Accreditation Manual, a self-evaluation of your laboratory operations should form the basis for completing the following table.

<table>
<thead>
<tr>
<th></th>
<th>Total Number Possible</th>
<th>Total Yes</th>
<th>Total No</th>
<th>Total N/A</th>
<th>Percentage Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essential</td>
<td>91</td>
<td>61</td>
<td>0</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Important</td>
<td>45</td>
<td>40</td>
<td>1</td>
<td>4</td>
<td>89</td>
</tr>
<tr>
<td>Desirable</td>
<td>16</td>
<td>16</td>
<td>0</td>
<td>0</td>
<td>100</td>
</tr>
</tbody>
</table>

While the current manual should always be used for annual audits, laboratories which were accredited under the standards and criteria of an earlier version of the manual are not required to be in compliance with new standards which were added or raised to essential after their accreditation. However, laboratories must include a statement concerning such standards, which they do not meet, to indicate the steps that are being taken to move toward compliance with those standards and criteria.
This report must include explanations of any essential criteria scored “No” during the self-evaluation.

**PERSONNEL**

Total number of employees subject to proficiency testing (including vacancies): 6

The total number of employees subject to proficiency testing (including vacancies) is an important number and should be accurately determined. This is the number used to calculate your laboratory’s shares for the annual administrative fee. The number should not include administrative or clerical personnel. The number does include all laboratory positions subject to proficiency testing, whether in training, providing technical support or currently vacant.

**IMPORTANT . . . If the response to any of the following is YES, please attach an explanation**

During the past year:

- Did the annual audit reveal any instance of substantive non-compliance with any **Essential** criteria?  ____________ ☐ Yes ☒ No

The primary purpose of the **Annual Accreditation Audit Report** is to document that the laboratory has made at least an annual determination that operations continue to be in compliance with accreditation standards, with a particular focus on **Essential** criteria. Laboratories must report **substantive** occurrences of non-compliance with essential criteria. “Substantive” means potentially having a significant bearing on the quality of the work of the laboratory, even if for a short period of time. With the expectation that a laboratory will always react internally and appropriately to instances of known non-compliance, it is not necessary to report every isolated occurrence of non-compliance. For deciding upon inclusion in this report, factors such as significance, substance and time-span of non-compliance should be evaluated. **When in doubt, include the finding in your report.**

- Was any discipline or sub-discipline added, reinstated, or suspended?  ____________ ☒ Yes ☐ No

  List the discipline(s), action(s) taken and date: **Firearms/Toolmarks,** suspended, 9/12/12

  **This section will not be reinstated.**

- Did an inconsistency or error on a proficiency test occur that required corrective action to be implemented?  ____________ ☒ Yes ☐ No

- Did an inconsistency or error on casework occur that required corrective action to be implemented?  ____________ ☒ Yes ☐ No

**IMPORTANT . . . If the response to the following is NO, please attach an explanation**

- Did the laboratory meet the external proficiency testing requirements of each discipline, including the submission of all test results by the test provider’s deadline?  ____________ ☒ Yes ☐ No

**SIGNATURE**  (A typed name should be inserted for reports submitted via E-mail)

________________________  _______________________
Laboratory Director          Date

**INSTRUCTIONS**

- Reports may be submitted electronically to tdolin@ascld-lab.org or mailed to:
  ASCLD/LAB
  139 J Technology Drive
  Garner, NC 27529

- Questions about the completion of the **Annual Accreditation Audit Report** may be addressed to ASCLD/LAB at 919-773-2600 or mcreasy@ascld-lab.org

Every laboratory must submit an **Annual Accreditation Audit Report** to ASCLD/LAB on or within 60 days of the anniversary date of the laboratory’s accreditation. This report and supporting documentation can serve as proof of an
annual audit (1.4.2.3). Laboratories applying for accreditation must conduct an audit in order to complete the Grade Computation Sheets and other supporting documents required with the application. Those documents may serve as proof of an audit for the purpose of the accreditation inspection. Laboratories having an inspection for renewal of accreditation, may utilize the application documents and inspection report as supporting documentation of an audit for the year in which the inspection is conducted. While appropriate as supporting documentation, neither the application for renewal, nor the subsequent inspection report replaces the required *Annual Accreditation Audit Report*. 
A Quality Review was conducted for the whole laboratory during March 2013. Changes were made to various sections of the laboratory based on the review. The findings are summarized here. The appropriate notes and documentation will be maintained in the Audit 2013 notebook.

SAFETY
A review of the safety manual and the safety inspections for the year revealed no problems. On March 23, 2012 Sue Baird conducted training in first aid, AED and CPR.

CORRECTIVE ACTIONS
There was one corrective action which involved Maria Santiago and Dara Gonzales. The issue was clerical in nature and lead to the inappropriate destruction of evidence associated with L08-0745, L09-1127, and L09-1110 during the Laboratories scheduled burn run on 3/27/2012.

COURTROOM TESTIMONY
Since the last inspection, all the chemists with the exception of Pamela McInnis and Deborah Lind have testified in a court of law. There were no documented problems with any of their testimonies.

PROFICIENCY TESTING
All the proficiency tests since the last inspection were satisfactory. There was one issue with Deborah Lind’s hair proficiency test. A notification was sent from the ASCLD/LAB Proficiency Review Program stating that a false exclusion may result when not comparing appropriate samples from the same somatic origin. Upon review of Deborah Lind’s proficiency test, it was determined that no corrective was needed. Based on the results of the proficiency test, Deborah Lind successfully passed her proficiency test.

LABORATORY OPERATIONS GUIDE (LOG)
Several changes to the Laboratory Operations Guide were implemented: Ethics (LOG 2), Conflict of Interest/Undue Influence Policy (LOG 3), Customer Service (LOG 4), Ordering and Receiving of Supplies and Service (LOG 09), Request, Tenders, and Contracts (LOG 10), Outsourcing of Work (LOG 16), Uncertainty of Measurement and Traceability (LOG18), and Corrective and Preventive Action (LOG 24) were added to the Laboratory Operations Guide. Refer to the 2012-2013 audit binder to see the remaining changes to the Laboratory Operations Guide.

FIREARMS SECTION
Due to the resignation of Dawn LaPorte, this section was suspended on 9/12/12. This section will not be reinstated.
SEROLOGY SECTION

The Serology Section Standard Operating Procedures and Training Guide were modified during this year’s inspection. Refer to the 2012-2013 audit binder to see all the changes that were made.

TRACE SECTION

The Trace Section Standard Operating Procedures and Training Guide were modified during this year’s inspection. Refer to the 2012-2013 audit binder to see all the changes that were made.

TOXICOLOGY SECTION

The Serology Section Standard Operating Procedures and Training Guide were modified during this year’s inspection. Refer to the 2012-2013 audit binder to see all the changes that were made.

DRUG CHEMISTRY SECTION

The Drug Chemistry Section Standard Operating Procedures and Training Guide were modified during this year’s inspection. Refer to the 2012-2013 audit binder to see all the changes that were made.

VAULT/EVIDENCE INSPECTION

A minimum of five random cases for each chemist were inspected to verify location of evidence and proper sealing. There were no documented issues with the vault audit conducted by Maria Santiago and Azell Carter.

Refer to the 2012-2013 (criteria file, corrective actions, vault audit, and folder audit) audit binder to see the detailed list of the vault audit.

FOLDER AUDIT

Five random cases for each chemist in each discipline in which they performed forensic examinations were inspected. They were checked to ensure adherence to the examination documentation procedures and guidelines listed in the LOG and Sectional Standard Operating Procedures. There were no documented issues with the folder audit.

Refer to the 2012-2013 (criteria file, corrective actions, vault audit, and folder audit) audit binder to see the detailed list of the folder audit.

Miscellaneous

Forensic Chemist Sebastian failed to complete and turn in a requested updated Statement of Qualifications due on 1/11/2013. He also didn’t sign any of the LOG and Sectional Standard Operating Procedures and Training Guide document authorization modification sheets.

Currently laboratory is preparing for a transition from ASCLD/LAB Legacy Accreditation Program to the ASCLD/LAB 17025 International Accreditation Program by the end of 12/31/2013.
Since the last inspection, Dara Gonzales and Dawn LaPorte resigned and Claudia Busby retired. Azell Carter was hired as the Quality Manager/Sr. Forensic Chemist and Rhonda Embry was hired as the Sr. Office Assistant.

Respectfully submitted,

Azell Carter
Quality Manager