Pasadena Police Department Regional Crime Laboratory
Corrective Action Request Form

Type of Incident:

☐ METHOD  ☐ INSTRUMENT  ☐ ANALYST  ☐ CLERICAL  ☒ LIMS SYSTEM

Describe the incident(s) (be specific regarding events leading to or causing the problem; "N/A" for strictly preventative actions). Incident date(s): 2-27-2009

The lab has encountered several chain of custody issues with the Porter Lee Beast Program. Specific issues are discussed in additional Corrective Actions.

Describe the corrective action taken (how the situation is being addressed; "N/A" for strictly preventative actions):

Discussions have been held with Porter Lee and they have agreed to inform us before “Receive” upgrades or versions are installed.

Describe the preventative action taken (what is being done to prevent re-occurrence of the problem or to improve the quality system):

Analysts/staff will document any encountered problem as soon as it happens and notify Porter Lee as soon as possible. A log book will be placed in CER for documentation.

Routing (check necessary boxes and obtain signatures):

☐ Derek Sanders: [Signature] Date: 6 Mar 09
☐ Sebastian Frommhold: [Signature] Date: 12 Mar 09
☐ Deborah Lind: [Signature] Date: 3/12/09
☐ Dawn LaPorte: [Signature] Date: 12 Mar 09
☐ Maria Santiago: [Signature] Date: 5 March 09
☐ Dara Gonzales: [Signature] Date: 3-5-09
☐ Laboratory Director: [Signature] Date: 5 Mar 09
Pamela J. McInnis

☐ QA Manager: [Signature] Date: 3/16/09
Claudia Busby

Effective date: October 1, 2004
Type of Incident:

☐ METHOD  ☐ INSTRUMENT  ☐ ANALYST  ☐ CLERICAL  ☑ LIMS SYSTEM

Describe the incident(s) (be specific regarding events leading to or causing the problem; “N/A” for strictly preventative actions). Incident date(s): 2-27-2009

While conducting the annual folder audit for 2009, a problem was encountered with case L07-1460. All items showed proper chain of custody – MS to DAWL TO Serology Freezer. Item ID-5 showed a different sequence – MS to Serology Freezer – to DAWL.

Describe the corrective action taken (how the situation is being addressed; “N/A” for strictly preventative actions):

After a discussion with Porter Lee, we discovered the time stamps were different on different computers. The chain was correct, but flip-flopped because of the time difference.

Porter Lee activated a flag on the program that synchronizes all computers to the time on the server.

The chain of custody will be edited to reflect the correct time.

Describe the preventative action taken (what is being done to prevent re-occurrence of the problem or to improve the quality system):

Analysts/staff will document any encountered problem as soon as it happens and notify Porter Lee as soon as possible. A log book will be placed in CER for documentation.

Routing (check necessary boxes and obtain signatures):

☐ Derek Sanders: __________________________ Date: 6 March 09

☐ Sebastian Frommhold: __________________________ Date: 12 March 09

☐ Deborah Lind: __________________________ Date: 3/12/09

☐ Dawn LaPorte: __________________________ Date: 12 March 09

☐ Maria Santiago: __________________________ Date: 5 March 09

☐ Dara Gonzales: __________________________ Date: 3-5-09

☐ Laboratory Director: __________________________ Date: 5 March 09

☐ QA Manager: __________________________ Date: 3-16-09

Effective date: October 1, 2004
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Describe the incident(s) (be specific regarding events leading to or causing the problem; “N/A” for strictly preventative actions). Incident date(s): 2-27-2009

While conducting the folder audit, an issue arose concerning the printed chain of custody versus the electronic chain of custody on case L08-1695. The electronic version showed all proper documentation. The case was transferred to CER/Maria and Maria put it in the destruction box in the short term vault. When the chain was printed, it only showed the transfer to CER/Maria and not the container.

Describe the corrective action taken (how the situation is being addressed; “N/A” for strictly preventative actions):

Discussions were held with Porter Lee and they are going to include the container field on the printed chain of custody.

Describe the preventative action taken (what is being done to prevent re-occurrence of the problem or to improve the quality system):

Analysts/staff will document any encountered problem as soon as it happens and notify Porter Lee as soon as possible. A log book will be placed in CER for documentation.

Routing (check necessary boxes and obtain signatures):

☐ Derek Sanders: __________________________ Date: 6/29/09

☐ Sebastian Frommhold: __________________________ Date: 12/30/09

☐ Deborah Lind: __________________________ Date: 3/12/09

☐ Dawn LaPorte: __________________________ Date: 12/30/09

☐ Maria Santiago: __________________________ Date: 3/5/09

☐ Dara Gonzales: __________________________ Date: 3/5/09

☐ Laboratory Director: __________________________ Date: 5/3/09

Pamela J. McInnis

☐ QA Manager: __________________________ Date: 3/16/09

Claudia Busby

Effective date: October 1, 2004
Pasadena Police Department Regional Crime Laboratory  
Corrective Action Request Form

Type of Incident:

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Describe the incident(s) (be specific regarding events leading to or causing the problem; “N/A” for strictly preventative actions). Incident date(s): 2-27-2009

While conducting the annual folder audit, it was discovered that L08-0195 only showed the transfer of items from HCMEO to Maria Santiago, but did not show the completed transfer to Dawn LaPorte and to the Serology freezer.

After researching the evidence receipt, cases L07-1656, L07-2359, and L07-0585 were also affected.

Describe the corrective action taken (how the situation is being addressed; “N/A” for strictly preventative actions):

Discussions were held with Porter Lee. The evidence receipt was printed showing all the cases received from HCMEO. Some show the transfer to Dawn and some do not. Porter Lee did not offer any explanation other than it was a scanning issue.

We are looking into the 2 dimensional scanner versus the 1 dimensional scanner to see if the 2 dimensional is not reading certain bar codes.

The cases affected will be rescanned and the chain of custody will be edited to reflect the proper time.

Describe the preventative action taken (what is being done to prevent re-occurrence of the problem or to improve the quality system):

Analysts/staff will document any encountered problem as soon as it happens and notify Porter Lee as soon as possible. A log book will be placed in CER for documentation.

Routing (check necessary boxes and obtain signatures):

☐ Derek Sanders: ____________________________ Date: 6 Nov 09

☐ Sebastian Frommhold: ____________________________ Date: 12 Mar 09

☐ Deborah Lind: ____________________________ Date: 3/12/09

☐ Dawn LaPorte: ____________________________ Date: 12 Mar 09

☐ Maria Santiago: ____________________________ Date: 5 March 09

☐ Dara Gonzales: ____________________________ Date: 3-5-09

Effective date: October 1, 2004
Pasadena Police Department Regional Crime Laboratory

Laboratory Director: Pamela J. McInnis  Date: 5-10-09
Pamela J. McInnis

QA Manager: Claudia Busby  Date: 3-16-09
Claudia Busby

Effective date: October 1, 2004