



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of Public Safety

SCIENTIFIC CRIME DETECTION LABORATORY

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This is the Alaska Scientific Crime Detection Laboratory's final report for the ASCLD/LAB-*International* on-site surveillance visit that was conducted on March 21, 2014.

This surveillance visit included a limited scope assessment of the over 400 requirements of *ISO/IEC 17025:2005* and the *ASCLD/LAB-International Supplemental Requirements for Testing Laboratories* (2011). As these are copyrighted licensed documents, they are available via the following websites.

- *ISO/IEC 17025:2005* is available for purchase at <http://www.iso.org/iso/home/store.htm>
- *ASCLD/LAB-International Supplemental Requirements for Testing Laboratories* is available for purchase at <http://www.ascl-d-lab.org/international-accreditation-requirements/>



**AMERICAN SOCIETY OF CRIME LABORATORY DIRECTORS
LABORATORY ACCREDITATION BOARD**

October 12, 2015

Orin W. Dym
Alaska Department of Public Safety
Scientific Crime Detection Laboratory
4805 Dr. Martin Luther King Jr Avenue
Anchorage, AK 99507

Dear Mr. Dym:

ASCLD/LAB Executive Director John Neuner has approved the continuation of accreditation of the Alaska Department of Public Safety - Scientific Crime Detection Laboratory, based upon the results of the surveillance visit, conducted by ASCLD/LAB Surveillance Assessor Patti Williams on June 22, 2015.

Continuation of accreditation does not change the expiration date of accreditation. Rather, it is an annual, formal acknowledgement that a laboratory continues to operate in satisfactory conformance with all applicable accreditation requirements.

One (1) Corrective Action Request (CAR) was issued as a result of the surveillance visit and your laboratory has responded appropriately to resolve the CAR. ASCLD/LAB does not view the issuance of this CAR as a reason to impose a sanction against the accredited status of your laboratory. Our focus is on monitoring your response to ensure that appropriate corrective action is taken within the specified time limits.

Enclosed with this correspondence you will find a final copy of the Surveillance Visit Report. As indicated in the final report, all other requirements checked during the surveillance visit reflected your commitment to ongoing conformance with accreditation requirements.

Congratulations for maintaining an on-going, acceptable level of conformance with ASCLD/LAB-*International* accreditation requirements.

Best Regards,

Laurel J. Farrell
Senior Accreditation Program Manager
ASCLD/LAB

cc: Nita Bolz, Quality Assurance Manager
John Neuner, ASCLD/LAB Executive Director
Pamela L. Bordner, ASCLD/LAB Chief Operating Officer
Troy Hamlin, ASCLD/LAB Accreditation Program Manager-Testing
Patti Williams, ASCLD/LAB Surveillance Assessor

ASCLD/LAB-*International*

Surveillance Visit Report

**Alaska Department of Public Safety
Scientific Crime Detection Laboratory
Anchorage, Alaska**

INTRODUCTION

This is the ASCLD/LAB-*International* Surveillance Visit Report of the Alaska Department of Public Safety - Scientific Crime Detection Laboratory. The on-site surveillance visit was conducted June 22, 2015.

Lead Surveillance Assessor:

Patti Williams - ASCLD/LAB / De Soto, KS

OBJECTIVES

To conduct limited scope conformance monitoring of the management and technical operations of the laboratory in accordance with the accreditation requirements specified below, and to report the findings in a fair and impartial manner to the laboratory and to ASCLD/LAB top management for the purpose of continuing ASCLD/LAB-*International* accreditation in accordance with the scope of accreditation.

ACCREDITATION REQUIREMENTS

The conformance monitoring was performed using the requirements of ISO/IEC 17025:2005, the ASCLD/LAB-*International* Supplemental Requirements for the Accreditation of Forensic Science Testing Laboratories (2011), applicable ASCLD/LAB-*International* policies and the laboratory's own documented management system.

LABORATORY OVERVIEW

The Alaska Department of Public Safety - Scientific Crime Detection Laboratory is a state government laboratory that provides services and assistance to law enforcement agencies throughout the state of Alaska. The location of the laboratory has not changed since the last on-site visit. The current laboratory director is Orin Dym.

SCOPE OF ACCREDITATION

Effective March 1, 2015, the laboratory requested a reduction in scope to remove the category of testing of Fire Debris in the Trace Evidence discipline. The Fairbanks premise stopped providing testing services effective May 26, 2015.

REVIEW OF PERFORMANCE DECLARATION

As a required conformance monitoring activity, the laboratory submitted an ASCLD/LAB-*International* Performance Declaration. In summary, a review of the Performance Declaration revealed the following:

- The report was submitted by the due date.
- A signed statement from the laboratory director declaring that the laboratory continues to maintain conformance with all accreditation requirements and the requirements of the laboratory's own management system was included.
- An organizational chart was provided, indicating all current administrative and technical management positions.
- The level of proficiency testing activity appears to meet accreditation requirements.
- A Statement of Qualifications for each individual employed since the last on-site visit was provided. No issues or concerns were noted.
- The laboratory provided information concerning one or more corrective actions which have occurred since the last on-site visit. The completed corrective actions to date appear to be adequate to address the topics.
- A summary report of the laboratory's most recent internal audit indicated that a complete audit of the laboratory's management system was conducted and documented.
- A summary report of the laboratory's most recent management review indicated that the laboratory conducted the review in accordance with accreditation requirements, considering all elements required in ISO/IEC 17025:2005.

REVIEW OF CORE ACCREDITATION RECORDS

During the on-site surveillance visit, the following core accreditation records were sampled to ensure that required activities are occurring and that records of those activities are being maintained:

- Annual internal audit records
- Annual management review records
- Proficiency test records
- Competency test records
- Training records
- Court testimony monitoring records and feedback to analysts

With the exception of competency test records, a sampling of appropriate records revealed on-going conformance with accreditation requirements. Refer to Part 2 of this report.

REVIEW OF PREVIOUS CORRECTIVE ACTIONS

There was one (1) ASCLD/LAB Corrective Action Request (CAR) pending review of on-going adherence to the approved corrective action. Objective evidence of adherence to the corrective action for CAR 2, from the March 21, 2014 surveillance visit, was reviewed and found to be sufficient.

REVIEW OF ADDITIONAL ACCREDITATION REQUIREMENTS

During the on-site surveillance visit, objective evidence of conformance with additional accreditation requirements was sampled by conducting an audit trail on case records and witnessing testing activities. The laboratory demonstrated conformance with the requirements.

COMMENTS

Comments include recommendations, suggestions, concerns, or other observations documented by the surveillance assessor that are not supported by sufficient objective evidence of non-conformance. The laboratory is not required to respond to comments. The following comment(s) were documented by the assessor:

- None

OTHER CONSIDERATIONS

Other considerations may include any topic, issue or information of which ASCLD/LAB top management needs to be aware in order to make a more fully informed decision regarding the continuation of accreditation:

- None

CONCLUSIONS

Based upon the sampling of objective evidence during this conformance monitoring activity, one or more corrective actions was required to address a conformance, competence or effectiveness concern related to the current accreditation requirements of the ASCLD/LAB-*International* program. As reflected on the CAR(s) in Part 2 of this report, the laboratory has now taken appropriate corrective action to resolve any CAR(s) issued.

I conclude that the laboratory is operating in conformance with ISO/IEC 17025:2005 and the ASCLD/LAB-*International* Supplemental Requirements for the Accreditation of Forensic Science Testing Laboratories (2011); ensures the competence of personnel to perform work in accredited disciplines; and operates an effective management system in conformance with the accreditation requirements of the ASCLD/LAB-*International* program.

REPORT AUTHORIZATION

As the surveillance assessor, I affirm that this report represents a true and accurate accounting of the findings of the ASCLD/LAB-*International* conformance monitoring of the Alaska Department of Public Safety - Scientific Crime Detection Laboratory.

Lead Surveillance Assessor Patti Williams

Patti Williams

Signature

October 1, 2015

Date

DISTRIBUTION LIST

Orin Dym, Laboratory Director
Nita Bolz, Quality Assurance Manager
John K. Neuner, ASCLD/LAB Executive Director
Pamela L. Bordner, ASCLD/LAB Chief Operating Officer
Laurel J. Farrell, ASCLD/LAB Senior Accreditation Program Manager
Troy Hamlin, ASCLD/LAB Accreditation Program Manager-Testing

Part 2: CORRECTIVE ACTION REQUEST(S)

CORRECTIVE ACTION REQUEST (CAR) Number 1 of 1

Laboratory Name: Alaska Scientific Crime Detection Laboratory
 Laboratory Location: Anchorage, AK
 Laboratory Contact Name: Orin Dym and Nita Bolz
 Contact Number: 907-269-5740
 Summation Conference Date: 6/22/2015

FINDING

Clause No.:	5.2.6.2.2	Source:	2011 Supplemental-Testing	Level:	2
Requirement:	<p>For any laboratory personnel whose job responsibility includes test report writing, a competency test shall include, at a minimum:</p> <ul style="list-style-type: none"> • Examination of sufficient unknown samples to cover the anticipated spectrum of assigned duties and evaluate the individual's ability to perform proper testing • A written test report to demonstrate the individual's ability to properly convey results and/or conclusions and the significance of those results/conclusions; and • A written or oral examination to assess the individual's knowledge of the discipline, category of testing, or task being performed. 				
Finding:	Competency testing for two Latent Print Examiners, authorized for comparisons in January 2015, did not include a written or oral test.				
Corrective Action Plan Due:	October 10, 2015				
Implementation of Corrective Action Due:	With the submission of the next Performance Declaration or the next on-site visit, whichever is scheduled to occur first.				

CORRECTIVE ACTION

Summary of Laboratory Response:	The latent print supervisor will create and administer a comprehensive written test for the two latent print examiners. This will be documented in their competency records.
Supporting Documentation Provided by Laboratory:	The CAR is resolved and objective evidence of implementation will be reviewed during the next conformance monitoring activity.

ACCEPTANCE

Revisit required to verify effective implementation prior to surveillance:

No

Yes

Patti Williams

Assessor Signature

9/20/2015

Date Accepted