



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 of the Fairbanks facility on June 26, 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/>

ASCLD/LAB-*International*

Surveillance Visit Report

**Alaska Department of Public Safety
Scientific Crime Detection Laboratory
Fairbanks Satellite Laboratory
Fairbanks, Alaska**

INTRODUCTION

This is the ASCLD/LAB-*International* Surveillance Visit Report of the Alaska Department of Public Safety - Scientific Crime Detection Laboratory - Fairbanks Satellite Laboratory. The on-site surveillance visit was conducted June 26, 2014.

Surveillance Assessor:

Melissa A. Smrz - Staff Assessor, ASCLD/LAB / Alexandria, Virginia

OBJECTIVES OF VISIT

To conduct a limited scope surveillance assessment of the management and technical operations of the laboratory in accordance with the accreditation requirements specified below, and to report the findings of the visit 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 assessment was performed using the requirements of *ISO/IEC 17025:2005*, the *ASCLD/LAB-International Supplemental Requirements for Testing Laboratories* (2011) and the laboratory's own documented management system.

LABORATORY OVERVIEW

Alaska Department of Public Safety - Scientific Crime Detection Laboratory - Fairbanks Satellite 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 laboratory director remains Orin Dym.

SCOPE OF ACCREDITATION

Latent Print Processing was added to the scope of accreditation for the Fairbanks Satellite Laboratory.

REVIEW OF ANNUAL REPORT

As a required surveillance activity, the laboratory submitted an ASCLD/LAB-*International* Annual Report. A review of the annual report revealed that the laboratory met all annual reporting requirements. In summary, a review of the annual report revealed the following:

- The laboratory's accreditation anniversary date was October 4, 2014. The required annual report was received by ASCLD/LAB on October 29, 2013.
- The annual report contained a signed statement from Orin Dym, Laboratory Director, declaring that the laboratory continues to maintain conformance with all accreditation requirements and the requirements of the laboratory's own management system.
- An organizational chart was provided with the annual report, indicating all current administrative and technical management positions.
- Documentation supplied with the Annual Report reflected that the level of proficiency testing activity appears to meet accreditation requirements.
- There were no individuals employed since the last on-site visit.
- The laboratory provided information concerning one or more nonconforming work events which have occurred since the last on-site visit. The completed corrective actions to date appear to be adequate to address the topics. There were no substantive corrective actions reported.
- A summary report of the laboratory's most recent internal audit revealed that an appropriate audit of the laboratory's management system was completed and documented.
- A summary report of the laboratory's most recent management review revealed 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

A sampling of appropriate records revealed on-going conformance with accreditation requirements.

REVIEW OF PREVIOUS CORRECTIVE ACTIONS

There were no Corrective Action Requests (CARs) pending review of on-going adherence to a corrective action.

REVIEW OF ADDITIONAL ACCREDITATION REQUIREMENTS

During the on-site surveillance visit, objective evidence of conformance with the following additional accreditation requirements was sampled to ensure that the laboratory could demonstrate conformance with the selected requirements. The results of the sampling are as follows:

- **5.3.4.1 (d) of 2011 Supplemental Requirements:** Accountability of procedure(s) all keys, magnetic cards, etc., is documented and their distribution limited to those individuals designated by the laboratory director to have access.

Conformance: Yes No Not Applicable

- **4.7.2 of ISO/IEC 17025:2005:** The laboratory shall seek feedback, both positive and negative, from its customers. The feedback shall be used and analysed to improve the management system, testing and calibration activities and customer service.

Conformance: Yes No Not Applicable

- **4.11.2 of ISO/IEC 17025:2005:** The procedure for corrective action shall start with an investigation to determine the root cause(s) of the problem.

Conformance: Yes No Not Applicable

- **5.5.3 of ISO/IEC 17025:2005:** ...Up-to-date instructions on the use and maintenance of equipment (including any relevant manuals provided by the manufacturer of the equipment shall be readily available for use by the appropriate laboratory personnel.

- **5.5.8 of ISO/IEC 17025:2005:** Whenever practicable, all equipment under the control of the laboratory and requiring calibration shall be labeled, coded or otherwise identified to indicate the status of calibration, including the date when last calibrated and the date or expiration criteria when recalibration is due.

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**

CONCLUSIONS

Based upon the sampling of objective evidence during the surveillance visit and associated surveillance activities, I conclude that one or more corrective actions will be required to address a conformance, competence or effectiveness concern related to the current accreditation requirements of the ASCLD/LAB-*International* program:

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CORRECTIVE ACTION REQUEST (CAR) Number 1 of 1

Laboratory Name: Alaska Department of Public Safety, Fairbanks Satellite Laboratory
 Laboratory Location: Fairbanks, Alaska
 Laboratory Contact Name: Nita Bolz, Quality Manager
 Contact Number: 907-269-0599
 Summation Conference Date: June 26, 2014

FINDING

Clause No.:	5.3.4.1.d	Source:	ASCLD/LAB Supplemental	Level:	1
Requirement:	<p>The laboratory shall have a policy and procedure that addresses laboratory security to ensure that:</p> <p>d) Accountability of all keys, magnetic cards, etc., is documented and their distribution limited to those individuals designated by the laboratory director to have access.</p>				
Finding:	<p>The laboratory does not have a policy or procedure to ensure that the accountability of keys to the Fairbanks satellite laboratory is documented. The laboratory could not provide any key accountability records for the laboratory. The laboratory also does not have a policy or procedure to ensure that the key distribution to the Fairbanks satellite laboratory is limited to those designated by the laboratory director to have access.</p>				
Corrective Action Plan Due:	November 9, 2014				
Implementation of Corrective Action Due:	January 8, 2015				

CORRECTIVE ACTION

Lab Response:	<p>The laboratory will revise its procedure to specify the requirements for designating access to the Fairbanks laboratory. The laboratory will also provide key accountability records.</p>
Supporting Documentation Provided by Laboratory:	<p>The laboratory provided the following documents and records demonstrating compliance with the cited requirement:</p> <ol style="list-style-type: none"> 1. The updated Quality Assurance Manual, Appendix A which now designates the Forensic Laboratory Manager as having key

	<ol style="list-style-type: none">2. accountability of and access to the Fairbanks laboratory. The procedure also specifies how non-electronic keys will be tracked in the Laboratory Information Management System (LIMS).3. A scanned screenshot from the laboratory's LIMS showing the tracking and assignment of the four keys assigned to the Fairbanks analyst and the extra copies of these keys.
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ACCEPTANCE

Was a revisit required? No Yes

Melissa Smrz
Lead Assessor Signature

November 7, 2014
Date Accepted

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

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* surveillance visit of Alaska Department of Public Safety - Scientific Crime Detection Laboratory - Fairbanks Satellite Laboratory.

Surveillance Assessor **Melissa Smrz**

Melissa Smrz
Signature

October 10, 2014
Date

DISTRIBUTION LIST

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