



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of Public Safety

SCIENTIFIC CRIME DETECTION LABORATORY

4805 Dr. Martin Luther King Jr. Avenue
Anchorage, Alaska 99507-1225
Main: 907.269.5740
Fax: 907.868.7946

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

June 25, 2014

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

Dear Director Dym:

ASCLD/LAB Executive Director John Neuner has approved the continuation of accreditation of the Alaska Department of Public Safety, based upon the results of the surveillance visit, conducted by ASCLD/LAB Staff Assessor Edward A. Moilanen on March 21, 2014.

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.

Mr. Moilanen recommended the issuance of one (1) Corrective Action Request (CAR) as a result of the surveillance visit, and his recommendation was accepted. Enclosed with this correspondence you will find a final copy of the Surveillance Visit Report.

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. 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,

Pamela L. Bordner
Accreditation Program Manager
ASCLD/LAB

cc: Nita Bolz, Quality Assurance Manager
John Neuner, ASCLD/LAB Executive Director
Troy Hamlin, ASCLD/LAB Accreditation Program Manager
Edward A. Moilanen, ASCLD/LAB Staff Assessor

ASCLD/LAB-*International*

Surveillance Visit Report

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

Anchorage, Alaska
(with a satellite facility located in Fairbanks, 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 March 21, 2014.

Surveillance Assessor:

Edward A. Moilanen - Staff Assessor, ASCLD/LAB / Roscommon, Michigan

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

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 changed since the last on-site visit. The new laboratory facility is located at 4805 Dr. Martin Luther King Jr. Avenue, Anchorage, Alaska. Orin Dym remains the laboratory director.

SCOPE OF ACCREDITATION

No changes in the scope of accreditation have occurred since the last on-site visit.

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, 2013. 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.
- *Statements of Qualifications* for nine (9) individuals employed since the last on-site visit were provided. No issues or concerns were noted.
- The laboratory provided information concerning one or more nonconforming work events and substantive 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 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

With the exception of proficiency test records, a sampling of appropriate records revealed on-going conformance with accreditation requirements.

See the "Conclusions" section of this report for a Corrective Action Request (CAR) related to proficiency test records.

REVIEW OF OUTSTANDING CORRECTIVE ACTIONS

There were no Corrective Action Requests pending from the last on-site visit. However, there were 4 closed CARs from the full assessment that follow-up was recommended. Records were reviewed verifying continued compliance.

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:** The laboratory shall have a policy and procedure that addresses laboratory security to ensure that:

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;

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.

Conformance: Yes No Not Applicable

- **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.

Conformance: Yes No Not Applicable

- **5.1.3.1 of ISO/IEC 17025:2005:** Reagents prepared in the laboratory shall be labeled with, at a minimum, the identity of the reagent and the date of preparation or lot number. Records shall be maintained identifying who made the reagent and that its reliability was tested and the reagent worked as expected. The reliability testing shall occur before use or, if appropriate, concurrent with the test.

Conformance: Yes No Not Applicable

The laboratory has moved into a new facility since the last on site full assessment. Being this is the first on site visit by ASCLD-LAB conducted since the move, at a minimum a review of facility related Standards (5.3) will be documented as part of this report.

The laboratory was found to be in compliance with the following facility related standards:

- 5.3.1** Laboratory facilities for testing and/or calibration, including but not limited to energy sources, lighting and environmental conditions, shall be such as to facilitate correct performance of the tests and/or calibrations.

The laboratory shall ensure that the environmental conditions do not invalidate the results or adversely affect the required quality of any measurement. Particular care shall be taken when sampling and tests and/or calibrations are undertaken at sites other than a permanent laboratory facility. The technical requirements for accommodation and environmental conditions that can affect the results of tests and calibrations shall be documented.

- 5.3.2** The laboratory shall monitor, control and record environmental conditions as required by the relevant specifications, methods and procedures or where they influence the quality of the results. Due attention shall be paid, for example, to biological sterility, dust, electromagnetic disturbances, radiation, humidity, electrical supply, temperature, and sound and vibration levels, as appropriate to the technical activities concerned. Tests and calibrations shall be stopped when the environmental conditions jeopardize the results of the tests and/or calibrations.
- 5.3.3** There shall be effective separation between neighboring areas in which there are incompatible activities. Measures shall be taken to prevent cross-contamination.
- 5.3.4** Access to and use of areas affecting the quality of the tests and/or calibrations shall be controlled. The laboratory shall determine the extent of control based on its particular circumstances.
- 5.3.4.1** The laboratory shall have a policy and procedure that addresses laboratory security to ensure that:

- a) Access to the operational areas of the laboratory is controllable and limited. Visitors shall not have unrestricted access to the operational areas of the laboratory.
- b) All entrance/exit points and the entire outer perimeter of the laboratory has security control at all times.
- c) Internal areas requiring limited/controlled access have a lock system.
- 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.
- e) The laboratory is monitored during vacant hours by an intrusion alarm or by security personnel.
- f) Evidence storage areas are secured to prevent theft or interference and there is limited, controlled access. The storage conditions shall be such as to prevent loss, deterioration and contamination and to maintain the integrity and identity of the evidence. This applies both before and after examination/analysis has been performed.

5.3.5 Measures shall be taken to ensure good housekeeping in the laboratory. Special procedures shall be prepared where necessary.

5.3.6 The laboratory shall have and demonstrate use of a health and safety program.

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:

Continued on the next page

CORRECTIVE ACTION REQUEST (CAR) Number 1 of 1

Laboratory Name: Alaska DPS Scientific Crime Detection Laboratory
 Laboratory Location: Anchorage, Alaska
 Laboratory Contact Name: Nita Bolz, QA Manager
 Contact Number: 907-265-0599
 Summation Conference Date: 3-21-14

FINDING

Clause No.:	4.13.2.5, 5.9.3.5	Source:	Supplemental Testing 2011	Level:	2
Requirement:	<p>4.13.2.5 - Records to support conclusions shall be such that in the absence of the analyst (however named), another competent reviewer could evaluate what was done and interpret the data.</p> <p>5.9.3.5 - The laboratory shall maintain records of proficiency testing and the documentation of a laboratory's proficiency testing program shall include, at a minimum:</p> <ul style="list-style-type: none"> • Originals or copies of all data and notes supporting the conclusions (full details of the examinations/analyses undertaken and the results and conclusions obtained) 				
Finding:	<p>Documentation for three of four Firearms/Toolmarks discipline proficiency test records reviewed did not comply with the standard for documenting the test results. Full details of the examination/analysis were not documented. Specific observations that would allow another qualified analyst to evaluate what was done and interpret the data were not documented.</p>				
Corrective Action Due By:	On or before the next surveillance visit				

FOLLOW-UP INSTRUCTIONS TO LABORATORY

The laboratory was provided with a Pre-decisional copy of this report on May 1, 2014, which included the instructions for responding to this CAR.

OTHER CONSIDERATIONS

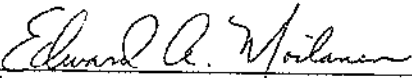
Other Considerations may include any topic, issue or information of which ASCLD/LAB top management needs to be aware in order to make a more fully informed decision regarding the continuation of accreditation:

- 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 the Alaska Department of Public Safety - Scientific Crime Detection Laboratory.

Surveillance Assessor Edward Moilanen



Signature

May 1, 2014
Date

DISTRIBUTION LIST

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