

HOUSTON POLICE DEPARTMENT



CRIME LABORATORY DIVISION
QUALITY ASSURANCE
AND
STANDARD OPERATING PROCEDURES

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STANDARD OPERATING PROCEDURES

CRIME LABORATORY DIVISION

CATEGORY: ADMINISTRATIVE	DATE ISSUED: 12/01/2008	EFFECTIVE DATE: 01/11/2010	PROCEDURE NUMBER 100/1.01
SECTION: JOB DESCRIPTION	DATE OF REVISION: 12/01/2009	REVISION NUMBER: 1	PAGE NUMBER: 1 of 120
SUBJECT/EVENT: ASSISTANT DIRECTOR (Crime Laboratory Director)			

Assistant Director (Exe Lev)

Functions as the Crime Laboratory Director

A. GENERAL SUMMARY:

Directs and manages personnel in the direction, development, implementation, administration and operations of various systems, plans and projects.

B. RESPONSIBILITIES:

- Manages and directs personnel, reviews operations, and establishes objectives within the assigned department.
- Reviews, analyzes and processes requests.
- Makes presentations to council, government agencies and other organizations.
- Reviews recommendations and testimonies
- Reviews and evaluates correspondence and various proposed ordinances and plans.
- Performs general administrative functions, including job postings, authorized payments and personnel reports.
- Attends meetings to establish policies, plans and system directives.
- Researched a variety of issues that may impact the city.
- Establishes operational and reporting guidelines for systems.
- Directs the development and implementation of new or redesigned systems.

C. SPECIFICATIONS:

Knowledge:

Requires a Bachelor's degree in Business Administration, Public Administration or a related field.

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Experience:

Seven years of administrative experience are required, with at least three of those years in a managerial capacity. A Master’s degree may be substituted for two years of experience.

Complexity:

Work is non-standardized, complex and varied, and requires interpretation of technical and detailed guidelines, policies and procedures in combination. Advanced analytic ability is needed to gather and interpret data where answers can be found only after detailed analysis of many facts.

Impact of Actions:

Errors in work could lead to significant expense and inconvenience. The incumbent generally receives general direction, working from broad goals and policies only. The individual may participate heavily in setting his/her own work objectives.

Supervision Exercised:

Direct Supervision:

Involves scheduling, supervision and evaluation of work as an Assistant Director or the equivalent. This position is typically over the Managers and reports to the Deputy Director and has a very significant level of input concerning personnel actions such as hiring, terminations and pay changes.

Indirect Supervision:

Involves supervision and evaluation of work as an Assistant Director or the equivalent.

Contacts:

Internal Contacts:

Level of internal contact is primarily with Managers and Assistant Directors. Interaction involves considerable explanation and persuasion leading to decision, agreement or rejection on complex issues; diplomacy is required; e.g., problem-solving discussions regarding responsibilities, finance, or work flow or to facilitate service.

External Contacts:

Level of external contact is primarily with citizens, visitors and/or mid-level representatives of government agencies, guests, vendors and professional contacts with allied organizations. Interaction involves some explanation and persuasion

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leading to resolution of moderately complex issues; e.g., project coordination and higher-level problem resolution.

Physical Effort:

The position is physically comfortable; the individual has discretion about walking, standing, etc.

Work Environment:

There are no major sources of discomfort, i.e., essentially normal office environment with acceptable lighting, temperature and air conditions.

Physical Skill:

Requires the ability to make simple gross motor response within large tolerances.

Miscellaneous:

All duties and responsibilities may not be included in the above job description.



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SUBJECT/EVENT: POLICE ADMINISTRATOR			

Police Administrator (Exe Lev)

Individuals with this title may function in capacities such as Assistant Laboratory Director or Technical Leader. These positions may require education and/or experience in science or business-related fields.

A. GENERAL SUMMARY:

Plans, organizes, coordinates, directs and administers operating and staff activities within a functional area of the Police Department.

B. RESPONSIBILITIES:

- Plans, organizes, administers, supervises and evaluates assignments/job functions of subordinates.
- Prepares, monitors and modifies budgets and administrative and operating reports.
- Makes recommendations concerning policy procedures.
- Develops action plans and establishes long range and short range goals to enhance management objectives.
- Designs and develops manuals, reports and other communications.
- Participates on various special committees and programs, and coordinates activities with other divisions and departments.

C. SPECIFICATIONS:

Knowledge:

Requires a Bachelor's degree in Business Administration, Public Administration or a related field.

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Experience:

Seven years of professional experience in public administration, management or a closely related field are required. Directly related professional experience may be substituted for the education requirement on a year for year basis.

Complexity:

Work is substantially complex and varied and requires the interpretation of technical and detailed guidelines, policies and procedures in combination. Analytical ability is needed to gather and interpret data where answers can be found only after careful analysis of several facts.

Impact of Actions:

Errors in work could lead to significant expense and inconvenience. The incumbent generally receives general direction, working from broad goals and policies only. The individual may participate heavily in setting his/her own work objectives.

Supervision Exercised:

Direct Supervision:

Involves scheduling, supervision and evaluation of work as a Manager or the equivalent over Assistant Managers or first-line supervisors. This position has significant levels of input as it pertains to personnel action, such as hiring, terminations, and pay changes.

Indirect Supervision:

Involves supervision and evaluation of work as a Manager or the equivalent.

Contacts:

Internal Contacts:

Level of internal contact is primarily with Deputy Directors. Interaction requires considerable tact and cooperation involving somewhat sensitive issues or problems.

External Contacts:

Level of external contact is primarily with prominent persons such as community leaders, business and industry leaders as well as officials of government and financial agencies and media representatives. Interaction requires substantial sensitivity and cooperation; e.g. lower-level problem resolution, providing information to citizens who from time to time may be irate.

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Physical Effort:

The position is physically comfortable; the individual has discretion about walking, standing, etc.

Work Environment:

There are no major sources of discomfort, i.e., essentially normal office environment with acceptable lighting, temperature and air conditions.

Physical Skill:

Requires the ability to make closely coordinated eye/hand movements within very fine tolerance and/or calibration demands; or the ability to make rapid closely coordinated eye/hand movements on a patterned response space within somewhat fine tolerance demands; or the ability to make coordinated eye/hand movements within fine tolerances with large equipment as an extension of the worker.

Miscellaneous:

All duties and responsibilities may not be included in the above job description.



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CRIME LABORATORY DIVISION

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SUBJECT/EVENT: CRIME LABORATORY MANAGER			

Crime Laboratory Manager

A. GENERAL SUMMARY:

Directs a section and performs complex, professional technical work in coordinating, collecting and analyzing evidence in the Crime Laboratory. Manages, coordinates and administers programs, policies and procedures.

B. RESPONSIBILITIES:

- Manages and monitors Criminalists and technical personnel, work assignments and job performance.
- Trains and develops Criminalists, Laboratory Technicians and support personnel.
- Develops and revises standard operating procedures, goals and objectives, techniques, policies and reports.
- Prepares monthly operational reports on assigned program.
- Coordinates the preparation, implementation and monitoring of the budget and expenditures.
- Performs complex analysis of suspected controlled substances and other evidence such as glass, explosive, firearms, hair, paint, handwriting and physiological stains and fluids.
- Manages and negotiates procurement terms and conditions with potential vendors
- Testifies as an expert witness regarding the scientific conclusions obtained from analysis.
- Provides technical advice, consultation and support to Houston Police Department personnel, the District Attorney's Office and other law enforcement agencies.
- Advises staff of new developments in Forensic Science.
- Researches and develops new procedures and methods on analysis.

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- Writes grant proposals, and implements and monitors grant related programs.
- Assumes the responsibilities for the laboratory operations during the absence of the Assistant Director.
- Manages and participates in projects as assigned by the Assistant Director.

C. SPECIFICATIONS:

Knowledge:

Requires a thorough understanding of both theoretical and practical aspects of an analytical, technical or professional discipline.

Analytical Chemist

Bachelor's degree in Chemistry, Criminalistics, Biology, Physics or a closely related field with a minimum of 30 hours of Chemistry.

Serologist

Bachelor's degree in Biology, Molecular Biology, Biochemistry, Genetics or a closely related field. Must have successfully completed courses in biochemistry, genetics, molecular biology or other subjects providing a basic understanding of forensic DNA analysis, as well as courses or training in statistics and population genetics as it applies to forensic DNA analysis.

Firearms Examiner

Bachelor's degree in a physical science or a closely related field.

Certification:

Prefers a professional certification pertinent to the work being performed from an organization recognized by the Houston Police Department.

Experience:

Five years of experience in a forensic laboratory as a Criminalist are required.

Complexity:

Work is non-standardized, complex and varied, and requires interpretation of technical and detailed guidelines, policies and procedures in combination. Advanced analytic ability is needed to gather and interpret data where answers can be found only after detailed analysis of many facts.

Impact of Actions:

Errors in work could lead to moderate expenses and inconveniences. Work is typically performed under limited supervision with alternating periods of relative autonomy and

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general review. The supervisor generally plays a substantial role in setting objectives and organizing work.

Supervision Exercised:

Direct Supervision:

Involves scheduling, supervision and evaluation of work as a Manager or the equivalent over the Criminalist Specialist or first-line supervisors. This position has significant levels of input as it pertains to personnel actions, such as hiring, terminations and pay changes.

Indirect Supervision:

May involve supervision and evaluation of work as a Manager or the equivalent.

Contacts:

Internal Contacts:

Level of internal contact is primarily with Criminalist, Criminalist Specialists, Supervisors, other Managers and the Assistant Director. Interaction involves some explanation and persuasion leading to resolution of moderately complex issues; e.g., project coordination and higher level problem resolution.

External Contacts:

Level of external contact is primarily with citizens, visitors and/or mid-level representatives of government agencies, guests, vendors and professional contact with allied organizations. Interaction requires substantial sensitivity and cooperation; e.g., lower-level problem resolution, providing information to citizens who from time to time may be irate.

Physical Effort:

The position is physically comfortable most of the time with occasional periods of stooping, bending and/or light lifting of materials of up to 10 pounds.

Work Environment:

There are occasional exposures to significant levels of heat, cold, moisture and air pollution. The position may involve exposure to chemical substances and physical trauma of a minor nature such as cuts, bruises and minor burns.

Physical Skill:

Requires the ability to make closely coordinated eye/hand movements within very fine tolerance and/or calibration demands; or the ability to make rapid closely coordinated eye/hand movements on a patterned response space within somewhat fine tolerance

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demands; or the ability to make coordinated eye/hand movements within fine tolerances with large equipment as an extension of the worker.

Miscellaneous:

All duties and responsibilities may not be included in the above job description.



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SUBJECT/EVENT: CRIMINALIST SPECIALIST			

Criminalist Specialist

A. GENERAL SUMMARY:

Coordinates, collects and analyzes evidence in the Crime Laboratory. Receives, preserves, stores, secures and transfers items of evidence submitted to the Crime Laboratory. Performs moderately complex and complex analysis of substances and physical evidence that may include hazardous biological and chemical substances. Interprets the data, writes reports on the results and testifies as an expert in a court of law.

B. RESPONSIBILITIES:

- Performs moderately complex and complex analysis of suspected controlled substances and other evidence such as glass, explosives, firearms, hair, paint, handwriting and physiological stains and fluids.
- Testifies as an expert witness regarding the scientific conclusions obtained from analysis.
- Prepares accurate and precise notes and technical reports.
- Maintains records, files and supply levels.
- Assists in developing and revising standard operating procedures, goals and objectives, techniques, policies and reports.
- Collects evidence from crime scenes, suspects and/or complainants.
- Provides technical assistance to police officers, the District Attorney's Office and other law enforcement personnel.
- Advises other staff of new developments in Forensic Science.
- Researches and develops new procedures and methods of analysis.
- Performs maintenance, calibration and quality control on scientific instruments.
- May train and develop other Criminalists, Laboratory Technicians and support personnel.

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- May lead and monitor technical and support personnel, work assignments and job performance.
- Participates in and may supervise projects as assigned by a supervisor.

C. SPECIFICATIONS:

Knowledge:

Requires a thorough understanding of both theoretical and practical aspects of an analytical, technical or professional discipline.

Analytical Chemist

Bachelor's degree in Chemistry, Criminalistics, Biology, Physics or a closely related field with a minimum of 30 hours of Chemistry.

Serologist

Bachelor's degree in Biology, Molecular Biology, Biochemistry, Genetics or a closely related field. Must have successfully completed courses in biochemistry, genetics, molecular biology or other subjects providing a basic understanding of forensic DNA analysis, as well as courses or training in statistics and population genetics as it applies to forensic DNA analysis.

Firearms Examiner

Bachelor's degree in a physical science or a closely related field.

Certification:

Requires professional certification pertinent to the work being performed from an organization recognized by the Houston Police Department at the highest level.

Experience:

Three years of experience in a forensic laboratory as a Criminalist are required.

Complexity:

Work is substantially complex and varied, and requires interpretation of technical and detailed guidelines, policies and procedures in combination. Advanced analytic ability is needed to gather and interpret data where answers can be found only after detailed analysis of many facts.

Impact of Actions:

Errors in work could lead to moderate expenses and inconveniences. Work is typically performed under limited supervision with alternating periods of relative autonomy and

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general review. The supervisor generally plays a substantial role in setting objectives and organizing work.

Supervision Exercised:

Direct Supervision:

May involve general scheduling and review of work as a “working supervisor” or lead person.

Indirect Supervision:

No indirect reports

Contacts:

Internal Contacts:

Level of internal contact is primarily with Criminalists, other Criminalist Specialists, other professionals, Crime Laboratory Managers and occasionally with the Assistant Director. Interaction requires substantial sensitivity and cooperation; e.g., basic project interaction.

External Contacts:

Level of external contact is primarily with citizens, visitors and/or mid-level representatives of government agencies, guests, vendors and professional contacts with allied organizations. Interaction requires considerable tact and cooperation involving somewhat sensitive issues or problems.

Physical Effort:

The position requires stooping, bending and/or lifting of items of up to 30 pounds with occasional periods of walking on rough surfaces.

Work Environment:

There are frequent exposures to extreme levels of temperature, air pollution, noise pollution, chemical gases and substances, and/or contagious diseases or physical trauma conditions of a short-term disabling nature, such as broken bones or temporary loss of sight or hearing.

Physical Skill:

Requires the ability to make closely coordinated eye/hand movements within very fine tolerance and/or calibration demands; or the ability to make rapid closely coordinated eye/hand movements on a patterned response space within somewhat fine tolerance demands; or the ability to make coordinated eye/hand movements within fine tolerances with large equipment as an extension of the worker.

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Miscellaneous:

All duties and responsibilities may not be included in the above job description.



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SUBJECT/EVENT: CRIMINALIST			

Criminalist

A. GENERAL SUMMARY:

Receives, preserves, stores, secures and transfers items of evidence submitted to the Crime Laboratory. Maintains chain of custody of evidence. Performs routine to moderately complex analysis of substances and physical evidence that may include hazardous biological and chemical substances. Interprets the data, writes reports on the results and may testify as an expert in a court of law.

B. RESPONSIBILITIES:

- Performs routine to moderately complex analysis of suspected controlled substances and other evidence such as glass, explosives, firearms, hair, paint, handwriting and physiological stains and fluids.
- Maintains reports pertaining to the chain of custody, location and final disposition of evidence.
- Prepares accurate and precise notes and technical reports.
- Maintains records, files and supply levels.
- Performs basic maintenance, calibration and quality control on scientific instruments.
- Provides technical assistance to police officers, District Attorney's Office and other law enforcement personnel.
- Collects evidence from crime scenes, suspects and/or complainants.
- May testify as an expert witness regarding the scientific conclusions obtained from analysis.
- Keeps abreast of new developments in Forensic Science.
- Researches and develops new procedures and methods of analysis.
- Participates in projects as assigned by a supervisor.

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C. SPECIFICATIONS:

Knowledge:

Requires a thorough understanding of both theoretical and practical aspects of an analytical, technical or professional discipline.

Analytical Chemist

Bachelor's degree in Chemistry, Criminalistics, Biology, Physics or a closely related field with a minimum of 30 hours of Chemistry.

Serologist

Bachelor's degree in Biology, Molecular Biology, Biochemistry, Genetics or a closely related field. Must have successfully completed courses in biochemistry, genetics, molecular biology or other subjects providing a basic understanding of forensic DNA analysis, as well as courses or training in statistics and population genetics as it applies to forensic DNA analysis.

Firearms Examiner

Bachelor's degree in a physical science or a closely related field.

Experience:

No experience is required.

Complexity:

Work is somewhat complex and varied, and may require the interpretation of technical and detailed guidelines, policies and procedures.

Impact of Actions:

Errors in work cause some expense and inconvenience. Work is typically performed under moderate to limited supervision with standard operating procedures. The incumbent functions under general review and at times autonomously, with the supervisor available to answer more difficult questions.

Supervision Exercised:

Direct Supervision:

No direct report employees.

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Indirect Supervision:

No indirect reports.

Contacts:**Internal Contacts:**

Level of internal contact is primarily with other Criminalists, Criminalist Specialists, other professionals and Crime Laboratory Managers. Interaction requires considerable tact and cooperation involving somewhat sensitive issues or problems.

External Contacts:

Level of external contact is primarily with citizens, visitors and/or mid-level representatives of government agencies, guests, vendors and professional contacts with allied organizations. Interaction requires moderate tact and cooperation; e.g., responding to questions which require some research to provide the correct answer.

Physical Effort:

The position requires stooping, bending and/or lifting of items of up to 30 pounds with occasional periods of walking on rough surfaces.

Work Environment:

There are frequent exposures to extreme levels of temperature, air pollution, noise pollution, chemical gases and substances, and/or contagious diseases or physical trauma conditions of a short-term disabling nature, such as broken bones or temporary loss of sight or hearing.

Physical Skill:

Requires the ability to make closely coordinated eye/hand movements within very fine tolerance and/or calibration demands; or the ability to make rapid closely coordinated eye/hand movements on a patterned response space within somewhat fine tolerance demands; or the ability to make coordinated eye/hand movements within fine tolerances with large equipment as an extension of the worker.

Miscellaneous:

All duties and responsibilities may not be included in the above job description.



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SUBJECT/EVENT: ADMINISTRATIVE SPECIALIST			

Administrative Specialist

A. GENERAL SUMMARY:

Performs varied professional administrative functions in the research, development, interpretation and implementation of the assigned department's fiscal and operational policies and procedures.

B. RESPONSIBILITIES:

- Interprets and disseminates administrative policies and procedural revisions for staff implementation.
- Provides guidance to department staff in various activities necessary to attain operational goals.
- Composes correspondence, directives, speeches, etc.; prepares drafts on various departmental matters.
- Prepares and analyzes the department's annual budget and budget revisions; manages expenditures and monitors line item balances.
- Responds to written and telephone inquiries, requests and complaints from the general public.
- Conducts studies of department organization and operation; coordinates preparation of report on findings and offers recommendations concerning various problems.
- Represent department head at designated conferences, meetings and public events.
- Assists as needed in producing public information activities, including preparing news releases, brochures, visual presentations, etc.
- Participates in special projects as assigned.

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C. SPECIFICATIONS:

Knowledge:

Requires a Bachelor's degree in Business Administration, Liberal Arts or a related field.

Experience:

Three years of administrative experience are required. Professional administrative experience may be substituted for the above education requirement on a year-for-year basis.

Complexity:

Work consists of standard procedures and tasks where analytic ability is required in following guidelines, policies and procedures.

Impact of Actions:

Errors in work could lead to moderate expenses and inconveniences. Work is typically performed under moderate supervision and within standard operating procedures. The incumbent occasionally can function autonomously, with the supervisor available to answer questions as they arise.

Supervision Exercised:

Direct Supervision:

No direct report employees

Indirect Supervision:

No indirect reports

Contacts:

Internal Contacts:

Level of internal contact is primarily with professionals and supervisors. Interaction requires considerable tact and cooperation involving somewhat sensitive issues or problems.

External Contacts:

Level of external contact is primarily with citizens, visitors and/or mid-level representatives or government agencies, guests, vendors and professional contact with allied organizations. Interaction requires moderate tact and cooperation; e.g., responding to questions which require some research to provide the correct answer.

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Physical Effort:

This position is physically comfortable; the individual has discretion about walking, standing, etc.

Work Environment:

There are no major sources of discomfort, i.e., essentially normal office environment with acceptable lighting, temperature and air conditions.

Physical Skill:

Requires the ability to make coordinated gross motor movements in response to changing external stimuli within moderately demanding tolerances; or the ability to make coordinated eye/hand movements on a patterned response space within low tolerance demands with no real speed requirements.

Miscellaneous:

All duties and responsibilities may not be included in the above job description.



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SUBJECT/EVENT: SENIOR EVIDENCE TECHNICIAN			

Senior Evidence Technician

A. GENERAL SUMMARY:

Receives, stores, releases, and maintains custody of a wide variety of confiscated property, evidence, and vehicles. Ensures the integrity of and the chain of custody of all seized property and evidence is maintained in accordance with state laws, City ordinances, and department policies and procedures.

B. RESPONSIBILITIES:

- Receives, catalogs, tags and secures property and evidence. Stores property and evidence in designated areas.
- Processes, prepares and performs/arranges the disposal of evidence property in accordance with department policies, including narcotics, firearms and biological items. Destroys all counterfeit property.
- Receives and releases evidence from/to HPD officers, DA investigators and Lab Technicians for court or inventory purposes
- Processes and organizes items for public auction.
- Prepares and handles 90 days and annual disposition authorization forms.
- Transfers cash and valuables to vault and seized money to the Narcotics Division.
- Performs annual audits of the vault and city owned property.
- Responds to requests and inquiries concerning the release of property, notifies owners when property is available for release, and ensures compliance with departmental policies and procedures.
- Researches, updates, and modifies database information.
- Performs other duties as assigned.

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C. SPECIFICATIONS:

Knowledge:

Requires a high school diploma or GED. Must possess a valid Texas driver's license and comply with the City of Houston's policy of driving.

Experience:

Two years of experience with a law enforcement agency, which includes work related with the procurement and inventory control of supplies and property, are required.

Special requirement(s): Due to the sensitive nature, high security environment, and value of property and/or evidence impounded, successful completion of a background investigation and polygraph is required.

Complexity:

Work consists of fairly standard procedures and tasks where simply analytical ability is required to select and execute actions.

Impact of Actions:

Errors in work lead to minor inconvenience and incur some costs. Work is typically performed under moderate supervision and within standard operating procedures. The incumbent occasionally can function autonomously, with the supervisor available to answer questions as they arise.

Supervision Exercised:

Direct Supervision:

Involves general scheduling and review of work as a "working supervisor" or lead person.

Indirect Supervision:

No indirect reports

Contacts:

Internal Contacts:

Level of internal contact is primarily with the clerical and technical staffs and occasionally with professionals and supervisor. Interaction requires moderate tact and cooperation; e.g., scheduling and/or coordinating two personal calendars, resolving problems and/or obtaining necessary information.

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External Contacts:

Level of external contact is primarily with citizens, visitors and/or mid-level representatives of government agencies, guests, vendors and professional contact with allied organizations. Interaction requires moderate tact and cooperation; e.g., responding to questions which require some research to provide the correct answer.

Physical Effort:

The position involves considerable physical exertion, such as regular climbing of ladders, lifting of heavy objects (up to 80 pounds) on a highly frequent basis and/or assuming awkward positions for long periods of time.

Work Environment:

There are routine discomforts from exposure to moderate heat, cold, moisture/wetness and unpleasant air conditions. The position may involve routine exposure to soiled materials and light chemical substances such as cleaning solutions.

Physical Skill:

Requires the ability to make coordinated gross motor movements in response to changing external stimuli within moderately demanding tolerances; or the ability to make coordinated eye-hand movements on a patterned response space within low tolerance demands with no real speed requirements.



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CRIME LABORATORY DIVISION

CATEGORY: ADMINISTRATIVE	DATE ISSUED: 12/01/2008	EFFECTIVE DATE: 01/11/2009	PROCEDURE NUMBER 100/1.08
SECTION: JOB DESCRIPTIONS	DATE OF REVISION: 12/29/2008	REVISION NUMBER: 2	PAGE NUMBER: 24 of 120
SUBJECT/EVENT: EVIDENCE TECHNICIAN SUPERVISOR			

Evidence Technician Supervisor

A. GENERAL SUMMARY:

Supervises the operations of the police property warehouse and vehicle impound lot containing found, stolen and confiscated property and police evidence. Safeguards and maintains the integrity of all police evidence/property in accordance with state laws, city ordinances and departmental policies and procedures.

B. RESPONSIBILITIES:

- Supervises and coordinates training for employees engaged in the receipt, storage and release of impounded property.
- Coordinates the transfer, release and disposal of evidence.
- Responds to inquiries from law enforcement personnel and citizens concerning property in custody.
- Maintains the proper chain of evidence for court presentation.
- Supervises the release of impounded property to citizens, sworn police personnel and/or other law enforcement agencies.
- Ensures space availability and the orderly placement of impounded property for quick retrieval.
- Determines appropriate methods of storage for sensitive and/or valuable property.
- Oversees the maintenance of files and records regarding the disposition of property in police custody.
- Coordinates property warehouse and vehicle impound activities with various City departments and law enforcement agencies.
- Demonstrates continuous effort to improve operations, decrease turnaround times, streamline work processes and work cooperatively and jointly to provide quality seamless customer service.

SUBJECT/EVENT: EVIDENCE TECHNICIAN SUPERVISOR	PROCEDURE NUMBER: 100/1.08	PAGE NUMBER: 25 of 120
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- Prepares and implements the budget for this section and monitors and controls expenditures.
- Develops and evaluates recommendations for changes in policies, procedures and practices for the division.
- Performs quality control checks and audits of the evidence inventory using a computerized bar-coding system.
- Coordinates and oversees the processing of court dispositions and requests for dispositions on evidence.
- Performs other related duties as required.

C. SPECIFICATIONS:

Knowledge:

Requires an Associate's degree.

Experience:

Four years of experience in the handling, receiving, storing and disposal of police property/evidence, inventory control and materials management are required. Two years of work experience must include lead or supervisory experience within a police property/evidence area. Directly related experience may be substituted for the education requirement on a year-for-year basis.

Special Requirement(s): Due to the sensitive nature, high security environment and value of property and/or evidence impounded, successful completion of a background investigation and polygraph is required. Must possess a valid Texas driver's license.

Complexity:

Work consists of standard procedures and tasks where analytic ability is required in following guidelines, policies and precedents.

Impact of Actions:

Errors in work lead to moderate expenses and inconveniences. Work is typically performed under limited supervision with alternating periods of relative autonomy and general review. The incumbent generally receives general direction, working from broad goals and policies only. The individual may participate heavily in setting his/her own work objectives.

SUBJECT/EVENT: EVIDENCE TECHNICIAN SUPERVISOR	PROCEDURE NUMBER: 100/1.08	PAGE NUMBER: 26 of 120
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Supervision Exercised:

Direct Supervision:

Involves scheduling, supervision and evaluation of work as a “first-line supervisor” or unit manager, recommends personnel actions, such as hiring, terminations, pay changes of non-supervisory personnel.

Indirect Supervision:

No indirect reports

Contacts:

Internal Contacts:

Level of internal contact is primarily with the clerical and technical staffs and occasionally with professionals and supervisors. Interaction requires considerable tact and cooperation involving somewhat sensitive issues or problems.

External Contacts:

Level of external contact is primarily with citizens, visitors and/or mid-level representatives of governmental agencies, guests, vendors and professional contacts with allied organizations. Interaction requires substantial tact and cooperation involving somewhat sensitive issues or problems.

Physical Effort:

The position involves considerable physical exertion, such as regular climbing of ladders, lifting of heavy objects (up to 80 pounds) on a highly frequent basis and/or assuming awkward positions for long periods of time.

Work Environment:

There are routine discomforts from exposure to moderate heat, cold, moisture/wetness and unpleasant air conditions. The position may involve routine exposure to soiled materials and light chemical substances.

Physical Skill:

Requires the ability to make coordinated gross motor movements in response to changing external stimuli within moderately demanding tolerances; or the ability to make coordinated eye/hand movements on a patterned response space within low tolerance demands with no real speed requirements.

Miscellaneous:

All duties and responsibilities may not be included in the above job description.



STANDARD OPERATING PROCEDURES

CRIME LABORATORY DIVISION

CATEGORY: ADMINISTRATIVE	DATE ISSUED: 12/01/2008	EFFECTIVE DATE: 12/01/2008	PROCEDURE NUMBER 100/1.09
SECTION: JOB DESCRIPTIONS	DATE OF REVISION: 12/01/2008	REVISION NUMBER: 1	PAGE NUMBER: 27 of 120
SUBJECT/EVENT: EVIDENCE TECHNICIAN			

Evidence Technician

A. GENERAL SUMMARY:

Performs specialized clerical and technical work related to the record keeping, custody and control of property and evidence.

B. RESPONSIBILITIES:

- Performs inventory control of evidence and property by maintaining a computer database and/or other records of property and evidence;
- Preserves physical evidence in criminal investigations (such as guns, narcotics and cash) and safeguards evidence and other property to ensure evidence is preserved for examination and court presentation;
- Prepares boxes or envelopes of properties to be inventoried;
- Provide for and maintains records of the release and/or disposal of evidence property in accordance with department policies;
- Releases rape kits and other property of evidence to the Crime lab upon request;
- Prepares chain of custody paperwork to issue and receive weapons;
- Orders and maintains supplies for the booking of evidence; and
- Performs other duties as assigned.

C. SPECIFICATIONS:

Knowledge:

Requires a high school diploma or GED. Must possess a valid Texas driver's license and comply with the City of Houston's policy on driving.

SUBJECT/EVENT: EVIDENCE TECHNICIAN	PROCEDURE NUMBER: 100/1.09	PAGE NUMBER: 28 of 120
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Experience:

Requires one year of experience in warehousing, shipping and receiving, bookkeeping and inventory control or a related field, preferably in law enforcement and/or a high security environment.

Special Requirement(s): Due to the sensitive nature, high security environment, and value of property and/or evidence impounded, successful completion of a background investigation and polygraph is required.

Complexity:

Work consists of routine standard procedures and tasks where simple analytical ability is required to select and execute actions.

Impact of Actions:

Errors in work typically lead to minor inconvenience and costs. Work is typically performed under close supervision of simple routine duties to ensure completion; or tasks are so highly routine that they may simply require following standardized instructions without continuous direct supervisory observation.

Supervision Exercised:

Direct Supervision:

No direct report employees.

Indirect Supervision:

No indirect reports

Contacts:

Internal Contacts:

Level of internal contact is primarily with the clerical and technical staff. Interactions involve information exchange and/or simple service activity requiring moderate tact and cooperation.

External Contacts:

Level of external contact is primarily with professionals and supervisors. Interaction involves information exchange and/or simple service activity requiring moderate tact and cooperation.

Physical Effort:

The position involves considerable physical exertion, such as regular climbing of ladders, lifting of heavy objects (up to 80 pounds) on a highly frequent basis and/or assuming awkward positions for long periods of time.

SUBJECT/EVENT: EVIDENCE TECHNICIAN	PROCEDURE NUMBER: 100/1.09	PAGE NUMBER: 29 of 120
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Work Environment:

There are routine discomforts from exposure to moderate heat, cold, moisture/wetness and unpleasant air conditions. The position may involve routine exposure to soiled materials and light chemical substances such as cleaning solutions.

Physical Skill:

Requires the ability to make coordinated gross motor movements in response to changing external stimuli within moderately demanding tolerances; or the ability to make coordinated eye/hand movements on a patterned response space within low tolerance demands with no real speed requirements.

Miscellaneous:

All duties and responsibilities may not be included in the above job description.



STANDARD OPERATING PROCEDURES

CRIME LABORATORY DIVISION

CATEGORY: ADMINISTRATIVE	DATE ISSUED: 12/01/2008	EFFECTIVE DATE: 12/01/2008	PROCEDURE NUMBER 100/1.10
SECTION: JOB DESCRIPTIONS	DATE OF REVISION: 12/01/2008	REVISION NUMBER: 1	PAGE NUMBER: 30 of 120
SUBJECT/EVENT: SENIOR OFFICE ASSISTANT			

Senior Office Assistant

A. GENERAL SUMMARY:

Assists manager(s) and assistant manager(s) in the coordination of office management and operational activities by performing varied clerical tasks and administrative support duties in the assigned division.

B. RESPONSIBILITIES:

- Answers telephones to screen and distribute calls, takes messages and answers simple questions. Greets and announces visitors. Receives and directs inquiries or comments regarding services.
- Opens, sorts and distributes mail. Handles incoming routine correspondence using standardized responses or formats. Sends faxes, packages and mail.
- May carry out a business operation function or project based on goals and instructions established by supervisor.
- Photocopies, collates and distributes correspondence, procedures, articles, reports, policies, bulletins, etc. Handles other reproduction needs including assembling manuals and reports, collating and binding or arranging outside services when needed.
- Types and proofreads correspondence, reports, forms, documents, etc. Composes and prepares simple and routine correspondence for supervisor's approval. May maintain correspondence logs. Tabulates and prepares periodic and special reports.
- Maintains calendar by scheduling meetings and appointments and making travel arrangements. Prepares and submits expense reports for management personnel.
- Gathers and prepares materials and information for staff and business meetings and presentations. Coordinates meetings by arranging meeting locations, distributing meeting notices, agendas and information, procuring audio/visual equipment, and ensuring proper setup. May prepare meeting minutes.

SUBJECT/EVENT: SENIOR OFFICE ASSISTANT	PROCEDURE NUMBER: 100/1.10	PAGE NUMBER: 31 of 120
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- Maintains a filing system for correspondence, reports, documents, complaints, financial records, budget information on section operations, general information on departmental operations, etc.
- Procures necessary supplies and services (e.g. office supplies, telephone change orders, equipment repair and maintenance, office furniture, office forms, etc.)
- May prepare time and attendance for management's signature.
- This job description is not to be construed as all-inclusive. Instead, the job duties listed above are intended to describe the general nature, type and level of work to be performed.

C. SPECIFICATIONS:

Knowledge:

Requires a high school diploma or a GED. In environments in which document production is an integral job duty, must pass a City administered typing test at the speed identified for the classification.

Experience:

Two years of clerical or administrative support experience are required.

Complexity:

Work consists of fairly standard procedures and tasks where basic analytic ability is required, as in the comparison of numbers and simple facts in selecting the correct action.

Impact of Actions:

Errors in work typically lead to minor inconvenience and costs. Work is typically performed under moderate supervision and within standard operating procedures. The incumbent occasionally can function autonomously, with the supervisor available to answer questions as they arise.

Supervision Exercised:

Direct Supervision:

No direct report employees.

Indirect Supervision:

No indirect reports

SUBJECT/EVENT: SENIOR OFFICE ASSISTANT	PROCEDURE NUMBER: 100/1.10	PAGE NUMBER: 32 of 120
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Contacts:

Internal Contacts:

Level of internal contact is primarily with clerical and technical staffs. Interaction requires moderate tact and cooperation; e.g., scheduling and/or coordinating two personal calendars, resolving problems and/or obtaining necessary information.

External Contacts:

Level of external contact is primarily with lower-level service representatives and vendors and occasionally with citizens, visitors and/or mid-level government agencies, guests, vendors and professional contact with allied organizations. Interaction involves routine information exchange and/or simple service activity that requires common courtesy; e.g., directing calls and answering simple questions.

Physical Effort:

The position occasionally requires stooping or bending. Occasional very light lifting, such as three or four reams of papers or books (up to 20 pounds or an equivalent weight) may be required.

Work Environment:

There are no major sources of discomfort, i.e., essentially normal office environment with acceptable lighting, temperature and air conditions.

Physical Skill:

Requires the ability to make closely coordinated eye/hand movements within very fine tolerance and/or calibration demands; or the ability to make rapid closely coordinated eye/hand movements on a patterned response space within somewhat fine tolerance demands; or the ability to make coordinated eye/hand movements within fine tolerances with large equipment as an extension of the worker.

Miscellaneous:

All duties and responsibilities may not be included in the above job description.



STANDARD OPERATING PROCEDURES

CRIME LABORATORY DIVISION

CATEGORY: ADMINISTRATIVE	DATE ISSUED: 12/01/2008	EFFECTIVE DATE: 12/01/2008	PROCEDURE NUMBER 100/1.11
SECTION: JOB DESCRIPTIONS	DATE OF REVISION: 12/01/2008	REVISION NUMBER: 1	PAGE NUMBER: 33 of 120
SUBJECT/EVENT: CLERK TYPIST			

Clerk Typist

A. GENERAL SUMMARY:

Performs typing and simple clerical duties, including maintaining records and files and distributing mail.

B. RESPONSIBILITIES:

- Types correspondence, reports, charts, requisitions, lists, labels, etc.
- Maintains records and files.
- Operates office machines such as typewriter, calculator and copier.
- Distributes incoming and outgoing mail.
- Answers telephones and greets visitors on occasion.
- Assists with various projects as requested.

C. SPECIFICATIONS:

Knowledge:

Ability to read, write, add, subtract and follow oral and/or basic written instructions as might normally be acquired through 9 to 11 years of formal schooling. No special knowledge of any subject area or technical field is required. Must pass a City-administered typing test.

Experience:

No experience is required.

Complexity:

Work consists of routine standard procedures and tasks where simple analytical ability is required to select and execute actions.

SUBJECT/EVENT: CLERK TYPIST	PROCEDURE NUMBER: 100/1.11	PAGE NUMBER: 34 of 120
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Impact of Actions:

Errors in work typically lead to minor inconvenience and costs. Work is typically performed under close supervision of simple routine duties to ensure completion; or tasks are so highly routine that they may simply require following standardized instructions without continuous direct supervisory observations.

Supervision Exercised:**Direct Supervision:**

No direct report employees

Indirect Supervision:

No indirect reports

Contacts:**Internal Contacts:**

Level of internal contact is primarily with the clerical and technical staffs. Interaction involves routine information exchange and/or simple service activity requiring common courtesy; e.g., answering questions, giving directions in response to simple requests.

External Contacts:

Level of external contact is primarily with lower-level service representative and vendors. Interaction involves routine information exchange and/or simple service activity that requires common courtesy; e.g., directing calls, and answering simple questions.

Physical Effort:

The position occasionally requires stooping or bending. Occasional very light lifting, such as three or four reams of papers or books (up to 20 pounds or an equivalent weight) may be required.

Work Environment:

There are no major sources of discomfort, i.e., essentially normal office environment with acceptable lighting, temperature and air conditions.

Physical Skill:

Requires the ability to make coordinated gross motor movements in response to changing external stimuli within moderately demanding tolerances; or the ability to make coordinated eye/hand movements on a patterned response space within low tolerance demands with no real speed requirements.

SUBJECT/EVENT: CLERK TYPIST	PROCEDURE NUMBER: 100/1.11	PAGE NUMBER: 35 of 120
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Miscellaneous:

All duties and responsibilities may not be included in the above job description.



STANDARD OPERATING PROCEDURES

CRIME LABORATORY DIVISION

CATEGORY: ADMINISTRATIVE	DATE ISSUED: 12/01/2008	EFFECTIVE DATE: 12/01/2008	PROCEDURE NUMBER 100/1.12
SECTION: JOB DESCRIPTIONS	DATE OF REVISION: 12/01/2008	REVISION NUMBER: 1	PAGE NUMBER: 36 of 120
SUBJECT/EVENT: SENIOR DATA ENTRY OPERATOR			

Senior Data Entry Operator

A. GENERAL SUMMARY:

Acts as lead worker entering data from various source documents to provide information necessary for the processing of specific legal and administrative reports, forms, certificates and data. Monitors input to ensure compliance with production schedules. Enters data through electronic keyboard to record or verify a variety of complex or encoded data with a high level of speed and accuracy.

B. RESPONSIBILITIES:

- Leads and monitors the work activities of data entry personnel.
- Sorts and files various reports and documents.
- Prepares reports and other supplemental correspondence.
- Operates key-driven devices and oversees the operation of key-disk input-output console to ensure processing by schedule.
- Performs conversion of data from original documents and coded forms into formatted input for electronic data processing equipment.
- May perform data entry activities to generate a variety of source documents, i.e., library material, library cards, parking tickets, traffic citations, commodity codes, voucher information, license information, vital statistics and payroll information.
- May be responsible for key verification of the work of other data entry operators.
- May be involved in training lower level operators and assisting in scheduling and monitoring work flow.

SUBJECT/EVENT: SENIOR DATA ENTRY OPERATOR	PROCEDURE NUMBER: 100/1.12	PAGE NUMBER: 37 of 120
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C.SPECIFICATIONS:

Knowledge:

Knowledge of grammar, spelling, punctuation and mathematical functions as might be acquired through specialized training of up to 9 months of education or training beyond the high school level. May have simple vocational competence in the operation of mechanical or electronic equipment. Must pass a City-administered typing test.

Experience:

Two years of data entry experience or clerical/secretarial experience with a heavy volume of typing are required.

Complexity:

Work consists of fairly standard procedures and tasks where basic analytic ability is required, as in the comparison of numbers and simple facts in selecting the correct action.

Impact of Actions:

Errors in work lead to minor inconvenience and incur some costs. Work is typically performed under close supervision of simple routine duties to ensure completion; or tasks are so highly routine that they may simply require following standardized instructions without continuous direct supervisory observation.

Supervision Exercised:

Direct Supervision:

Involves general scheduling and review of work as a “working supervisor” or lead person.

Indirect Supervision:

No indirect reports

Contacts:

Internal Contacts:

Level of internal contact is primarily with the clerical and technical staffs. Interaction involves routine information exchange and/or simple service activity requiring common courtesy; e.g., answering questions, giving directions in response to simple requests.

External Contacts:

Level of external contact is primarily with lower-level service representative and vendors. Interaction involves routine information exchange and/or simple service

SUBJECT/EVENT: SENIOR DATA ENTRY OPERATOR	PROCEDURE NUMBER: 100/1.12	PAGE NUMBER: 38 of 120
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activity that requires common courtesy; e.g., directing calls, and answering simple questions.

Physical Effort:

The position is physically comfortable most of the time with occasional periods of stooping, bending and/or light lifting of materials of up to 10 pounds.

Work Environment:

There are occasional minor discomforts from exposure to less-than optimal temperature and air conditions. The position may involve dealing with modestly unpleasant situation, as with occasional exposure to office chemicals and/or extensive use of a video display terminal.

Physical Skill:

Requires the ability to make closely coordinated eye/hand movements within very fine tolerance and/or calibration demands; or the ability to make rapid closely coordinated eye/hand movements on a patterned response space within somewhat fine tolerance demands; or the ability to make coordinated eye/hand movements within fine tolerances with large equipment as an extension of the worker.

Miscellaneous:

All duties and responsibilities may not be included in the above job description.



STANDARD OPERATING PROCEDURES

CRIME LABORATORY DIVISION

CATEGORY: ADMINISTRATIVE	DATE ISSUED: 01/01/2010	EFFECTIVE DATE: 01/11/2010	PROCEDURE NUMBER 100/1.13
SECTION: JOB DESCRIPTIONS	DATE OF REVISION: 10/02/2009	REVISION NUMBER: 1	PAGE NUMBER: 39 of 120
SUBJECT/EVENT: SENIOR MICROCOMPUTER ANALYST			

Senior Microcomputer Analyst

A. GENERAL SUMMARY:

Provides technical support and manages a small to medium-sized Local Area Network (LAN); assists users with installation, training and technical support for personal computers.

B. RESPONSIBILITIES:

- Designs and implements personal computer and LAN server databases.
- Develops and implements personal computer applications using a variety of software tools.
- May oversee the work of other analysts in supporting personal computer environments.
- Designs and implements micro-to-mainframe computer system linkages.
- Installs hardware and software; troubleshoots hardware and software problems.
- Designs and installs Local Area Networks (LANs).
- Researches and evaluates software technology and applications; maintains files on vendor equipment and software packages, their capabilities, price, performance, etc.
- Evaluates outside classes on computers and software and coordinates the assignment of personnel to these classes.
- Handles special projects as assigned.

C. SPECIFICATIONS:

Knowledge:

Requires a Bachelor's degree in Computer Science, Management and Information Systems (MIS) or a closely related field.

SUBJECT/EVENT: SENIOR MICROCOMPUTER ANALYST	PROCEDURE NUMBER: 100/1.13	PAGE NUMBER: 40 of 120
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Experience:

Three years of professional experience in systems analysis, design, programming or a closely related field are required.

Complexity:

Work is substantially complex and varied, and requires the interpretation of technical and detailed guidelines, policies and procedures in combination. Analytical ability is needed to gather and interpret data where answers can be found only after careful analysis of several facts.

Impact of Actions:

Errors in work cause some expense and inconvenience. Work is typically performed under limited supervision with alternating periods of relative autonomy and general review. The supervisor generally plays a substantial role in setting objectives and organizing work.

Supervision Exercised:

Direct Supervision:

Involves general scheduling and review of work as a “working supervisor” or lead person.

Indirect Supervision:

No indirect reports

Contacts:

Internal Contacts:

Level of internal contact is primarily with professionals and supervisors and occasionally with Managers and Assistant Directors. Interaction requires substantial sensitivity and cooperation; e.g., basic project interaction.

External Contacts:

Level of external contact is primarily with lower-level service representative and vendors. Interaction requires moderate tact and cooperation; e.g., responding to questions which require some research to provide the correct answer.

Physical Effort:

The position occasionally requires stooping or bending. Occasional very light lifting, such as three or four reams of papers or books (up to 20 pounds or an equivalent weight) may be required.

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Work Environment:

There are occasional minor discomforts from exposure to less-than-optimal temperatures and air conditions. The position may involve dealing with modestly unpleasant situations, as with occasional exposure to office chemicals and/or extensive use of a video display terminal.

Physical Skill:

Requires the ability to make closely coordinated eye/hand movements within very fine tolerance and/or calibration demands; or the ability to make rapid closely coordinated eye/hand movements on a patterned response space within somewhat fine tolerance demands; or the ability to make coordinated eye/hand movements within fine tolerances with large equipment as an extension of the worker.

Miscellaneous:

All duties and responsibilities may not be included in the above job description.



STANDARD OPERATING PROCEDURES

CRIME LABORATORY DIVISION

CATEGORY: QUALITY ASSURANCE	DATE ISSUED: 12/01/2008	EFFECTIVE DATE: 12/01/2008	PROCEDURE NUMBER 100/1.15
SECTION: JOB DESCRIPTION	DATE OF REVISION: 12/01/2008	REVISION NUMBER:	PAGE NUMBER: 42 of 120
SUBJECT/EVENT: Senior Contract Administrator			

Senior Contract Administrator

A. GENERAL SUMMARY:

Develops and prepares various contract specifications and related documents to advertise bids and requests for proposed contracts. Provides statistical analyses to assist in planning for services. Participates in the development and fulfillment of department contract requirements.

B. RESPONSIBILITIES:

- Reviews bids for conformity to contract requirements and determines acceptable bids.
- Supervises small staff involved in developing technical specifications.
- Ensures the timely awareness of contractual services.
- Develops elements in agreements to provide the most efficient and economical alternatives of service.
- Recommends budget allocation for proposed contract agreements and arrangement; monitors and reviews budget allocations with finance group; provides budget forecast and proposed alternatives.
- Resolves contract disputes; meets with vendors, customers and representatives to resolve problems.
- Interprets documents and advises other personnel regarding compliance issues.
- Examines estimates of material, equipment and production cost performance requirements and delivery schedules.
- Performs statistical analysis of historical information to assist in planning for existing services and budgetary projects.
- Maintains records on contract information; works with operational personnel to ensure compliance with agreements.

SUBJECT/EVENT: Senior Contract Administrator	PROCEDURE NUMBER: 100/1.15	PAGE NUMBER: 43 of 120
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- Coordinates with other City departments on issues related to processing contract documents.

C. SPECIFICATIONS:

Knowledge:

Requires a Bachelor's degree in Public Administration, Business Administration, Government, or closely related field.

Experience:

Four years of contract compliance experience are required.

Complexity:

Work is substantially complex and varied, and requires the interpretation of technical and detailed guidelines, policies and procedures in combination. Analytic ability is needed to gather and interpret data where answers can be found only after careful analysis of several facts.

Impact of Actions:

Errors in work could lead to significant expense and inconvenience. The incumbent generally receives general direction, working from broad goals and policies only. The individual may participate heavily in setting his/her own work objectives.

Supervision Exercised:

Direct Supervision:

Involves scheduling, supervision and evaluation of work as a "first-line supervisor"; recommends personnel actions such as hiring, terminations, and pay changes of nonsupervisory personnel.

Indirect Supervision:

No indirect reports

Contacts:

Internal Contacts:

Level of internal contact is primarily with Managers and Assistant Directors. Interaction requires substantial sensitivity and cooperation; e.g., basic project interaction.

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External Contacts:

Level of external contact is primarily with citizens, visitors and/or mid-level representatives of government agencies, guests, vendors and professional contacts with allied organizations. Interaction requires substantial sensitivity and cooperation; e.g., lower-level problem resolution, providing information to citizens who from time to time may be irate.

Physical Effort:

This position is physically comfortable; the individual has discretion about walking, standing, etc.

Work Environment:

There are no major sources of discomfort, i.e., essentially normal office environment with acceptable lighting, temperature and air conditions.

Physical Skill:

Requires the ability to make simple gross motor responses within large tolerances.

Miscellaneous:

All duties and responsibilities may not be included in the above job description.



STANDARD OPERATING PROCEDURES

CRIME LABORATORY DIVISION

CATEGORY: QUALITY ASSURANCE	DATE ISSUED: 12/01/2008	EFFECTIVE DATE: 01/09/2012	PROCEDURE NUMBER 100/2.01
SECTION: JOB DESCRIPTION	DATE OF REVISION: 09/15/2011	REVISION NUMBER: 3	PAGE NUMBER: 45 of 120
SUBJECT/EVENT: ORGANIZATION			

Organization

The Houston Police Department Crime Laboratory is a direct report division of the Support Operations Command of the Houston Police Department. The division is headed by an Assistant Director who reports to the Assistant Chief of the **Forensic Services Command**. The employee holding the City of Houston job title of Assistant Director functions in the capacity of crime laboratory director and will be referred to throughout this manual as the Director. **The laboratory will conduct its testing activities in such a way as to meet accreditation standards and to satisfy the needs of its customers.**

The Director, **in conjunction with key management personnel**, has the authority and resources to carry out his/her duties, including improvements to the quality system, and is responsible for ensuring that daily laboratory operations follow accepted laboratory policies and procedures. The Director is usually available 24/7 to handle laboratory business. If necessary, the Director will appoint an individual to act in the capacity of director for a given period of time. The Acting Director assumes those responsibilities given to the Director until such time as the Director returns to duty.

The Crime Laboratory Division has four technical sections: Biology/Trace Evidence, Controlled Substances, Firearms and Toxicology. The laboratory also has a Centralized Evidence Receiving section. Each section is supervised by a Manager, Administrator or Supervisor who reports to the Director. **Each section employee shall be accountable to one immediate supervisor for each category of testing in which the employee is deemed competent. Laboratory managers are responsible for daily compliance with the quality system of their respective units and for providing feedback to laboratory management. This is accomplished through a comprehensive training program, a performance evaluation system, casework review, proficiency testing, method and reagent validation and testimony monitoring. Supervising techniques should ensure the quality of work products, encourage creative thought, stimulate productivity, recognize exemplary performance and provide for a free exchange of information within the laboratory.**

The entire staff of the laboratory has the responsibility and authority to insure that all requirements of the quality system are met and any non-conformances from quality standards are minimized, prevented or eliminated. The staff understands the importance and relevance of testing activities and should review the goals and objectives of the laboratory at least

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yearly. All personnel have the responsibility and authority to identify opportunities for improvement and to take appropriate measures to implement them. The laboratory has a responsibility to its customers to protect the confidentiality of all information related to any involvement with the laboratory. Laboratory employees use standardized and validated methods in the examination of forensic evidence to meet the needs of its customers.

The quality system is coordinated by a Quality Manager who reports to the Director. The Director and laboratory managers are considered top management and are responsible for ensuring conformance with accreditation standards. Management will ensure that appropriate communication processes are established and that communication takes place regarding the effectiveness of the management system. When appropriate, laboratory managers will appoint individual(s) who may act on their behalf.

Division support is provided by clerical and administrative staff as well as information technology and budgetary services. **An individual will also be appointed as the Safety and Wellness Manager. See procedure 100/12.01 for detailed information.**

In compliance with the ASCLD/LAB Accreditation Requirements, a full listing of [job descriptions](#) is available from the Human Resources Department for the City of Houston.

All crime laboratory positions are considered safety impact and are, therefore, subject to random drug testing. These tests will be administered according to the policies and procedures of the Houston Police Department.

Laboratory management will conduct employee performance evaluations according to city policy.

MISSION STATEMENT

To receive, analyze and preserve physical evidence while adhering to the highest standards of quality, objectivity and ethics.

OBJECTIVES

The objectives stated here are designed to support the overall mission of the crime laboratory and the mission of the Houston Police Department. Each section may have additional objectives stated in their individual standard operating procedures. If so, the discipline members are expected to know them. Section objectives should be reviewed and updated periodically in order to:

1. provide quality analytical examinations
2. improve quality assurance and meet or exceed all standards necessary to achieve and maintain accreditation
3. actively monitor and ensure the timely generation of laboratory reports
4. enhance the scientific capabilities of the crime laboratory

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ROLE OF THE QUALITY MANAGER

The quality manager has the responsibility to address issues related to quality. While functioning in this capacity requires close coordination and consultation with section and laboratory management as well as technical experts in each of the laboratory disciplines, the quality manager shall have the ability to take immediate and decisive action to address issues when necessary. The role of the quality manager includes:

1. Maintaining and updating the quality manual
2. Evaluating and recommending changes to laboratory policies and procedures
3. Monitoring laboratory practices to verify continuing compliance with policies and procedures
4. Evaluating instrument calibration and maintenance records
5. Periodically assessing the adequacy of report review activities
6. Ensuring the validation of new technical procedures
7. Investigating technical problems, proposing remedial actions and verifying their implementation
8. Coordinating, administering and evaluating proficiency tests
9. Selecting, training and evaluating internal auditors
10. Scheduling and coordinating quality system audits
11. Verifying laboratory training records
12. Recommending training to improve the quality of laboratory staff
13. Proposing corrections and improvements in the quality system
14. Acting as custodian of controlled documents and appointing an individual to act as document custodian in his/her absence, if necessary

TECHNICAL MANAGEMENT

An individual in each of the forensic disciplines within the crime laboratory will be responsible for the technical operations within that section. Typically, this individual will be the section supervisor, but may be defined differently in the sectional standard operating procedures. Technical managers are considered key management personnel and have the overall responsibility for day to day technical operations and ensuring that adequate resources are available to meet the quality expectations of each laboratory section.

Management will ensure that appropriate communication processes are established and that communication takes place regarding the effectiveness of the management system.

The laboratory will have an individual designated as the Health and Wellness Manager. This manager may be assisted by a Safety Committee. Refer to the laboratory's Safety and Wellness Manual for detailed information.



STANDARD OPERATING PROCEDURES

CATEGORY: QUALITY ASSURANCE	DATE ISSUED: 12/01/2008	EFFECTIVE DATE: 01/09/2012	PROCEDURE NUMBER 100/3.01
SECTION:	DATE OF REVISION: 09/20/2011	REVISION NUMBER: 4	PAGE NUMBER: 48 of 120
SUBJECT/EVENT: Communication and Correspondence Procedures			

Communication and Correspondence Procedures

This policy establishes procedures for laboratory communication and official written correspondence by laboratory employees. Laboratory communications shall be clear, concise and professional. It is the responsibility of management to ensure that appropriate communication processes are established within the laboratory and that communication takes place regarding the effectiveness of the management system. **Regular staff meetings should be held using a documented agenda and a list of attendees. These meetings are one mechanism for the exchange of information.**

1. A proper flow of communication shall exist throughout the laboratory allowing for input from all employees. Vertical, horizontal and diagonal channels of communication shall be encouraged to promote interaction.
2. Tact, diplomacy and professionalism are required in all communications. Direct communication is encouraged within the laboratory, within analytical units and between individual analysts regarding technical matters. Administrative matters should be communicated utilizing the established chain of command system of supervisory notification and endorsement.
3. Laboratory management meetings and analytical unit meetings are encouraged and should be scheduled on a regular basis. These meetings are essential to the flow of communications, information exchange, creative brainstorming and the recognition of exceptional performance. Generally, minutes of meetings should be documented and made available for review.
4. Memorandums and letters shall follow accepted departmental formats as outlined in the current version of the Correspondence Office Procedures and Guidelines Manual.



STANDARD OPERATING PROCEDURES

CATEGORY: QUALITY ASSURANCE	DATE ISSUED: 12/01/2008	EFFECTIVE DATE: 01/09/2012	PROCEDURE NUMBER 100/4.01
SECTION:	DATE OF REVISION: 09/15/2011	REVISION NUMBER: 5	PAGE NUMBER: 49 of 120
SUBJECT/EVENT: Laboratory Information Management System (LIMS)			

Laboratory Information Management System (LIMS)

The Houston Police Department Crime Laboratory maintains and manages information using a laboratory information management system.

1. The laboratory information management system will assist management in tracking and determining the efficiency and effectiveness of laboratory operations.
2. LIMS will provide management personnel with statistical data helpful in budgetary planning, resource allocation and future planning initiatives.
3. The LIMS is utilized to provide data that is incorporated into the monthly laboratory report **and yearly management reviews**. Currently, the monthly report provides information related to staffing levels, the number of new cases received and completed during the month, the number of items received and analyzed, workload information by section, call-out and court related statistics.
4. The information is utilized in ad-hoc and monthly reports. These reports can be written to address individual or sectional efficiency.



STANDARD OPERATING PROCEDURES

CATEGORY: QUALITY ASSURANCE	DATE ISSUED: 12/01/2008	EFFECTIVE DATE: 01/09/2012	PROCEDURE NUMBER 100/5.01
SECTION:	DATE OF REVISION: 09/15/2011	REVISION NUMBER: 6	PAGE NUMBER: 50 of 120
SUBJECT/EVENT: Proficiency Testing			

Proficiency Testing

A proficiency testing program is a reliable method of verifying that the laboratory's technical procedures are valid and that the quality of each analyst's work is being maintained. It is essential that proficiency tests be properly designed, appropriately administered and fairly evaluated. An analyst's proficiency is truly tested only if the analyst completing the test is unaware of the expected results.

The focus of these tests is to demonstrate the ongoing competence of the laboratory and/or the analyst and to identify areas where additional training or more stringent quality control may be necessary. This section is not intended to address competency tests or tests administered as a part of a training program.

A. INTERNAL AND EXTERNAL TEST PROVIDERS

1. Proficiency test samples may be either internal or external.

- A. External Proficiency Test: Tests to evaluate the quality performance of the laboratory and analysts that are administered by an ASCLD/LAB approved external test provider (or by others when no approved provider is available), where the laboratory does not know the expected results. In the case of external tests, the laboratory report may be replaced by the test provider's data sheets.
- B. Internal Proficiency Test: Tests to evaluate the quality performance of the laboratory and analysts that are administered by the laboratory internally, where the analyst being tested does not know the expected results. The quality assurance manager may occasionally generate proficiency samples internally, for example, by selecting samples for re-analysis.

B. FREQUENCY OF TESTING

1. Each analyst is expected to conduct a proficiency test according to the following:

- A. Each analyst is required to successfully complete an annual proficiency test in each discipline in which they are authorized to conduct examinations. This test may be external or internal, but at least one external proficiency test per discipline is required for each section.

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- B. An external proficiency test will be administered to each analyst for each **category of testing** in which they perform testing within the standard five year accreditation cycle.
- C. Each DNA analyst is required to successfully complete two external proficiency tests per year. Tests must be no less than 4 months and not more than 8 months apart, based upon the date the test is due to the quality manager.
- D. Newly trained DNA analysts will enter the proficiency testing program within six months of the date of their qualification.

C. PERFORMING PROFICIENCY TESTING

1. When taking a proficiency test, the work is to follow as closely as possible that of normal casework. **Certain exceptions may apply (i.e., the way proficiency test evidence is described and itemized in LIMS may differ from normal casework).**
2. It is essential that proficiency tests be properly designed, appropriately administered, and fairly evaluated. Examiners' proficiency is tested only if they complete the testing unaware of the results expected.
3. Technical review, verification and administrative review policies will be applied as they are normally applied to case work. If verifications are not routinely conducted on the majority of case work examinations, they will not be performed prior to returning the results to the provider.
4. With the exception of blind proficiency testing, the following information will apply. (Typically with a blind test, only the sectional lab manager and/or the quality manager will be aware that a proficiency test has been issued.) Consultation is allowed during proficiency testing to the extent that it is accepted in normal casework.
 - A. Should consultation be required, the individual with whom the case is discussed may not perform a technical or administrative review of the completed case.
 - B. Consultation with another analyst should be approved by the section supervisor and documented in the case record.
 - C. Consultation should not be with individuals who have knowledge regarding the test beyond that information which is available from the individual performing the test in question.
 - D. If the individual consulted is aware of results or observations that have been made by another analyst, this information will not be used to aid the individual seeking advice on the proficiency test. This does not, however, preclude one individual from reviewing multiple tests or from acting as a second reader on multiple tests.
 - E. Should work performed on a proficiency test cause sufficient concern during the review process to warrant withholding the results from the vendor, it will be automatically deemed 'Unsuccessful' and corrective action will be initiated.

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D. EVALUATING PROFICIENCY TESTS

1. Once the proficiency test is completed by the analyst, it will be evaluated both in terms of conformance to the expected results and the quality of the supporting documentation.
2. After checking test results, including final results forms published by the test provider, a statement of satisfactory or unsatisfactory is assigned by the quality manager. The results may then be discussed with the analyst.
3. Sectional supervisors, including the Technical Leader, will be informed of the results of all applicable participants and this notification shall be documented. In addition, the Technical Leader or designee will inform the CODIS administrator of all non-administrative discrepancies that affect typing results and/or conclusions as soon after the discovery as possible.
4. **Although all discrepancies will be documented, significant** discrepancies will be handled according to the laboratory's corrective action policies. **Significant discrepancies are those that raise an immediate concern regarding the quality of the laboratory's work product. Examples include erroneous identifications or false positives. Laboratory management has the authority to implement corrective action policies for less significant occurrences, such as missed identifications or false negative results.**
5. The proficiency program is an educational tool and a punitive approach should be avoided.
6. The final results will be documented and **will be maintained by the laboratory..**



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CATEGORY: QUALITY ASSURANCE	DATE ISSUED: 12/01/2008	EFFECTIVE DATE: 01/09/2012	PROCEDURE NUMBER 100/6.01
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SUBJECT/EVENT: Court Testimony			

Court Testimony

The presentation of testimony is often the culmination of the examination process. The purpose of this policy is to provide a means of monitoring the effectiveness of testimony by crime laboratory personnel and to provide them with constructive feedback.

1. The testimony of applicable crime laboratory personnel must be monitored at least once on an annual basis. More frequent monitoring is recommended for inexperienced personnel.
2. A copy of the completed testimony evaluation form will be stored in a retrievable format.
3. A variety of methods exist for the monitoring of testimony and all will be documented using a Testimony Evaluation Form. These methods include:
 - A. direct observation of testimony by a supervisor or designee (preferred method)
 - B. review of transcripts of testimony given by a witness
 - C. direct or telephonic solicitation by supervisory personnel to one or more officers of the court utilizing a Testimony Evaluation Form
 - D. videotape record of a witness' testimony
4. Areas that should be evaluated include:
 - A. appearance and poise
 - B. clarity of communication
 - C. identification of evidence
 - D. ability to present scientific information in an easily understood manner
 - E. consistency of testimony with case documentation and knowledge
 - F. performance under cross-examination
5. The **reviewer**, the witness' supervisor or the **supervisor's** designee shall review the testimony evaluation with the witness.

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6. Personnel should be given feedback on both the positive and negative aspects of his or her presentation. Constructive criticism is intended for the benefit of the employee and comments should reflect this goal.
7. If an aspect of the testimony indicates the possibility of a serious problem (either with the witness or a procedure) or the overall performance is unacceptable, a corrective action procedure shall be implemented through the quality manager or the sectional lab manager. Recommendations for corrective action may include but are not limited to:
 - A. communication skills training
 - B. remedial technical training
 - C. additional moot court training
 - D. technical review of a procedure or method



STANDARD OPERATING PROCEDURES

CATEGORY: QUALITY ASSURANCE	DATE ISSUED: 12/01/2008	EFFECTIVE DATE: 01/09/2012	PROCEDURE NUMBER 100/7.01
SECTION:	DATE OF REVISION: 01/04/2012	REVISION NUMBER: 8	PAGE NUMBER: 55 of 120
SUBJECT/EVENT: Case Records			

Case Records

A case record will be maintained for each request for analysis accepted by the crime laboratory.

1. The case record may be comprised of documentation in varied formats. These formats include, but are not limited to:
 - A. paper records
 - B. digital information
 - C. photographs
 - D. electronic data
 - E. summary or compilations
 - F. microfiche
2. Case records must be in a retrievable format and must be stored in a secure location and in an environment suitable to prevent damage, deterioration and loss. Case records and copies of case records will be made available to authorized entities only. Authorized entities include, but are not limited to, officers with a legitimate need for the records, internal affairs, prosecuting attorneys and those with valid court orders or subpoenas. Distribution to unauthorized sources is prohibited. All questions related to distribution of records will be directed to top management. Records will be kept for at least five years. Records pertaining to DNA testing will be kept for at least ten years. The City of Houston records retention schedule will be followed when disposing of records. When files are removed from storage locations, they will remain in the care, control and custody of laboratory employees.
3. Electronic case record storage systems are backed up to protect the records and to prevent unauthorized access or amendment of these records. The LIMS database is password protected and backups are stored in a secure data center maintained by the department.

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A. ADMINISTRATIVE DOCUMENTATION:

Includes records such as case related conversations, evidence receipts, description of evidence packaging and seals and other pertinent information

1. Examples of administrative documents include: subpoenas, evidence receipts, phone logs, court orders and laboratory reports
2. All administrative documentation received or generated by the Crime Laboratory for a specific case must, at a minimum, contain the HPD incident number or laboratory number.
3. An incident number or lab number on the front page of multi-page administrative documents may serve to identify all the associated pages.
4. It is recommended that the date and initials of individuals adding administrative documentation to a case record be recorded.
5. When data from multiple cases is recorded on a single printout, a unique identifier for each case for which data is generated will be recorded on those printouts.

B. EXAMINATION DOCUMENTATION:

Includes reference to procedures followed, tests conducted, standards and controls used, diagrams, printouts, photographs, observations and results of examinations

1. Examples of examination documents include: notes regarding test charts, graphs, printouts, photographs and results of testing.
2. The incident number or lab number and the analyst's handwritten initials or secure electronic equivalent must be on each page of the examination documentation in the case record.
3. Examination documentation will be generated at the time the original observations are made during the course of analysis.
4. It is recommended that when examination documentation consists of multiple pages, a page numbering system indicating total number of pages be used (e.g., page __ of __).
5. When examination documentation is prepared by individuals other than the one who interprets the findings, prepares the report and/or testifies concerning the documentation, the individuals who prepare the documentation must initial their work product and the person preparing the report must initial each page of the associated documentation.
6. When examination documentation is recorded on both sides of a page, each side must be treated as a separate page.
7. Notes, worksheets and other writings in a case record shall be legible and shall be made in ink. Exceptions to this rule may be made when environmental conditions, such as extreme cold or rain, prevent the use of ink. Pencil (including color) may be

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appropriate for diagrams or making tracings. The use of anything other than ink is subject to the written approval of the section supervisor.

8. While original notes may be recopied on occasion as allowed by section policy, all original notes will be maintained as a permanent component of the case record. Once a secure electronic equivalent is obtained, notes (such as those made at a crime scene) may be destroyed.
9. Changes, alterations and additional notations including interlineations must be initialed by the person making the additions. When striking out information on a case record document, a single line is to be drawn through the error and initialed. **Errors will not be erased, made illegible or deleted. In the case of electronic records, equivalent measures will be taken to preserve original data. If an error is found in a report after it has been reviewed and approved, an amended report will be issued. This amended report will document any corrections or changes made to the previous report.**
10. Dates should be recorded throughout the documentation to indicate when the work was performed. At a minimum, beginning and ending dates for the analysis will be recorded.
11. When instrumental analyses are conducted, operating parameters must be recorded, or cited if already established, and must be retrievable. The incident number or lab number for each case for which data are generated must be appropriately recorded on the printout along with the initials of the analyst. Initials must be handwritten or added through a secure method that ensures the identification of the individual.
12. Examination documentation will be of sufficient detail to support the conclusions reached. Documentation to support conclusions must be such that in the absence of the analyst or the final report, another competent analyst or supervisor could evaluate what was done and interpret the data.
13. Abbreviations and symbols are acceptable in examination documentation if the meanings of the abbreviations and/or symbols are readily comprehensible to a reviewer and the meaning of the abbreviations or symbols are clearly documented in the sectional SOPs. Abbreviations that are common in a discipline and understood by anyone in that discipline do not have to be listed in a table of abbreviations. Examples include, but are not limited to, symbols for chemical elements or standard units of measure.

C. REPORTS:

A lab report is generated for all analytical work performed and is the official document used to provide results of analysis to laboratory customers. This report will contain the conclusions and opinions that address the purpose for which the analytical work was undertaken and should be formatted so as to minimize the possibility of misunderstanding or misuse. **Laboratory reports will be generated by the LIMS. Data entered into EMS or LIMS by laboratory employees will match the information provided on the submission form. Data entered by non-laboratory employees (such as Property Room personnel) will not be**

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changed. If conflicts exist between the information provided on paper submission forms and the data entered by non-laboratory employees, then a comment will be added to the report to reflect the discrepancy. If it becomes necessary to contact the submitting officer or another officer with knowledge of the case in order to resolve a conflict, then those communications will be documented within the case record.

1. A report is generated when the analysis/examination of exhibits is complete. A signed and reviewed copy of the report or a secure electronic equivalent will be stored in the case record as the official laboratory report. In addition, any modifications to the report will be maintained in the case record. Those individuals with department recognized log-in and password combinations will have access to electronic reports. Copies of signed laboratory reports may be made available to appropriate individuals. Questions pertaining to this matter should be directed to the appropriate section manager or designee.
2. For each case, there may be separate reports for each individual and/or section that performs analysis.
3. Only the signed, printed copy of the report or a secure electronic equivalent that has completed both technical and administrative review will be considered the finalized, official report.
4. It is recommended that reports be made available to individuals outside the lab only after a technical review of the work performed has been completed.
5. The author of a report must have conducted, participated in, observed, supervised or technically reviewed the examination or testing.
6. A report of analysis will include the following:
 - A. An appropriately completed header, including a title and the name and address of the laboratory
 - B. The exhibits identified by quantity and description of all items related to a request for analysis, whether analyzed or not
 - C. The findings
 - D. The name and signature of the individual(s) accepting responsibility for the content of the report
7. When the report contains opinions or interpretations, they will be clearly denoted in the report. (e.g. "It is the opinion of the examiner that")
8. Infrequently, results of presumptive testing will not be included in a report, but may be provided informally to an officer as information to aid an on-going investigation. These communications shall be documented in the case record. All verbal results of a technical nature shall be included in the written report. **Only the assigned analyst, section supervisor or supervisor's designee may verbally release results of testing. The analyst must have the approval of the section supervisor before results are released. The analyst and supervisor must acknowledge the release of information within the case record. This**

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may be done by initialing and dating a communication log or other documentation showing that results were released verbally.

9. If it becomes necessary to amend a signed supplement, then the incorrect report must be documented so as not to be confused with the corrected report. It is recommended that a single line be drawn through the incorrect information. The initials of the employee making the change must also be included. The original, corrected report must be maintained within the case record. If a new report is issued, the new report will be uniquely identified, will contain a reference to the original report that it replaces and should clearly state why an amended report was issued.

10. When associations are made, the significance of the association (e.g. “consistent with”, “match”, “common source”) will be clearly communicated in the report. The reason for “inconclusive” results must be clearly stated.

11. The following supporting information, if applicable, will be included in the case record and may be included in the laboratory report: identification of the method(s) used; deviations from the testing method; condition of the items, including outer packaging; reference to the sampling plan or procedures used; the date of sampling; location of sampling; reference to the sampling plan and procedures used; reference to the sampling standard used and any deviations, additions or exclusions to the sampling standard; specific test conditions, such as environmental conditions during sampling that affect the interpretation of results; estimation of uncertainty; a statement that results relate only to items tested; name and address of the customer requesting the laboratory report; evidence disposition; deviations from, additions to, or exclusions from the test method and information on specific test conditions, such as environmental conditions; a statement of compliance/non-compliance with requirements; additional information required by the customer.

12. Signed laboratory reports may be sent to appropriate individuals through email, mail, fax or LIMS. Hard copies may also be made available for pick-up at the laboratory.

D. DISPOSITION OF CASE RECORDS:

1. Case records, where work has been completed, are maintained in designated areas under a unique Laboratory Information Management System case or file number.

A. Printed case records will generally be stored in the 24th floor file room but some case records may be stored within the sections.

B. Documentation should be kept when case records are removed from designated storage areas. These records should show who is taking responsibility for the record while it is outside the storage location.

2. Case records may be scanned into an imaging system for long-term storage in an electronic format. Once the scanned images are of a quality suitable for archiving, the original records may be shredded according to the City’s records retention policy.

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Houston Police Department personnel and city approved vendors may assist with the scanning of records and/or files.

3. Except for those documents pertaining to DNA, records referencing proficiency tests, corrective actions, audits, training, continuing education and testimony monitoring will be maintained for the length of the accreditation cycle or as long as administratively valuable, whichever is longer. Administrative value is outlined in the laboratory's records retention schedule. Those same records, if pertaining to DNA, will be kept for at least 10 years or the length specified in prevailing quality assurance standard documents.

E. TECHNICAL REVIEWS (TR)

1. A final report **does** not have **to be** generated **before** a technical review **can** be conducted. **This laboratory conducts a technical review on all casework.**
2. Every effort will be made to complete the technical review before the final report is released from the laboratory.
3. A technical review is a review of the notes, data and other supporting documents which form the basis for a scientific conclusion.
4. Technical reviews shall be conducted by an individual having expertise gained through training and experience **in that category of testing** and a record of the review shall be made to indicate that the **conclusion** has been checked and agreed to, by whom and when. The review shall be recorded in the case record.
5. Items to be evaluated when performing a technical review include, but are not limited to:
 - A. Controls, standards and associated calibrations
 - B. Compliance with current standard operating procedures
 - C. Documentation to support the conclusions or opinions made
 - D. Verification of results by another analyst, if appropriate
6. When an area of concern is identified that cannot be resolved between the analyst and the technical reviewer, it will be referred to the section's technical management for resolution. Even when resolved, sectional management should be notified if technical issues arise. For those sections with only one qualified analyst, conflicts arising through case work or proficiency testing will be reviewed by the Director, quality manager or a designee. After consultation with the parties involved and, if necessary, other qualified individuals, resolution will come from the Director, quality manager or a designee.

F. ADMINISTRATIVE REVIEWS (AR)

1. Administrative reviews shall be conducted before the final report is issued.

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2. The administrative review shall be documented.
3. Administrative reviews may be conducted by any individual following these guidelines. **An individual other than the author of the report will complete the administrative review.**
4. Administrative reviews are used to check case record documentation and case reports for consistency with laboratory policy and for editorial correctness.
5. Items to be evaluated when performing an administrative review may include, but are not limited to:
 - A. Initials of the appropriate analyst **and the incident number or lab number are** on each page of examination documentation
 - B. Dates included throughout including, at a minimum, the beginning and ending dates of analysis
 - C. Page numbering, **if required by sectional policies**
 - D. Each page **of administrative documentation contains** the incident number or corresponding lab number
 - E. Spelling



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SUBJECT/EVENT: Method Validation			

Method Validation

Validation is the confirmation by examination and the provision of objective evidence that particular requirements for a specific intended use are fulfilled. Technical procedures used by the lab will be fully validated before being used on casework. The validation will be as extensive as necessary to meet the needs of the intended application. Validations will be documented and modifications may require new validation studies. Certain disciplines, such as firearms examination, do not lend themselves to this method validation procedure.

1. Any examination performed must be done in a manner that is scientifically valid. A critical component in ensuring validity is the documentation of procedures used for examinations. Procedures and methods used in examinations will be fit for the purposes required/requested by the customer. The methods used will have been published in international, national or regional standards or by reputable technical organizations or in relevant scientific publications. Deviations from standard test methods will be justified and documented in the case record. If it is necessary to employ non-standard methods, approval will be obtained from the Director, Lab Manager or Technical Leader and the customer prior to use. The non-standard method must be validated prior to use.
2. Prior to a substantial change to or the implementation of a new method/procedure, it will be subjected to an appropriate internal validation study to assess the procedure's reliability to produce quality results. All validations will be completed only by qualified personnel. Involved personnel should communicate with the appropriate section manager or designee to update and revise validation plans as necessary and appropriate.
3. Written documentation for each validation study needs to be maintained by each section for future reference.
4. Newly validated methods shall include language stating that the method is fit for the intended use.
5. Validation of new procedures is performed to prove the efficacy of the technique. Even protocols that are developed and reported in technical, peer-reviewed literature

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will need internal validation before being used on casework. Validation studies may be as extensive as necessary and may include, but are not limited to:

- A.** Specificity to determine what substances can interfere with the results, whether causing a positive or negative interference
 - B.** Accuracy, as shown by known samples, standard reference materials, proficiency tests and/or inter-laboratory comparisons
 - C.** An evaluation of the uncertainty of measurement
 - D.** Carryover from one sample to the next
 - E.** Assessing the capability of the test-protocol to generate results that are reproducible. For quantitation methods, determine the precision of the measurements.
 - F.** Sensitivity, or the lower limit of detection, below which the sample cannot be differentiated from background
 - G.** Upper and lower limits of linearity
 - H.** Environmental, stability and matrix studies
 - I.** Comparison to other methods currently in use
 - J.** Theory of the procedure
- 6.** The validation studies as described above will be documented and will be approved by the quality manager and the section's lab manager or designee. The section's lab manager or technical leader will verify that the documentation is maintained.
- 7.** The new technique will be incorporated into the section protocol and all quality control measures will be in place prior to use in case work.



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SECTION:	DATE OF REVISION: 10/03/2011	REVISION NUMBER: 7	PAGE NUMBER: 64 of 120
SUBJECT/EVENT: Document Revisions			

Document Revisions

1. When any employee discovers the need for policy revision, the area of concern should be brought to the attention of the Director or designee through the appropriate chain of command.
2. Controlled documents, once adopted and disseminated, will be the controlling influence all laboratory employees are to follow.
3. The official version of the controlled document shall be published on the laboratory's intranet webpage **and can be viewed from network computers**. Any printed copies will be considered uncontrolled copies. Employees are responsible for verifying that they are using the current version of any document. Staff will be notified when revisions are posted to the intranet.
4. All documents which become obsolete will be marked to ensure they are not confused with the current documents. This may include, but is not limited to:
 - A. a watermark
 - B. an expired date
5. Controlled documents, as well as other documentation related to laboratory management and operations, shall be reviewed by December 31st of each year by the appropriate lab manager and/or quality manager. This documentation includes, but is not limited to, policies, quality manual, technical procedure manuals and SOP's. All such documents are considered to be a part of the laboratory's quality assurance program.
6. Changes are generally put into place after the annual review of the documents currently in place. However, reviews and/or changes to the written protocols can be done at any time.
7. All documents issued in the laboratory shall be reviewed and approved for use by the appropriate supervisor, quality manager and/or director, or their designees, prior to implementation. **This ensures that the appropriate authority has access to background information upon which to base the review and approval.**

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- A. Standard Operating Procedures will be approved by the appropriate section's lab manager or technical leader, as well as the quality manager.
 - B. Manuals or procedures that are general in nature, such as this quality manual, will be approved by the quality manager and the Director or designee.
 - C. Original documentation of the approval and review by the affected laboratory employees will be maintained.
8. All manuals used in the laboratory will have, at a minimum, the date of issue and/or revision identification, page numbering, the total number of pages or a mark to signify the end of the document and the issuing authority.
 9. When revisions are made to an existing document that result in the issuance of a new manual, the altered or new text will be in red.
 10. Only the PDF versions of laboratory documents that are posted on the laboratory intranet are considered the controlling documents.
 11. Document revisions may be made between the annual revisions if deemed necessary by laboratory management. These changes may result in a new revision of the document being issued. Alternatively, changes may be made via an addendum to the original document that is posted along with the PDF version.
 12. Revised documents require the latest date of revision to be present on the document. All documents relating to the quality system, both revised and annually published, will be available for review by all employees. The reviews shall be documented.
 13. If a new revision is not made annually, documentation will be maintained by the quality manager showing the annual review has been completed.

The laboratory controls all documents that form its management system. The term 'document' may include policy statements, procedures, specifications, calibration tables, charts, text books, memoranda, software, drawings, plans, etc.



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SUBJECT/EVENT: Supplies and Services			

Ordering and Maintaining Supplies and Services

A. Ordering Supplies

1. Ordering of supplies, expendable items and services will be performed in accordance with existing directives and guidelines from the City of Houston Purchasing Department.
2. When supplies or services affect the quality of the testing provided by the crime laboratory, they will be obtained from approved providers.
 - a. Suppliers of critical consumables, supplies and services (hereafter referred to as critical supplies) will be evaluated to ensure that their product will not negatively impact the quality of laboratory analysis. Critical supplies are those that require a quality check prior to use in casework. These goods will be identified in individual procedure manuals.
 - b. A list of approved providers for consumables, supplies and services should be maintained. Unless noted elsewhere, vendors are considered approved if they appear on a City of Houston approved vendor list. **Lab managers are responsible for ensuring that orders are placed in a timely fashion to prevent delays in casework.**
 - c. Supplies, reagents and consumable materials that affect the quality of testing will not be used until they have been inspected or verified as complying with standard specifications or any requirements stated in the individual section protocols. **Whenever possible, approved vendors will have appropriate ISO certification. In lieu of certification, a memo describing the vendor and services provided will be maintained.**
3. The individual assigned will consolidate requests and complete a requisition listing quantity, catalog number, description, vendor and the estimated cost.
4. The requisition may be forwarded to the supervisor and then to the Director for approval.
5. A copy of the completed requisition will be maintained in the appropriate file.

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6. General office supplies and forms will be acquired as prescribed by department procedures.

B. Receiving Supplies

1. All incoming supplies will be routed to the appropriate individual. The following should be recorded for purchased reagents and reference material, either on the container or in a separate log:
 - date of receipt
 - date opened
 - date of verification, if applicable
 - initials of the person opening the container
 - initials of the person performing a verification **that what was ordered is what was received, if applicable**
 - expiration date, if applicable
2. An appropriate individual will check each item received to ensure that it is the same quantity and quality as those items requisitioned. The individual completing the inspection will acknowledge the check by placing initials or a signature on the purchase order or packing slip. The vendor will be notified of discrepancies as soon as possible. Purchased supplies that do not meet laboratory standards should be returned to the vendor or discarded. The laboratory is responsible for storing supplies in such a way as to maintain the quality of the items.
3. Appropriate notes will be made on the packing list and purchase orders.
4. All paperwork will be routed to the appropriate individual.

C. Payment

1. Invoices received will be checked against each purchase order or expedited purchase order (EPO) to ensure receipt of items ordered and to ensure that charges listed on the invoice match the purchase order prices.
2. Any discrepancies in the requisitions, purchase order or invoices will immediately be brought to the attention of the responsible individual, who will then make contact with the vendor and take the necessary corrective action.

D. Petty Cash

1. All petty cash purchases will be approved by the appropriate supervisor and budget coordinator.
2. All purchases will be in accordance with City and Department guidelines.

E. Purchase Card (P-Card)

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1. All P-Card purchases will be approved by the supervisor, budget coordinator and/or the Director.
2. All purchases will be in accordance with city and department guidelines and will follow Budget and Finance guidelines for P-Cards.



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SUBJECT/EVENT: Disclosure of Information / Court Orders			

Disclosure of Information / Court Orders

Laboratory management is responsible for the protection of crime laboratory facilities and facility contents. Part of this responsibility is to ensure that only those individuals who have proper authorization are provided access to secure areas of the crime laboratory and confidential records maintained in the crime laboratory and to prevent the prosecution, defense or outside parties from placing undue burden on the crime laboratory and its resources. To maintain confidentiality and the integrity of evidence, non-laboratory personnel are typically not allowed to observe examinations within the laboratory. Exceptions to this policy will be approved by the Director or designee.

There will be times when a request is made by a party outside the Houston Police Department for information regarding items received, analyses performed or conclusions reached in a particular case. These requests may be from news media, defense attorneys or other parties. To ensure the integrity of the investigation, crime laboratory and departmental procedures must be followed.

1. Phone Calls / Inquiries

- A. Inquiries from media shall be forwarded to the HPD Media Relations Division.
- B. Requests will be forwarded to an appropriate individual. The individual should verify who it is that is requesting the information and, to the best of their ability, determine if it is appropriate to reveal the requested information. If the individual is uncertain about what if any information to disclose, a section supervisor should be consulted. The request, as well as any information that is released, will be documented in the case record.
- C. If an inquiry for information is originating from the defense, the individual responsible for releasing the requested information should first contact the appropriate legal authority, such as the District Attorney's Office, the submitting officer or the Houston Police Department Legal Division before responding to the request.

2. Open Records Requests

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A. Requests for open records under the Public Information/Open Records Act should come to the laboratory's attention through Public Affairs/Media Relations.

1. It should be determined if the crime laboratory has a case record for the individual or incident named in the request.
2. If no case record is found, indicate so with the information submitted to Media Relations.
3. Requested information should be forwarded to Media Relations in the time frame indicated on the request.
4. Open records requests are verified through laboratory management, HPD Legal or Public Affairs before being honored. This is done to prevent the inadvertent release of information on ongoing or open investigations.

3. Discovery Requests (Court Orders)/Subpoenas Duces Tecum

A. A discovery request is a legal document received by, or directed to, the laboratory requesting that specific documentation and/or items be made available to the defense. To ensure that these requests are handled uniformly, all subpoenas and court orders for records should be reviewed by the section's lab manager, quality manager or their designee.

B. When a court order is received, the following information should be obtained before making an appointment:

1. Request a copy of the signed court order (by fax is acceptable). The original court order, containing the court stamp, should be received prior to taking action on the order. The original should be kept in the case record.
2. Determine what is requested in the court order
3. The cause number
4. The HPD incident number or lab number
5. The attorney's name and phone number
6. The name and court number of the assistant district attorney handling the case
7. An attempt should be made to notify the assistant district attorney to confirm the court order.

C. Viewing and Photographing Evidence Stored in the Crime Laboratory

1. When a defense attorney or designee comes to the crime laboratory requesting to view and/or photograph evidence, the following information should be documented on the court order:

- a. The signature, printed name and title of all persons involved
- b. Documentation if photographs are taken
- c. The date and time of compliance with the order

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- d. The location (usually the laboratory)
- e. The initials of the individual complying with the court order
- f. The incident or lab number will be placed on all pages of the court order which will be maintained with the case record.

4. Copies of Records

A. When a defense attorney requests copies of case related documents (including reports, case notes, procedures, manuals, log books, etc.), the individual will:

1. Make all requested copies specified in the court order.
2. Determine the cost of the copies based upon the fees set forth by Houston City Code Section 2-96 or upon the cost stated in the court order.
3. Inform the recipient of the cost.
4. The following information should be documented on the court order:
 - a. The signature, printed name and title of the person receiving copies
 - b. The initials of the individual complying with the court order
 - c. Documentation of what is copied and the number of pages
 - d. The incident or lab number on all pages of the court order which will be maintained with the case record.

B. Copies of case records may be provided to the assigned prosecuting attorney without a court order. However, the request for records should be made in writing and a copy of the written request should be placed into the case record. The written request may be in the form of an email.

5. Direct Release of Controlled Substance Evidence

A. When a sample of controlled substance evidence is to be released to an independent **examiner**, the individual or section designee should:

1. Verify the identity of the independent **examiner** receiving the evidence and include a copy of the **examiner's** identification (usually a driver's license) in the case record labeled with the incident or lab number.
2. Check the required licenses (DEA and Texas DPS controlled substances) for expiration date and verify that the appropriate schedules for the evidence to be released are listed on the licenses. Include copies of **the license(s)** in the case record labeled with the incident or lab number. **Individuals outside of Texas may not have a Texas DPS license.**
3. Provide the independent **examiner** with a sufficient sample of the evidence to conduct an analysis. If the court order specifies the amount and it seems excessive, consult with a supervisor. **Document in the case record the amount of sample provided.**

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4. If the court order requires the weighing of the evidence or the sample to be released, the independent **examiner** will need to supply his or her own equipment. Under no circumstances will the independent **examiner** be allowed to use city equipment.
5. Requests that are not explicitly allowed in a court order may be accommodated if approved by the section supervisor, Director or designee.
6. The following information should be documented on the court order:
 - a. The signature, printed name and title of all persons participating in the release, including the independent chemist
 - b. The date, time and location
 - c. The amount of sample provided
 - d. The incident or lab number on all pages of the court order which will be maintained with the case record.
7. Direct Release of Evidence From All Other Cases
 - a. When evidence other than controlled substance evidence is to be released to an independent examiner or designee, the individual should:
 1. Verify the identity of the independent examiner receiving the evidence and include a copy of the examiner's identification (usually a driver's license) in the case record labeled with the incident or lab number.
 2. Release only the items specified in the court order to the independent examiner.
 3. Provide the independent examiner with a sufficient sample of the evidence to conduct an analysis. If the court order specifies the amount and it seems excessive, consult with a supervisor. **Document in the case record** the amount of sample provided.
 4. **The electronic chain of custody must be updated** to reflect the evidence release. **Any applicable paper chains of custody and/or** laboratory form LAB-0018 may **also be used to document this release of evidence.**
 5. Document the following information on the court order:
 - i. The signature, printed name and title of the independent examiner
 - ii. The date, time and location
 - iii. The amount of sample provided
 - iv. The incident or lab number on all pages of the court order which will be maintained with the case record

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6. Generate a supplemental report documenting the release. The final disposition of evidence should be documented in the case record, electronic information systems and/or OLO.

8. Shipment of Evidence To an Independent Laboratory/Examiner

a. When the court has ordered that evidence be shipped to an outside laboratory or examiner, the analyst will:

1. Identify the items specified in the court order.
2. Package the items specified for shipping in a manner that will preserve the integrity of the evidence.
3. Prepare a cover letter on City of Houston letterhead to the designated laboratory/analyst listing the evidence being shipped, the name and address of who is to be billed for testing (if known) and a statement requesting return of items to the crime laboratory (provide address).
4. Generate a supplemental report to the offense report documenting the shipment of evidence. Document the release of the evidence item on the item's chain of custody. Tracking information should be included.

9. Observation of Testing in the Biology Section

a. When a request is made to observe testing in the Biology Section, a DNA sample will be required from all non-HPD laboratory staff observers. In most instances, a scheduled appointment outside the normal work hours will be necessary to avoid compromising the confidentiality of on-going casework.

b. Observers will be required to wear appropriate laboratory attire when testing is observed.

6. City equipment may not be used by any independent analyst or outside expert.

7. These are minimum criteria to be met. Additional requirements may be addressed in section specific SOPs.

8. If a defense attorney or his designee comes directly to the laboratory without notifying the analyst, the analyst is under no obligation to comply with the court order immediately. An appointment can be made for the defense attorney to return at a time convenient for the analyst. If the analyst chooses to handle the court order without prior notice, he/she should contact an appropriate assistant district attorney handling the case or the HPD Legal Division before complying with the court order.

9. Evidence Record Affidavits

1. The crime laboratory receives requests for evidence records affidavits primarily from the Post Conviction Writs division of the Harris County District Attorney's Office.

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- a. The request, whether received by phone, fax or email, or phone call log serves as the initiation of the request and is maintained with any other documentation generated in creating the evidence affidavit.
- b. When provided with only an incident number, determine by searching the appropriate crime lab case tracking databases whether or not the laboratory received evidence in the listed incident. This search should include all sections of the laboratory. Additionally, the OLO report may be reviewed to determine if divisional supplements have been entered. Both methods of review are recommended to adequately determine the status of evidence.
 - 1. If the search of databases and OLO indicates that no evidence was ever submitted to the crime laboratory, an affidavit is prepared stating that information.
- c. When a lab number has been provided on the request, verify its accuracy by searching the appropriate databases using the incident number.
- d. If the laboratory record is stored on microfilm, obtain a hard copy print of the record for retention with the evidence affidavit.
- e. Consult the case record and physically search the various long term storage areas to determine what evidence, if any, is being stored in the laboratory.
 - 1. If evidence is not being stored in the laboratory for a particular case, an affidavit is prepared stating that information.
 - 2. If evidence is located in the laboratory, a detailed inventory will be made of the evidence present and will be included in the affidavit.
 - 3. If it is determined that the laboratory has been authorized to destroy evidence in a case (primarily in controlled substance cases), an affidavit is prepared stating that information.
- f. The evidence affidavits will be prepared using the template provided and will be notarized and copied prior to submittal to the requesting agency.
- g. The copy of the affidavit, along with any other documentation generated in the evidence search, will be retained in the case record.

For situations not listed above, the section manager and/or the Director should be contacted for assistance.



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SUBJECT/EVENT: Safety/Health and Wellness Committee			

Safety/Health and Wellness Committee

The Safety and Wellness Committee consists of a representative group of crime laboratory employees, one of whom will act as the Safety and Wellness Manager.

The committee is responsible for maintaining a healthy and safe working environment in the Houston Police Department Crime Laboratory. The committee's responsibilities include, but are not limited to:

A. Maintaining and updating:

1. the Crime Laboratory Safety and Wellness Manual on a yearly basis
2. the Material Safety Data Sheets (MSDS) and chemical inventory, including chemicals, flammable liquids, carcinogenic materials and gases
3. an emergency evacuation plan
4. disposal of hazardous and biohazardous waste
5. annual safety inspections, including a report of findings to the Director

B. Ensuring compliance with the City of Houston Accident Prevention Program and state and federal regulations and guidelines

C. Ensuring employees receive, sign out and use safety equipment and supplies properly

D. Providing documented training as appropriate for:

1. Chemical storage
2. Blood borne pathogens
3. First aid and CPR
4. Back safety
5. MSDS
6. Fire safety

E. Periodic inspections of:

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1. Safety showers
2. Eyewash stations
3. First aid kits
4. Spill kit centers
5. **Fire extinguishers and fume hoods**

F. Maintaining Documentation of:

1. On-the-job injuries (on-site and off-site)
2. Accidents
3. Property damage resulting from on-the-job injuries and/or accidents
4. HepB vaccination records

G. Employees are responsible for following proper safety guidelines and notifying management of safety hazards.

Refer to the laboratory's Safety and Wellness Manual for detailed information.



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SUBJECT/EVENT: Accommodation and Environmental Conditions, including Security			

Laboratory Security

The security of the laboratory consists of armed officers, overall building security and area specific alarm systems including motion detectors. The primary method of securing the laboratory is the use of an alarm system, coupled with the use of magnetic locks and/or keys to restrict access to only those authorized by the Director to enter specific areas.

A. The director or designee will:

1. Approve staff access to the laboratory areas, determined by each individual's assignment and scope of responsibility.
2. Issue and collect keys and/or combination codes.
3. Maintain keys, combinations and doors in a secure manner, in adherence to General Order 400-22.
4. Change keys, combinations or access if security has been breached or when deemed necessary.
5. Maintain a key log and record of code changes.

B. Crime laboratory employees will:

1. Display the issued electronic identification badge in accordance with General Order 400-02. A temporary "Visitor" tag issued by building security may be worn by employees who report to work without an electronic identification badge.
2. Maintain keypad combinations, keys and doors in a secure manner, in adherence to General Order 400-22. Employees will not loan or give their assigned keys, badge, passwords or alarm codes to any other person.
3. Maintain evidence entrusted to their custody in a secure manner.
4. Ensure that all visitors to the crime laboratory sign a visitor's log.
5. Escort visitors at all times when in limited access areas of the laboratory. City employees, including housekeeping staff, who have undergone a background

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check, are allowed unescorted access to administrative areas of the laboratory. Administrative areas are defined as those spaces within the laboratory dedicated to clerical and/or administrative functions. At no time will any individual not employed by the crime laboratory be allowed unescorted access to any areas where evidence is or is expected to be located. For guests who are not city employees or if the completion of background checks is unknown, then the visitor should be escorted.

6. Report unauthorized activity and breaches of security to management.
7. The loss or compromise of any key, badge, password or alarm code will be reported to the laboratory's security officer promptly and in accordance with General Order 400-18. Appropriate action will be taken to prohibit access using the compromised medium. Resignation or termination of an employee will require the immediate return of all access media. Locks, combinations and/or codes will be changed as necessary.
8. Be subject to a polygraph examination as described in General Order 200-03.

C. Crime laboratory employees granted access to the 25th floor controlled substance storage areas may be subject to a yearly polygraph examination.

Environmental Conditions

Laboratory facilities for testing, including but not limited to energy sources, lighting and environmental conditions, are such as to facilitate correct performance of tests and to minimize contamination. The laboratory will ensure that the environmental conditions do not invalidate the results or adversely affect the required quality of any test. The technical requirements for accommodation and environmental conditions that can affect the results of tests are noted in the appropriate sectional SOPs.

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. The laboratory will take measures to prevent deterioration and contamination. The evidentiary items, reagents, DNA extracts and other biological items must be stored properly and separately to ensure their integrity. Dedicated refrigerators and freezers will be properly and clearly marked and the temperatures will be monitored. Testing will be stopped if environmental conditions jeopardize the results of the test.

Wherever applicable, there is effective separation between neighboring areas in which there are incompatible activities. Measures are taken to prevent cross-contamination.

Measures will be taken to ensure good housekeeping within the lab. Each scientist is responsible for maintaining good housekeeping within the areas in which they work. Janitorial staff may be used in appropriate areas.



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SUBJECT/EVENT: Instrumentation			

Instrumentation

Appropriate sectional personnel will ensure adequate instruments and equipment are utilized for all testing and that the instruments are in proper working order.

1. It is the responsibility of laboratory management to ensure that adequate laboratory instrumentation is available **and that the equipment is operated by authorized personnel. Equipment manuals and SOPs will be readily available.**
2. Section supervisors will recommend the selection of appropriate and quality instrumentation needed for analysis to the Director.
3. The department's Fixed Asset Section should maintain an inventory list of all laboratory instruments and equipment. The laboratory should maintain the following information:
 - A. The identity of the item of equipment and its software
 - B. The manufacturer's name, type of instrumentation and serial number or other unique identification
 - C. Verification that the instrument or equipment complies with the listed specifications
 - D. Current location of the equipment
 - E. The manufacturer's instructions
 - F. Dates, results and copies of reports and certificates of all calibrations, adjustments and acceptance criteria
 - G. The maintenance plan, where appropriate, and maintenance carried out to date
 - H. Any damage, malfunction, modification or repair to the equipment
4. **Each instrument, piece of equipment and corresponding software that is used for testing and is significant to the result shall, when practical, be uniquely identified.**
5. **The laboratory will be furnished with all items of sampling, measurement and test equipment required for the correct performance of the tests. In those cases where the**

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laboratory needs to use equipment outside its permanent control, it will ensure that the requirements of ISO 17025 International Standard are met.

6. Equipment and its software used for testing and sampling shall be capable of achieving the accuracy required and shall comply with relevant specifications. Calibration programs shall be established for key quantities or values of the instruments where these properties have a significant effect on the results. Before being placed into service, equipment shall be calibrated or checked to establish that it meets laboratory requirements and complies with relevant standard specifications.

7. Equipment that has been subjected to overloading or mishandling, gives suspect results or has been shown to be defective or outside specified limits, will be taken out of service and clearly labeled as out of service until it has been repaired and shown by calibration or test to perform correctly. The laboratory will examine the effect of the defect or departure from specified limits on previous tests and will further investigate the occurrence as necessary to address any nonconforming work.

8. If equipment goes outside the direct control of the laboratory and is used for testing outside the laboratory, then the equipment shall be checked and shown to be satisfactory before being returned to service.



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SUBJECT/EVENT: Methods			

Methods

Methods used for the examination of evidence must be appropriate for the type of sample and the intended use of the data. All procedures must be well documented **and must meet the needs of the customer**. The laboratory will inform its customers if a method the customer proposes is inappropriate or out of date. This includes sampling, handling, transport, storage, and preparation of tested items, and where appropriate, an estimation of the measurement uncertainty and statistical techniques for analysis of test data. Analysts must be aware of the principles and limitations of all methods that they use. The lab has instructions (SOPs) for the use and operation of all relevant equipment. SOPs are maintained on the laboratory's intranet site. Instructions, standards, manuals and reference data should be kept up to date and be readily available to appropriate personnel. Deviations from a standard test method shall be justified and documented within the case record.

The examination methods and/or procedures used will be those generally accepted by the scientific field or supported by data gathered and recorded in a scientific manner. The procedures for applying analytical methods used for routine analysis will be written and available for reference within each section's SOP or Training Manual and will be followed by all analysts assigned to a particular section.

The written methods/procedures will generally include a description of sample preparation methods, necessary controls and standards and calibration procedures. They should also include a discussion of precautions dictated by the nature of the evidence, including possible sources of error, limitations and reference to the appropriate supporting literature. Measurements made in the preparation of a control or recorded in the application of a method/procedure should be traceable to appropriate standards where available.

Analysts must be allowed reasonable flexibility in the selection and application of HPD lab approved analytical methods/procedures to suit the needs of a particular case situation. The considerable variations that exist in casework demand that the analyst be free to exercise sound judgment in choosing the most appropriate method for analysis. Physical evidence categories not specifically addressed in examination procedures will be processed in a scientific manner using procedures subject to the approval of the section supervisor and documented in the case record.

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Departures from examination methods/procedures are also subject to the approval of the section supervisor and will be documented in the case record.

Section supervisors must ensure that methods/procedures utilized meet acceptable scientific standards and that they are applied appropriately.



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SUBJECT/EVENT: Quality Management System			

Quality Management System

Crime laboratory management is committed to the ongoing development of a quality system that meets or exceeds regulatory and statutory requirements and the needs of our customers. This quality manual is intended to aid management in maintaining an environment of continual improvement in both the management system as well as services performed. This manual does not stand alone but constitutes a part of the overall quality system in the laboratory. It is complemented by SOPs, training manuals and other documentation covering each facet of the work conducted in the laboratory. While each of these documents is intended to work in concert with one another, should a conflict arise, the standards set forth in this manual will supersede those of the individual sections. In addition, should a conflict be identified between this manual and the General Orders (GOs) of the HPD, the GOs will supersede the contents of this document.

Laboratory personnel will be employed by or contracted to the laboratory. Where contracted and additional technical or key support personnel are used, the laboratory will ensure that those employees are supervised and competent and that they adhere to the laboratory's management system. New laboratory employees must review the quality manual, safety manual and other sectional specific documents during the training program. All laboratory employees must review the quality manual on a yearly basis and the review will be documented. The quality manual, safety manual and sectional specific policies are stored on the lab's intranet site and are accessible from the laboratory's network computers.

The quality system is a mechanism to ensure that the laboratory's examination, documentation and testimony remain accurate, impartial and ethical. To this end, all laboratory personnel are responsible for following guidelines contained in the quality system.

Additionally, the quality system ensures that the work performed at the Crime Laboratory meets or, whenever possible, exceeds the guidelines and standards set forth by the American Society of Crime Laboratory Directors/Laboratory Accreditation Board (ASCLD/LAB) and other applicable quality assurance authorities. In achieving accreditation, the Crime Laboratory will be in adherence with Texas Legislative House Bill 2703.

Top management will conduct annual reviews to document the development, implementation, improvement and continued effectiveness of the management system.

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Management will also communicate the importance of meeting customer and statutory requirements.

A. DEFINITIONS

1. Quality control: activities to ensure that all employees, equipment, instrumentation, analysis, examination, reagents and materials used are properly monitored and satisfy specified criteria
2. Quality assurance: activities to ensure that all of the quality control procedures are properly documented and carried out by planned and systematic actions to provide confidence in the laboratory's work product

B. RESPONSIBILITY

1. Director: Ensures that laboratory personnel have all means necessary to follow the quality system guidelines; documents and assesses any complaints concerning the quality system.
2. **Top management:** Ensures that sectional personnel are trained in the components of the quality system; monitors casework and other activities in the section to document compliance with the quality system; **ensures that the integrity of the management system is maintained when changes to the system are planned and implemented; ensures that changes that may affect the laboratory's accreditation status are approved prior to implementation**
3. Analysts and Technicians: Perform all analysis, documentation, etc. as outlined in the quality system and remain up-to-date with changes to that system.
4. Administrative personnel: Apply applicable quality system components to clerical and administrative work performed.
5. All employees: Concerns and recommendations for improving the quality system should be brought to the attention of the Director following the appropriate chain of command.
6. Quality manager: Ensures that the laboratory is following the systems outlined in the quality manual by reviewing and enforcing the quality systems including, but not limited to:
 - A. Developing and updating the Crime Laboratory Quality Assurance and Standard Operating Procedures manual and proposing corrections and improvements in the quality system;
 - B. In coordination with the laboratory staff, developing quality system policy and procedures;
 - C. Addressing concerns that are brought to the attention of the quality system;

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- D. Day-to-day monitoring and reviewing of all laboratory practices that affect the quality of laboratory results, to include instrument calibration and maintenance, reagents and standards, case review, corrective actions and training processes;
- E. Scheduling, monitoring and/or conducting audits of laboratory practices to verify compliance with policies and procedures through annual laboratory staff inspections, proficiency testing and other procedures and documentation;
- F. Maintaining the quality system records and archives.

Additional roles and responsibilities are located in procedures 100/1.01 through 100/1.15 of this manual.

C. AUDITS

1. The quality manager and/or designee(s) will conduct an annual laboratory inspection, referring to the most current versions of ASCLD/LAB accreditation criteria and the FBI Quality Assurance Standards as guidelines. The purpose of this inspection will be to verify compliance with laboratory policies and procedures, accreditation standards and DNA quality assurance standards. If the inspection casts doubt on the effectiveness of laboratory operations or on the validity of testing and calibration results, the laboratory will take corrective action and will notify affected customers as soon as possible. Since the laboratory must submit its Annual Accreditation Audit Report to ASCLD-LAB on or about its accreditation anniversary date, the time period inspected during each annual inspection will be the 12 months prior to the anniversary date. For DNA, the annual inspection will include an audit (internal or external) against the FBI standards, with an external audit at least every other year. Required DNA audits shall occur at least once each calendar year and will be at least six months apart but no more than eighteen months apart. Audits completed outside this time frame will not apply towards the external audit requirement. At least one person who is, or has been, a qualified analyst in each specific DNA technology performed and at least one qualified auditor will be a part of the DNA audit team. The qualified analyst and the qualified auditor may be the same person. A qualified auditor is a current or previously qualified DNA analyst who has successfully completed the FBI's DNA auditor training course.
2. During the process of inspection, consultation will occur with laboratory staff to ensure that all significant changes that were made in the past year to staff, facilities, services or procedures are documented in the inspection reports.
3. ASCLD/LAB accreditation criteria and other established criteria must be met. Discrepancies will be documented and accompany the inspection reports describing the remedial action to be taken and a time line for completion.
4. All reports will be forwarded to the Director for review. Copies of the inspection will be kept within the quality assurance file for four years plus the current year.

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5. When audit findings cast doubt on the effectiveness of the operations or on the correctness or validity of testing, the laboratory shall take timely corrective action and shall notify customers in writing if investigations show that results may have been affected.
6. Follow-up audits shall be conducted to verify the implementation and effectiveness of any corrective actions that have been taken.

D. MANAGEMENT REVIEWS

1. A documented system review will be conducted by laboratory management, at a minimum once each calendar year, to determine if the laboratory's management activities are suitable and effective.
2. The system review shall take into account, but not be limited to, the following:
 - A. The suitability of policies and procedures
 - B. Reports from managerial and supervisory personnel
 - C. The outcome of recent internal audits
 - D. Corrective and preventative actions
 - E. Assessments by external bodies
 - F. The results of inter-laboratory comparisons and/or proficiency tests
 - G. Changes in the volume and type of the work
 - H. Customer feedback
 - I. Complaints
 - J. Recommendations for improvement
 - K. Other relevant factors, such as quality control, resources and staff training

Findings from these reviews and actions taken from them will be recorded and will be maintained for at least one accreditation cycle or five years, whichever is longer. Management will ensure that actions taken are carried out within an appropriate and agreed upon time frame.



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SUBJECT/EVENT: Training and Qualifications			

Training and Qualifications

Laboratory personnel should have the skills, education and experience necessary to achieve quality results. **The laboratory will have a documented training program that provides the knowledge, skills and abilities needed to perform specific testing. The laboratory's management system will include procedures for retraining and maintenance of skills and expertise.**

1. Personnel will be adequately trained and knowledgeable in their tasks to perform the required examinations.
2. Newly hired analysts will participate in a training program and demonstrate their competency before beginning casework. Mock courtroom testimony will be part of the training process, if applicable to the analyst's job responsibilities.
3. Experienced analysts should participate in a program of continuing education.
4. Training records will be maintained in each discipline for which analysts perform casework. These records will reflect the completion of the training protocol in place at the time training is conducted.

A. QUALIFICATIONS

The laboratory will utilize City of Houston written job **descriptions**. In addition, each position will be filled with individuals meeting the minimum requirements as stated by ASCLD/LAB. **Current job descriptions are maintained by the City and are posted on the City's internet site.**

B. ORIENTATION

1. Each new employee should become familiar with the organization of the laboratory and will be provided with the following:
 - A. A Houston Police Department identification badge (from personnel)
 - B. Keys and codes to access assigned laboratory areas
2. New employees will review the following general references:

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- A. Houston Police Department General Orders
- B. Laboratory Safety Manual including any required safety videos
- C. Laboratory Quality Manual
- D. Appropriate sectional standard operating procedures
- E. Appropriate sectional training manuals

In addition, each new civilian employee will attend the mandatory City of Houston Civilian and the HPD New Hire Orientation Programs **and will review the application of ethical practices in forensic science and applicable criminal and civil law and procedures.**

C. SPECIALIZED TRAINING

All analysts will complete specialized training in their assigned discipline **and applicable categories of testing** before commencing casework in those areas. The laboratory will maintain a series of training manuals to aid in this training. Specialized training may include the following activities, as appropriate:

1. Review of written materials such as journal articles, books and in-house procedural documents
2. Laboratory exercises to demonstrate practical skills
3. Unit specific written and/or oral examinations to demonstrate understanding of written materials and laboratory activities
4. Computer training on the Laboratory Information Management System (LIMS), the HPD On Line Offense (OLO) system, **the department's Evidence Management System (EMS)** and/or the Justice Information Management System (JIMS, as needed
5. Successful completion of a competency test (or tests)

Training will be carried out under the direction of a supervisor with the appropriate technical background or a qualified designee. Analysts are also encouraged to participate in outside training. A competency test (or tests) must be completed before independent casework begins.

D. MOCK COURTROOM TESTIMONY

New analysts will undergo training in mock courtroom testimony. This requirement does not apply to criminalists in non-analytical positions and contract employees who do not handle evidence associated with active cases. The training should include:

1. Review of reference materials addressing courtroom testimony, demeanor and other selected topics
2. Observation of analyst's testimony
3. Verbal question and answer training sessions
4. An in-house mock trial

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5. A mock trial may be conducted utilizing Assistant District Attorneys in a courtroom setting simulating a discipline specific situation
6. An evaluation of the analyst's performance that will be discussed by participants

E. DOCUMENTATION OF TRAINING AND COMPETENCY

Training must be documented so that it is clear what tasks were undertaken during the training process. Such tasks might include reading a group of articles, successfully answering a set of test questions, taking a course at the FBI, DEA or equivalent or performing a laboratory exercise. **Laboratory management will formulate goals with respect to the education, training and skills of personnel. The effectiveness of training will be evaluated during the course of training and may be included in employee performance evaluations. Management will authorize specific personnel to perform specific types of testing, sampling, to issue reports, to give opinions and interpretations, to conduct technical and/or administrative reviews and to operate specific equipment and instruments.**

1. All analysts, regardless of academic qualifications or past work experience, shall satisfactorily complete a competency test prior to assuming casework responsibility in the laboratory.
 - A. Satisfactorily completing a competency test means achieving the intended results. If proficiency tests are used, then the expected results will be those obtained by a consensus of laboratories completing the same test. Results other than expected results will not automatically be deemed 'unsatisfactory', but must be accompanied by a written explanation signed by the section manager, trainer or a designee. Failure to achieve the intended results may also require review or retraining until intended results are achieved. This review or retraining will be documented.
 - B. Competency testing should include an evaluation of the analyst's knowledge of existing literature, written and/or oral examinations and examination and identification of known and unknown material. **A written test must be administered to demonstrate the employee's ability to properly convey results and/or conclusions and the significance of those results.**
2. Technical support personnel, regardless of academic qualifications or past work experience, shall satisfactorily complete a competency test prior to assuming independent responsibility for any task that could reasonably be expected to affect the outcome of any test or calibration reported by the laboratory.
3. All analysts shall satisfactorily complete a competency test in **each category of testing in which the individual is trained** prior to assuming casework responsibility **in that category.**
4. Results of competency testing must be documented.
5. The training manual should be constructed from specific modules with a summary checklist so that the work can be documented as it proceeds.

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6. Upon completion of training, the section supervisor or designated trainer will prepare a memorandum stating the area of specialization and the date of completion. As a matter of convenience, this memorandum can be incorporated as part of the aforementioned checklist.
7. The memorandum of completion and supporting documentation will be forwarded to the quality manager for review. The quality manager must countersign the training memo before independent casework begins.
8. In the event that an analyst performs neither casework nor a proficiency test in a discipline for a period of **six months or longer** (the period of time is discipline specific and may be **less than six months**), that person will successfully complete a competency examination before resuming work in that area.

F. EXPERIENCED ANALYSTS

Trained analysts arriving from another laboratory will be expected to demonstrate that they meet crime laboratory standards but previous training may be taken into account. **The competency testing requirement will not be waived for any previously trained employee.** Training for such persons will encompass the following:

1. Upon arrival, the supervisor will evaluate the new analyst's experience against the HPD crime laboratory's expectations and practices. As applicable, a documented and customized training plan will be prepared by the supervisor and carried out by the new analyst.
2. Records from any previous laboratories summarizing court-accepted qualifications, courses taken and other supporting materials are helpful in establishing the credentials of the experienced analyst and should be obtained when practical but do not substitute for demonstrating competency at the crime laboratory.
3. When training is complete, the designated trainer will prepare a memo stating that the examiner is ready to begin casework and forward this memo along with the training records to the quality manager. The quality manager must countersign the training memo before independent casework begins.

G. CONTINUING EDUCATION

To maintain competency, trained analysts should be encouraged to participate in continuing education. The laboratory should set aside resources and the analyst should set aside time toward this end. Sectional specific continuing education requirements, such as those for DNA analysts, technical leaders, CODIS Administrators and breath alcohol technical supervisors, must be met.

1. Continuing education can take the form of:
 - A. attendance at meetings and seminars
 - B. participation in study groups and technical working groups

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- C. review of the current literature
 - D. the preparation and submittal of journal articles
 - E. the presentation of papers at technical meetings
 - F. participation in college courses and other specialized courses
2. The laboratory should maintain an up-to-date collection of magazines, books, journals and other reading materials applicable to the laboratory's activities. These reading materials should be made available to all analysts. Review of this material should be documented.
 3. Educational activities should be within the constraint of available resources and specific plans must be coordinated with management to benefit both the analysts and the laboratory. Ideally, each analyst should receive full compensation to attend one meeting or seminar yearly.
 4. In some cases it may be necessary to break up continuing educational activities into several sessions to accommodate caseload requirements.
 5. Upon returning to the laboratory, the analyst should provide a presentation on the proceedings to the other analysts who were unable to attend.
 6. It is common for analysts in specific disciplines to meet locally in informal groups. One or more members of that discipline should attend such meetings and time spent at such meetings should not count toward the time allotments described above.

H. DOCUMENTATION OF TRAINING

The laboratory will maintain records of training activities for each employee. Such records will include:

- A. Statement of Qualifications
- B. A record of formal courses, preferably transcripts, where applicable (all casework analysts are required to provide transcripts as part of the hiring process)
- C. A summary of specialized training
- D. Documentation may also include records of seminars and meetings attended as part of normal continuing education



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SUBJECT/EVENT: Evidence			

Evidence

These evidence-handling procedures are intended to ensure the security of evidence in the crime laboratory and prevent the contamination, loss or deleterious change of evidentiary items. For the purposes of this manual, evidence is defined as any original item submitted to the laboratory for analysis and/or any cutting or swabbing taken from that item. Work product is defined as any derivative item obtained as a result of the analysis of evidence. The laboratory will not typically re-examine evidence previously analyzed by another laboratory. Exceptions to this policy must be approved by the Director or designee.

A. SUBMISSION

1. Evidence may enter the crime laboratory in the following ways:
 - A. By direct submission from law enforcement personnel
 - B. By indirect submission via locked evidence boxes, mail, the Property Room, etc.
2. Evidence submitted to the crime laboratory must be accompanied by the appropriate submission information which may include, but is not limited to: the assigned incident number; offense date; suspect and complainant names (if applicable); evidence description; contact information for the officers involved; and signature of the submitting officer. This information may be included on a laboratory submission form or captured via the electronic Evidence Management System (EMS). In the event that submission information is incorrect, is incomplete or is missing altogether and the submitting official is available, that person will, in a timely manner, correct the deficiencies. If the submitting official is not available, the following guidelines will be utilized:
 - A. The receiving laboratory personnel will attempt to correct missing or incomplete information. All changes to submission information must be documented. It may also be necessary to notify the section lab manager and document the change in a supplemental report. A phone log should be used when the submitting officer is contacted.
 - B. If information is missing, the submission data can be completed by taking information from the evidence packaging, the OLO system, EMS or from another

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reliable source. Note in the case record who completed the information. It may be necessary to contact the submitting officer and the section lab manager.

- C. If there is no information present on the evidence and no information is forthcoming in a timely manner (the submitting officer cannot be determined or reached), the evidence will be assigned an incident number and the listed offense will be “Found Property.” A supplement must be generated listing the evidence and the condition in which it was found.
- D. For situations not listed here, a section lab manager, the Director or quality manager should be consulted.

3. Evidence submitted to the laboratory should be properly sealed. An evidence container is properly sealed only if its contents cannot readily escape and only if entering the container results in obvious damage or alteration to the container or its seal. All seals must be initialed by the person placing the seal on the evidence. A signature may be used in place of the person’s initials. Packaging should be opened in a manner that preserves the existing seal whenever possible.

- A. If evidence is submitted directly to the laboratory for immediate analysis, it is not necessary for proper seals to be placed on the item(s). Once work is complete and the item(s) is being prepared for storage, it must be sealed.
- B. All evidence stored long-term within the laboratory must have a proper seal placed upon it. It is important that all seals present on the evidence be preserved whenever possible. Laboratory management should be consulted for guidance on sealing large or unusually shaped items.
- C. Improperly sealed evidence may be subject to remedial seal or inventory. If inventoried, a proper seal will be placed on the evidence or its container.
- D. If a remedial seal is applied to the item in question, this seal will be labeled as a remedial seal and will be initialed by the individual applying the seal. In lieu of labeling the seal as remedial, blue evidence tape may be used.
- E. Upon completion of analysis, all inner and outer **containers** will be sealed and the seals initialed as stated above. Evidence tape or packaging tape may be used. If packaging tape is used on an outer container, it is recommended that a piece of evidence tape be placed over and perpendicular to the packaging tape seal. **Containers must be sealed so as to protect the evidence from loss, cross transfer or contamination while ensuring that attempted entry into the container(s) is detectable.**

4. OTHER SUBMISSION SITUATIONS

- A. Previously Analyzed Evidence- Evidence previously analyzed at another laboratory will not be accepted for reanalysis without authorization from the Director.

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- B.** Explosives- Explosive material will not be accepted without authorization from the Director.
- C.** Biohazards on Evidence- Items that may present a biohazard should have a biohazard sticker affixed to the outside container or the evidence should be so marked in a conspicuous place.
- D.** Syringes should be placed in proper, puncture proof containers in accordance with General Order 300-21.
- E.** Oversized Evidence- Items of evidence, such as car doors, mattresses, etc, that do not easily lend themselves to sealing may require creative means to ensure that the evidence is preserved. An evidence tag may be used to properly mark the evidence under unique circumstances.
- F.** Evidence Submitted for Multiple Forensic Analyses- When items are submitted for multiple discipline examination, care must be taken by all analysts to prevent damage or contamination of the evidence with respect to another section's analysis. The order of analysis may need to be determined on a case-by-case basis by consulting **appropriate** section supervisors.
- G.** For situations not mentioned, consult with the appropriate supervisor or laboratory management.

B. COLLECTION OF EVIDENCE

In general, police officers will collect all evidence. However, in some cases the assistance of laboratory personnel may be requested to help process a crime scene. Refer to sectional policies for further details regarding crime scene response, when applicable. Laboratory management should be consulted whenever there is a question about the collection of evidence.

C. SECURITY AND STORAGE

Evidence being stored or examined in the laboratory must be protected from exposure to loss, contamination or any damaging or destructive influence.

- 1.** Evidence that is acquired for the purpose of conducting an examination will be secured in a limited access area when the examiner leaves the work area. The evidence is to be secured in such a way as to protect it from loss, cross transfer, contamination or deleterious change.
- 2.** Any employee who has the authority to open any laboratory evidence area shall either leave those areas secure or attended by other authorized personnel.
- 3.** The vault doors and/or evidence storage areas must be secured at the end of the day. The alarms must be set and the doors locked prior to leaving the laboratory each working day. For issues pertaining to the alarm system, the section supervisor or Director should be consulted.

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4. Access to evidence lockups will be restricted to personnel given authorization by the director to ensure the integrity of the evidence. Access is considered granted if the individual's badge reader opens the door in question or a key to the door has been assigned to the individual. Typically, management personnel including but not limited to the Director, assistant director and quality personnel, have access to all laboratory areas. Anyone who has not been granted access to certain areas may enter those areas if they are escorted by an individual who has been granted access by the Director.
5. While drying, botanical evidence will be protected from loss, cross transfer, contamination or deleterious change. This evidence will be stored in an area with limited access. Limited access is access limited to personnel authorized by the Director.
6. Proper security for evidence can be achieved by storing the evidence in locked cabinets, refrigerators, vaults or rooms.
7. In cases in which there is an expectation of frequent or multiple analyses of an item, or the evidence is in the process of examination, the item may be stored unsealed in a secure, limited access area, as long as the integrity of the evidence is assured. Large, bulky items may also be handled in this manner.
8. During the process of examining evidence, if an examiner needs to leave for a short time, such as for a break, the evidence may be left out in an area with limited access.

D. HANDLING AND TRANSFERRING EVIDENCE

Evidence must be properly handled while in the care, custody and control of the crime laboratory to preserve the integrity of the evidence.

1. The laboratory will utilize a written or electronic chain of custody for evidence tracking purposes. The chain of custody must be easily accessible and, if electronic, it must be secure and easily convertible to a hard copy. The chain of custody must include documentation of evidence transferred to or from individuals and to or from storage locations. In addition, detailed transfer information must be present and will include acknowledgment by the recipient at the time the transfer takes place. This acknowledgment may be by signature, initials or secure electronic equivalent.
2. Exhibits must be examined and analyzed in such a manner as to prevent contamination from exhibit to exhibit. Refer to sectional SOPs for further details, if applicable.
3. Individual evidence items or containers must be marked with a unique identifier. The unique identifier may be the assigned incident number or laboratory number. In addition, an item designator may be used with the incident or laboratory number to distinguish items within a case.
4. All personnel transferring evidence outside the laboratory are responsible for determining that the evidence is being given to the proper person. Identification of the agency representative is essential.

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5. For situations not mentioned, consult with the appropriate section supervisor or laboratory management for guidance.

E. HANDLING AND PRESERVATION OF BIOLOGICAL EVIDENCE

1. Evidence to be processed for biological material will be handled, processed and preserved to protect against loss, contamination and deleterious change. Questions regarding biological evidence should be directed to the Biology section supervisor.
 - A. All biological stains should be dried prior to submission.
 - B. Prior to examination, evidence of a biological nature will be secured under refrigeration when possible and necessary.
 1. Evidence kits and liquid blood standards will generally be stored in a refrigerator prior to examination.
 2. If the size of the evidence item or the available refrigeration space is a limiting factor, biological evidence may be stored at room temperature.
2. All refrigerators and freezers whether for general evidence or personal evidence or for chemical or reagent storage will be checked for proper operation periodically.
 - A. Refrigerator and freezer temperatures will be checked periodically. The temperatures of each should be kept within a range appropriate for the items being stored. Unless otherwise specified within sectional policy manuals, temperatures should fall within the following parameters:
 - i. Refrigerator: 2°C to 8°C
 - ii. Freezer: below 0°C.
 - B. If the temperature is out of range, adjustments should be made and the temperature re-checked until the readings are in range. Repairs may be needed if problems persist with maintaining the appropriate temperature or with adjusting the temperature to the proper setting,
 - C. Temperatures will be recorded in a log that includes date, temperature and the recorder's initials.
 - D. Temperature logs will be kept for a minimum of five years.
3. After examination, original items may be stored at room temperature where appropriate.
4. Sub-items created by the laboratory, such as stain cards, cuttings or samples of biological evidence generally will not be returned to the contributor without a verbal or written request from the prosecutor or by a court order. If stain cards or cuttings are retained by the laboratory they will be stored under appropriate conditions. See sectional policy manuals for any additional evidence handling instructions.

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F. RESPONSIBILITIES

It shall be the responsibility of the Director, quality manager or evidence personnel to ensure this policy is followed for evidence and refrigeration units under general evidence control.

It shall be the responsibility of the analysts and section supervisor to ensure this policy is followed for evidence that is signed out for examination and refrigeration units under analyst control.



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SUBJECT/EVENT: Measurement Traceability and Uncertainty			

Measurement Traceability

Standards, controls and reagents used in the crime laboratory must be of sufficient quality to ensure the validity and reliability of testing parameters and conclusions. **Many factors determine the correctness and reliability of the tests performed by the laboratory. These include: human factors; accommodation and environmental conditions; test methods and method validation; equipment; measurement traceability; sampling; and handling of test items. The extent to which these factors contribute to the total uncertainty of measurement differs considerably between types of tests. The laboratory shall take into account these factors when developing test methods and procedures, in training and qualification of personnel and in the selection and calibration of equipment.**

All testing will be conducted using the proper controls, standards and quality reagents as specified in each section's SOP manual. For procedures calling for the use of control samples, a reputable source of control samples will be used or prepared in-house and the quality of any standard or control will be verified before use and periodic verifications are required. Records of these verifications will be maintained. A certificate of analysis received with a drug or other standard will generally serve to establish the initial quality of that standard.

Reagents mixed in the laboratory must be labeled with the identity of the reagent and the date of preparation or "lot" number. Records must be maintained identifying who made the reagent and that it was tested and worked as expected. **The laboratory will routinely check the reliability of its reagents. Sectional SOPs will contain further detailed information. This reliability testing shall occur before use or, if appropriate, concurrent with the test.**

Commercially available reagents shall be labeled with the identity of the reagent and the expiration date provided by the manufacturer or as determined by the laboratory. This will give the analyst the necessary resource material to support conclusions.

1. Reference standards shall be used when they are available that are traceable to the International System of Units (SI).
2. Reference standards shall not be used as both a calibrator and as a control unless it can be shown that their performance as a reference standard will not be invalidated.

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3. All sections of the laboratory will establish in their Standard Operating Procedures, a procedure to ensure adequate calibration of critical equipment used in laboratory analysis on a scheduled basis. These calibration and maintenance records will be maintained in a location near the particular instrument. Critical equipment is defined as any piece of equipment that must be maintained in a proper working order to ensure the reliability of results produced. Any piece of equipment that is not functioning properly or is out of calibration shall be taken out of service until repairs or calibration services are completed. Calibration shall be verified before the equipment is returned to service. For any piece of equipment that goes outside the direct control of the laboratory, the calibration will be verified before the equipment is returned to service.

4. For measurements generated as a response to a request for analysis, the calibration of the instrumentation shall be traceable to the International System of Units where possible. The following are current measures that the crime laboratory utilizes to implement traceability requirements, where appropriate:

- A. All critical weight measurement devices are certified, on an annual basis, traceable to National Institute of Standards and Technology (NIST) standards. Certificates are maintained.
- B. Critical volume measurement devices (pipettes) are certified annually to NIST traceable standards.
- C. The laboratory will only utilize those chemicals, reagents and supplies that are of suitable quality, correctly prepared and demonstrated to be compatible with the methods employed. These will be obtained from reliable sources of such substances and materials.
- D. Traceability will be achieved by calibration using various standards, reference materials or standardized procedures.

5. Balances will undergo an annual calibration test by an external vendor who will provide a National Institute of Standards and Technology (NIST) traceable certificate of calibration. Section personnel shall check and record the calibration monthly. When the use of a balance is infrequent, calibration checks are not required each month; however a check will be performed before each use. Laboratory weights shall be verified on an externally calibrated balance at least once each year. Once this verification is complete, the verified weights will be used to conduct the required monthly or prior to use calibration checks. These verifications will be documented.

6. All critical volume and temperature equipment and hoods utilized in the laboratory will be calibrated and maintained on an annual basis by an external vendor or trained laboratory personnel. Calibration and maintenance will be documented. Where appropriate, the vendor will provide a NIST traceable certificate of calibration.

7. Reagents will be checked on a periodic basis to ensure their reliability as defined in sectional SOPs.

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8. The results of controls and standards utilized during analytical testing will be maintained in the associated case records which may include batch files containing information for multiple cases.

9. The laboratory should ensure that all appropriate methods include an estimation of the uncertainty of measurement (UM). The purpose of the UM is to ensure that quantitative results provided to the customers can be understood within the context of accuracy and precision of the methods used. Uncertainty should be considered when training personnel and in the selection and calibration of equipment and instruments. An estimation of uncertainty should be determined for each method in which a numerical value from a quantitative measurement (i.e., barrel length or drug weight) appears in a report issued by the laboratory. Although the uncertainty will not routinely be included in the laboratory report, it should be available for review. Refer to sectional SOPs for detailed reporting guidelines. Sectional managers are responsible for the implementation of this policy.



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SUBJECT/EVENT: Corrective and Preventive Action			

Corrective Action

1. The laboratory will from time to time recognize the need to correct existing technical or administrative procedures **when nonconforming work or departures from policies and procedures in the management system or technical operations are identified**. The corrective action policy as described below will be to:
 - A. Establish the individual(s) responsible for carrying out the corrective action
 - B. Establish the scope of measures taken
 - C. Establish criteria for client notification
 - D. Identify the root cause of the problem
 - E. Mitigate the potential impact of a perceived nonconformity
 - F. Implement a long-term solution to avoid recurrence
 - G. Monitor the effectiveness of the corrective action initiated
2. Towards this end, it is important that potential issues be identified proactively, perceived issues recognized promptly and that appropriate preventive or corrective action is promptly initiated.
3. The implementation of this policy is to maintain and improve the quality of work performed by the crime laboratory. Adherence to and involvement in this protocol by every member of the lab is required to ensure an effective quality system. While it is not the purpose or intent of this system to single out any individual or section, it may occur as a byproduct of the process. Every effort will be made to maintain confidentiality of the parties involved.
4. Perceived issues, preventive actions and opportunities for improvement may be identified or brought to the attention of laboratory management through a variety of avenues both internal and external to the laboratory including, but not limited to, the following:
 - A. analysis and case review
 - B. proficiency testing

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C. observations and/or evaluations

D. testimony evaluations

E. defense re-examination

F. client or employee feedback

- Any employee receiving a complaint should resolve the complaint if within their authority and should notify the appropriate lab manager, Director or quality manager as soon as possible. If the complaint involves examination of evidence, then the employee receiving the complaint will write an incident report to aid in the investigation and resolution of the complaint. All complaints will be documented and records will be kept by the quality manager or designee.
 - Complaints concerning quality aspects of the laboratory's management system are also covered under this policy.
 - Employees are encouraged to bring complaints about the quality system to the attention of the appropriate individual.
5. Examples of technical problems include errors in data or conclusions appearing in reports, conclusions which are not supported by data or notes in the case record and proficiency test or quality control results which indicate a flaw in analysis or procedures.
6. It should be emphasized that all members of the crime laboratory must work cooperatively to preclude, identify or correct concerns or issues for the quality system to be effective.

All issues regarding the quality of the services provided by the crime laboratory are to be brought to the attention of the quality manager. **Issues must be addressed in a timely fashion. Issues affecting the quality of the laboratory's work must be addressed within thirty (30) days. Non-quality related issues must be addressed within ninety (90) days.** The quality manager will determine the nature of the issue and bring issues of a Class I or Class II, as defined in the current ASCLD/LAB International Program Manual, to the attention of the Director and section supervisor. A record will be kept of all complaints, preventive actions, opportunities for improvement and corrective actions.

When warranted, the quality manager may delegate or initiate an investigation to determine the nature of an apparent issue that has been brought to his/her attention. In addition, other individuals may be used as resources based upon their background, position in the forensic community or skill set, either in or outside of the laboratory.

The first step in the corrective action **process** will be an effort to determine the cause of the apparent inconsistency. Although this is the corner stone to effectively addressing issues that are identified, the root cause may not be obvious and a careful analysis of all potential causes may be required. Potential causes could include customer expectations, the samples

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analyzed, methods and procedures, staff skills and training, consumables or equipment and its calibration.

Corrective action will be initiated if the non-conforming work is likely to recur or if the laboratory has violated its own policies or procedures. The goals of corrective action are to identify the root cause of the issue and to prevent a recurrence. The Director, technical leader or quality manager have the authority to halt (or resume) work in all sections of the laboratory and implement other necessary short-term responses to nonconformities. All nonconformities will be addressed in a timely manner **and will be of the appropriate degree and magnitude to correct the problem and reduce the risk of recurrence**. Depending upon the nature of the problem or error, appropriate corrective action may include the following:

1. Method – If the error is determined to be in the method, the method may be removed from casework, modified or given additional controls as necessary. Other cases in which this method was used shall be reviewed.
2. Instrument – If the error is determined to be with an instrument or other equipment used in the test, the defect will be corrected and documented. Other cases tested with that instrument or equipment will be re-evaluated and appropriate action taken.
3. Analyst – If the error rests with the analyst, it will be determined if the error was the result of inadequate or inappropriate training. If the original training is found at fault, appropriate additional training and evaluation will be devised and the original training procedure revised in this light. If the original training is determined to have been adequate, the review will attempt to identify the specific cause (e.g. improper technique, lack of due care, etc.).
4. Clerical – If the error is clerical or administrative in nature, the documentation and review process will be studied and corrected so as to minimize the **recurrence** of this type of error.

During the review and correction process, the affected analyst may be suspended from independent casework in the relevant analytical area(s). Prior casework may be subject to review to determine if corrective action, such as reanalysis, is necessary. Depending on the cause of the error, the affected analyst may be required to successfully complete a competency test before resuming independent casework.

If the cause of the error appears technical in nature (method or instrument related), the review will make recommendations as appropriate. If the cause is identified as a job performance shortcoming, it may be dealt with by the affected analyst's supervisor and can result in disciplinary action.

It is realized that many issues of a minor nature can be addressed informally through supervisory action and verbal communication. However, more serious technical deficiencies will require written documentation through the use of a Laboratory **Corrective and Preventive Action Report**. This report will identify the root cause of the problem whenever possible, measures to correct the problem and after-action monitoring requirements. If required,

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notification of corrective action measures and findings will be communicated to any affected client once the nature of the technical deficiency has been thoroughly investigated.

A tracking number shall be assigned to each Laboratory **Corrective and Preventive Action** Report. The Laboratory Incident Report will be maintained by the quality manager for **at least one accreditation cycle**. Prior to implementation, all corrective actions must be **acknowledged and approved by** the affected section's lab manager, technical leader or the appropriate designee. **The laboratory will monitor the results to ensure that the corrective actions have been effective. In situations where the non-conformance casts doubt on the laboratory's compliance with its own policies and procedures or with accreditation standards, the laboratory will conduct an internal audit to reveal and correct problem areas. An external assessment may also be requested.**

The laboratory should also be proactive in identifying opportunities for improvement. Opportunities to improve can be addressed to all members of the management team, including the Director, technical leader, lab managers or quality manager.

PREVENTIVE ACTION

Preventive action is a proactive process used to identify opportunities for improvement. Procedures for implementing preventive action will include the initiation of such actions and application of appropriate controls to ensure that they are effective. Preventive actions may be authorized by the sectional supervisors, quality manager or Director as appropriate.



STANDARD OPERATING PROCEDURES

CATEGORY: QUALITY ASSURANCE	DATE ISSUED: 12/01/2008	EFFECTIVE DATE: 01/11/2010	PROCEDURE NUMBER 100/21.01
SECTION:	DATE OF REVISION: 10/02/2009	REVISION NUMBER: 2	PAGE NUMBER: 105 of 120
SUBJECT/EVENT: Conflict of Interest/Undue Influence Policy			

Conflict of Interest/Undue Influence Policy

Crime laboratory management strives to ensure that there is no influence on the professional judgments of employees, including any undue internal and external commercial, financial, political or other pressures and influences that may adversely affect the quality of their work. Personnel shall not engage in activities that may diminish confidence in the laboratory's competence, impartiality, judgment or operational integrity. All conflict of interest concerns and situations that could cause undue pressure or that may adversely affect the quality of work shall be brought to the attention of management.

Management has the responsibility and authority to receive and take action on employee concerns within their section/lab. Serious instances of undue influence on analytical findings or conflict of interest will be reported to the Director or quality manager.

All employees have the responsibility to bring technical and administrative concerns to the attention of management.

Every employee has the responsibility to safeguard all confidential information obtained in his or her official capacity from unauthorized distribution. In addition, employees will not access or disclose any confidential information except where legally authorized.



STANDARD OPERATING PROCEDURES

CATEGORY: QUALITY ASSURANCE	DATE ISSUED: 12/01/2008	EFFECTIVE DATE: 01/09/2012	PROCEDURE NUMBER 100/22.01
SECTION:	DATE OF REVISION: 09/28/2011	REVISION NUMBER: 3	PAGE NUMBER: 106 of 120
SUBJECT/EVENT: Ethics Policy			

Ethics Policy

All crime laboratory staff will adhere to the highest level of professional ethics. These ethical standards include, but are not limited to:

- 1. Objectivity:** Laboratory examinations, reports, testimony and other communications will be objective and impartial, based on the evidence and within the person's knowledge and area of expertise. Full, clear and accurate records of all examinations will be generated and maintained.
- 2. Competency and proficiency:** An analyst will conduct only examinations for which he or she is qualified by education, training and demonstrated proficiency. The analyst will accurately represent those qualifications to others.
- 3. Professionalism:** Staff will uphold the law as well as city, department and crime laboratory policies and procedures to the best of their ability. They will report to the appropriate authority any conflicts between his/her ethical responsibility and these laws and policies and will attempt to resolve them. Any unethical or illegal conduct of other laboratory staff will be immediately reported to the appropriate authorities who will take appropriate action.

Laboratory staff will also follow the most current version of ASCLD-LAB's "Guiding Principles of Professional Responsibility for Crime Laboratories and Forensic Scientists", or the prevailing document, however it is named. **Management shall ensure that this document is reviewed by all laboratory employees on a yearly basis and the review should be documented.** Corrective action will be implemented by laboratory management if non-compliances of an ethical nature are discovered.



STANDARD OPERATING PROCEDURES

CATEGORY: QUALITY ASSURANCE	DATE ISSUED: 12/01/2008	EFFECTIVE DATE: 12/01/2008	PROCEDURE NUMBER 100/23.01
SECTION:	DATE OF REVISION: 12/01/2008	REVISION NUMBER: 1	PAGE NUMBER: 107 of 120
SUBJECT/EVENT: Individual Characteristic Databases			

Database Samples

INDIVIDUAL CHARACTERISTIC DATABASE SAMPLES

1. Samples intended for CODIS or NIBIN entry will be treated as evidence.
 - A. Whenever possible, all samples will be treated in a manner that reasonably ensures their utility as reference materials. In general this will consist of:
 1. Maintaining control of samples utilizing a unique identifier.
 2. Protecting the samples from loss, cross transfer, contamination and/or deleterious change.
 - B. Individual Characteristic Databases (ICD)
 1. Access to ICDs will be limited to laboratory staff.
 2. The Director or designee will identify those individuals responsible for the management and administration of the ICDs.
 3. The Director or designee shall authorize access to those individuals having a legitimate purpose. Such persons include, but are not limited to, individuals responsible for database maintenance, administration and equipment repair.
 4. Each section that utilizes an individual characteristic database will be responsible for preparing and using a protocol for handling and storing such reference material as it relates to individual characteristic databases, taking into account the special needs of the section. These protocols must be described in the sectional SOPs.
 5. The ICD databases in the laboratory are:
 - a. CODIS
 - b. NIBIN/IBIS



STANDARD OPERATING PROCEDURES

CATEGORY: QUALITY ASSURANCE	DATE ISSUED: 12/01/2008	EFFECTIVE DATE: 01/09/2012	PROCEDURE NUMBER 100/24.01
SECTION:	DATE OF REVISION: 11/08/2011	REVISION NUMBER: 4	PAGE NUMBER: 108 of 120
SUBJECT/EVENT: Outsourcing and Subcontracting			

Outsourcing of Work

A. OUTSOURCING OF CASES

1. A testing laboratory may be used when a court orders it due to consumption issues.
2. Subcontractor refers to an outside vendor that the HPD crime laboratory contracts with to perform forensic analysis for which the HPD crime laboratory has validated procedures. **The laboratory may subcontract casework for various reasons, including workload demands, temporary incapacity or on a continuing basis.** This laboratory accepts responsibility for the subcontractor's work, except where the customer or regulatory authority specifies a subcontractor for use. The customer will be notified of the arrangement with the subcontractor prior to casework. Laboratory management will verify a bidder's ability to meet the scope of work as stated in the subcontracting contract. Discrepant work will be corrected to the laboratory's satisfaction at no cost to the laboratory, the department or the city of Houston. The following requirements should be met in order to utilize a subcontractor:
 - A. The subcontractor must be accredited by ASCLD/LAB, or equivalent accrediting agency.
 - B. For DNA, the laboratory must be compliant with Quality Assurance Standards for DNA Testing Laboratories.
 - C. Upon request, the subcontractor **should** provide the laboratory with certification of compliance with the Quality Assurance Standards for DNA Testing Laboratories as well as documentation showing compliance with ASCLD/LAB or equivalent requirements. This can consist of certification documentation and a copy of the most recent audit documents with any corrective action taken. The laboratory will review the subcontractor's most recent audit documents **as appropriate** to ensure compliance with the Quality Assurance Standards for DNA Testing Laboratories and may conduct audits of the subcontractor.
3. Sample packaging to outsource
 - A. All samples will be labeled with the incident number and/or the lab number.

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- B.** All evidence will be appropriately packaged as well as properly marked and sealed before shipping.
 - C.** The samples will be shipped by appropriate courier (such as FedEx or UPS) to the subcontractor.
 - D.** The chain of custody of the evidence and outsource case record will be maintained and should include the courier tracking number(s).
- 4.** Review of returned case records
- A.** All outsource case records will undergo a technical and administrative review by a qualified analyst when required by the section standard operating procedure.
 - B.** All outsource case records are reviewed against the scope of work as defined in the contractual agreement.
- 5.** Receipt of returned evidence from outsourcing
- A.** All evidence will be checked for proper seals and remedially sealed if necessary.
 - B.** Chain of custody will be updated to include the courier tracking numbers.

The laboratory should maintain a register of all subcontractors or outsource vendors that it uses for tests along with evidence showing the vendors compliance with applicable standards related to the work in question.



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CATEGORY: QUALITY ASSURANCE	DATE ISSUED: 01/04/2011	EFFECTIVE DATE: 01/09/2012	PROCEDURE NUMBER 100/25.01
SECTION:	DATE OF REVISION: 10/03/2011	REVISION NUMBER: 2	PAGE NUMBER: 110 of 120
SUBJECT/EVENT: Customer Service			

Customer Service

The laboratory will strive to maintain good working relationships with its customers. This may include:

- Asking for clarification if a request is unclear
- Maintaining appropriate contact with the customer during lengthy examinations
- Providing technical advice in matters related to the examination of evidence
- Providing explanations or interpretations of laboratory reports
- Ensuring and maintaining confidentiality
- Seeking feedback from customers that may be used to improve the laboratory

The submission of evidence to the laboratory represents a contract for testing between the customer and the laboratory. This contract allows the laboratory to use the scientific knowledge and experience of its examiners to apply appropriate testing methods, including sampling procedures, to the evidence.

All pertinent communications with customers relating to evidence submission or analysis will be recorded and maintained as a part of the case record. **All requests for departure from normal testing procedures, delays in testing timelines or any discrepancy in item description should be discussed with the customer. Management or supervisory personnel should clarify all issues and document the resulting information within the case record. Changes in requested services should be communicated immediately to the appropriate laboratory personnel. If a change is necessitated by the laboratory, the customer should be notified as soon as practicable.**

Customer feedback may be sought through personal communication, attendance at meetings and through periodic surveys. Feedback will be reviewed by the Director, quality manager and/or laboratory managers as appropriate. Surveys will be retained according to the laboratory's records retention program.

Any employee receiving a complaint should resolve the complaint if within their authority and will notify the director and/or appropriate lab manager as soon as possible. Complaints involving non-conformity will be handled according to the laboratory's **corrective action** reporting protocol. Complaints involving quality will be forwarded to the quality manager,

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or designee, as soon as possible. Employees are encouraged to bring complaints about the quality system to the attention of the appropriate individual. Complaints may also be directed to the HPD Internal Affairs Division, if appropriate.

Complaints will be documented and records will be kept according to the laboratory's records retention schedule or for at least one accreditation cycle, whichever is longer.



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CATEGORY: QUALITY ASSURANCE	DATE ISSUED: 01/03/2012	EFFECTIVE DATE: 01/09/2012	PROCEDURE NUMBER 100/26.01
SECTION:	DATE OF REVISION: 11/17/11	REVISION NUMBER: 1	PAGE NUMBER: 112 of 120
SUBJECT/EVENT: Requests, Tenders and Contracts			

Requests, Tenders and Contracts

The laboratory should have procedures for reviewing requests. A request is considered the process utilized by customers when seeking analyses from the laboratory. A tender is the lab's response to the customer's request. A contract is the agreement between the lab and the customer. The policies and procedures for these reviews leading to requests for analysis should ensure that:

- The methods are defined, documented and understood;
- The laboratory has the capability and resources to meet the request;
- The test methods are capable of meeting the customer's requirements.

Controlled Substance and Toxicology requests are typically initially reviewed by CER employees. The review is designed to ensure accurate submission information is included and that evidence is sealed appropriately. Firearms and Biology requests are reviewed by sectional employees. Some requests may require an additional review to clarify the needs of the customer, to determine the probative nature of the evidence and to define or discuss testing methods. A contract for testing between the customer and the laboratory may be the completion of a laboratory submission form or an electronic request made via LIMS or EMS. The laboratory will notify the requestor or the requestor's supervisor if the laboratory is not able to perform the requested work.

The submission of evidence to the laboratory represents a contract between the customer and the lab for testing. This contract allows the lab to use the scientific knowledge and experience of its examiners to apply appropriate testing methods, including sampling, to the evidence.

Accepting a case for analysis means the request has been reviewed. Records will be maintained of relevant discussions regarding agreements on requests. The review will also cover work subcontracted by the laboratory. The customer will be informed of any significant deviation from the request. If a request needs to be amended after work has begun, the review process shall be repeated and amendments shall be communicated to affected personnel.

Glossary

<i>Administrative documentation</i>	Records such as case related conversations, evidence receipts, description of evidence packaging and seals, and other pertinent information.
<i>Administrative review</i>	A procedure used to check for consistency with laboratory policy and for editorial correctness.
<i>Audit</i>	A review conducted to compare the various aspects of the laboratory's performance with a standard for that performance.
<i>Case record</i>	Files containing administrative and examination documentation generated or received by a laboratory pertaining to a particular case. May be comprised of multiple formats such as paper, electronic data or photographic images.
<i>Competency test</i>	The evaluation of a person's ability to perform work in any functional area prior to the performance of independent casework.
<i>Control sample</i>	A standard of comparison for verifying or checking the finding of an experiment.
<i>Controls</i>	Tests performed in parallel with experimental samples and designed to demonstrate that a procedure worked correctly.
<i>Criteria file</i>	An electronic or hard copy file, in numerical sequence, containing responses, which document compliance or non-applicability for each criterion in the accreditation manual. Responses may be in the form of statements, pictures, or excerpts from or reference to components of other documents.
<i>Critical Equipment</i>	Any piece of equipment that must be maintained in a proper working order to ensure the reliability of results produced.
<i>Deficiency</i>	An inadequacy; lacking in some necessary quality or element. Deficiencies include missing data, incomplete data or incomplete reports.
<i>Diagonal lines of communication</i>	Communication between subordinate personnel in one unit and supervisory personnel in another unit.
<i>Examination documentation</i>	Includes reference to procedures followed, tests conducted, standards and controls used, diagrams, printouts, photographs, observations and results of examinations.

<i>External proficiency testing program</i>	A test program managed and/or controlled independent of the laboratory system.
<i>Inconsistency</i>	Any reported results which differ from the consensus results. Inconsistencies may be classified as administrative, systemic, analytical or interpretive.
<i>Internal proficiency testing program</i>	Proficiency testing program managed and controlled within the laboratory system.
<i>Limited access</i>	Access limited to personnel authorized by the laboratory director.
<i>Method</i>	The course of action or technique followed in conducting a specific analysis or comparison leading to analytical results.
<i>Objective</i>	A measurable, definable accomplishment which furthers the goals of the organization.
<i>Procedure</i>	The manner in which an operation is performed; a set of directions for performing an examination or analysis; the actual parameters of the methods employed.
<i>Proficiency tests</i>	Tests to evaluate the competence of analysts, technical support personnel and the quality performance of a laboratory; in open tests, the analysts and technical support personnel are aware that they are being tested; in blind tests, they are not aware. Internal proficiency tests are conducted by the laboratory itself; external proficiency tests are conducted by an agency independent of the laboratory being tested.
<i>Quality assurance</i>	Those planned and systematic actions necessary to provide sufficient confidence that a laboratory's product or service will satisfy given requirements for quality.
<i>Quality audit</i>	A management tool used to evaluate and confirm activities related to quality. Its primary purpose is to verify compliance with the operational requirements of the quality system.
<i>Quality control</i>	Internal activities or activities conducted according to externally established standards, used to monitor the quality of analytical data and to ensure that it satisfies specified criteria.
<i>Quality manual</i>	A document stating the quality policy and describing the various elements of the quality system and quality practices of an organization. It will also reference and note the location of additional material relating to the laboratory's quality arrangement.

<i>Quality system</i>	The organizational structure, responsibilities, procedures, processes and resources for implementing quality management; includes all activities which contribute to quality, directly or indirectly.
<i>Safety manager</i>	An individual (however titled) designated by top management who, irrespective of other responsibilities, has the defined authority and obligation to ensure that the requirements of the safety system are implemented and maintained.
<i>Safety manual</i>	A document stating the safety policy and describing the various elements of the safety system of an organization.
<i>Sub-Contractor</i>	An individual or business firm contracted to perform all or part of another's contract.
<i>Sub-discipline</i>	A specific type of analysis within an accredited discipline.
<i>Technical review</i>	Review of notes, data and other documents which form the basis for a scientific conclusion.
<i>Validation</i>	The process of performing a set of experiments which establish the efficacy and reliability of a technique or procedures of modification thereof.

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