



Commission on Forensic Science

June 05, 2020

***Division of Criminal Justice Services
Virtual Meeting¹***

9:09 AM – 11:03 AM

DRAFT MEETING MINUTES

Commission Members in Attendance:

Michael Green, Esq., Chair
Pasquale Buffolino, Ph.D.
Lydia de Castro
Jill Dooley, Ph.D.
William Fitzpatrick, Esq.
David Loftis, Esq.
Hon. Angela Mazzarelli
Scott McNamara, Esq.
Scott O'Neill, Ph.D.
Benjamin Ostrer, Esq.
Anne Walsh, Ph.D., M.D.

DCJS Staff in Attendance:

Gregory Anastasio
Michael Flaherty, Esq.
Natasha Harvin-Locklear, Esq.
Janine Kava
Shelley Palmer
Elizabeth Suparmanto
Jackalynne Vimislik

Chairman Green opened the meeting with a roll call to establish a quorum due to members of the Commission being in attendance from their own locations. A quorum was

*Approximate
video times*

00:00:00 –
00:02:15

¹ Due to the Coronavirus (COVID-19), and pursuant to Governor Cuomo's Executive Order 202.1, issued on March 12, 2020, suspending the Open Meetings Law and **authorizing the attendance of meetings telephonically or other similar service.**

present with 11 members in attendance (Buffolino, DeCastro, Dooley, Fitzpatrick, Green, Loftis, Mazzarelli, McNamara, O'Neill, Ostrer, and Walsh).

*Approximate
video times*

A motion to approve the June 5, 2020 agenda was requested by the Chair, made by Mr. Ostrer, seconded by O'Neill and approved unanimously.

00:02:15 -
00:03:50

The Chair then requested a motion to approve the minutes of the March 11, 2020 Commission meeting. A motion to accept the minutes was made by Mr. Fitzpatrick, seconded by Mr. Loftis, and approved with 9 votes for, 0 votes against, and 2 abstentions [Loftis, Walsh].

00:03:50 -
00:05:00

Laboratory accreditation items and updates were then considered for the Erie County Central Police Services Laboratory, Erie County Medical Examiner's Office Toxicology Laboratory, Monroe County Crime Laboratory, Monroe County Office of the Medical Examiner Toxicology Laboratory, Nassau County Office of the Medical Examiner Toxicology Laboratory, New York City OCME Department of Forensic Toxicology, Niagara County Sheriff's Office Forensic Laboratory, Onondaga County Department of Forensic Toxicology, Suffolk County Crime Laboratory, Suffolk County OCME Toxicology Laboratory, Westchester County Division of Forensic Sciences, and Westchester County Division of Forensic Toxicology. Representatives from the laboratories were available via web-ex to respond to members' questions.

00:05:00 -
00:41:22

Chairman Green requested a motion to grant an extension of NYS accreditation to be concurrent with the extension of accreditation granted by ABFT for the Erie County Medical Examiner's Office Toxicology Laboratory. Dr. Dooley made the motion, it was seconded by Mr. Loftis, and approved unanimously.

00:07:40 -
00:09:28

Chairman Green requested a motion to grant an extension of NYS accreditation to be concurrent with the extension of accreditation granted by ABFT for the Monroe County Office of the Medical Examiner Toxicology Laboratory. Mr. Fitzpatrick made the motion, it was seconded by Mr. McNamara, and approved unanimously.

00:09:28 -
00:12:36

Chairman Green requested a motion to grant an extension of NYS accreditation to be in line with the extension of accreditation granted by ABFT for the Suffolk County OCME Toxicology Laboratory. Mr. Ostrer made the motion, it was seconded by Dr. Buffolino, and approved unanimously.

00:12:36 -
00:36:07

Chairman Green requested a motion to grant an extension of NYS accreditation to be in line with the extension of accreditation granted by ANAB for the Westchester County Division of Forensic Sciences. Dr. O'Neill made the motion, it was seconded by Mr. Fitzpatrick, and approved unanimously.

00:36:07 -
00:39:59

The Chair then moved to Old Business. Dr. Dooley provided Commission members with a verbal update on familial searching. Next, Dr. Walsh informed the Commission that

00:41:22 -
00:45:00

due to Department of Health's work on the COVID-19 pandemic, an update regarding investigative genetic genealogy was not possible at this time.

*Approximate
video times*

Also, under Old Business, Dr. O'Neill provided Commission members with a brief summary of the discussions with NYCLAC regarding discovery reform and marijuana analysis in laboratory's across New York State. Due to COVID-19, it was suggested that this discussion be tabled and added to the September 16, 2020 meeting. The motion was made by Mr. Fitzpatrick, seconded by Mr. Ostrer, and approved 10 votes for, 0 votes against, and 1 abstention [Loftis].

00:45:00 -
00:53:10

Last, under Old Business, a discussion regarding the review and changes to both the Partial Match and Familial Search Policies and the corresponding sections of the regulations and implementation plan. A motion was made by Mr. Fitzpatrick to revise the regulations as reflected in the materials submitted to Commission members and consistent with changes recommended by Commission members during the discussion for the purposes of sending it back the DNA Subcommittee for their approval. The motion was seconded by Dr. Buffolino, and approved with 1 vote for, 0 against, and 1 abstention [Loftis]. The Commission also requested OFS begin a comprehensive review and update of the implementation plan.

00:53:10 -
01:21:52

The Chair then moved to New Business, where Commission members briefly discussed the Forensic Laboratory Accreditation program. Members agreed to have a more detailed discussion during the September 16, 2020 meeting where a written proposal will be submitted for their review.

01:21:52 -
01:25:56

Next was Laboratory Disclosures, and the Commission reviewed laboratory disclosures from the Nassau County Division of Forensic Services, New York City Police Department Police Laboratory, and the Suffolk County Crime Laboratory. Representatives from the laboratories available via web-ex to respond to members' questions.

01:25:57
01:52:44

The next meeting is scheduled for September 16, 2020. A motion to adjourn and acknowledge OFS staff for their hard work, was made by Mr. Fitzpatrick, seconded by Mr. Loftis, and approved unanimously.

01:52:44
01:54:06

Note:

Video of the meeting is available at YouTube.



Received by OFS
06/12/2020

May 5, 2020

Michelli Schmitz
Erie County Central Police Services
Forensic Laboratory
45 Elm Street
Buffalo, New York 14203

Dear Director Schmitz,

Congratulations, ANAB has approved the continuation of your organization's accreditation based upon the results of your recent surveillance activity. Continuation of accreditation is a formal acknowledgement that your organization continues to operate in conformance with accreditation requirements. The report was provided to you during the assessment activity.

The provided ANAB accreditation symbol may be used to convey your accredited status. An accreditation symbol must not be used in any way which implies accreditation in any area outside of the scope of accreditation. If appropriate, the accreditation symbol may be used on your organization's website, reports, letterhead, business cards, and other official documents. Please refer to [PR 1018 Policy on Use of ANAB Accreditation Symbols and Claims of Accreditation Status](#) for all required information. This policy also provides information on your ability to use a combined mark that contains the ANAB accreditation symbol and the International Laboratory Accreditation Cooperation (ILAC) mark.

The next assessment activity will be an Off-site Surveillance in April 2021.

Thank you for your ongoing commitment to quality and the accreditation process.

Sincerely,

Melissa Kennedy
Director of Accreditation
ANSI National Accreditation Board

cc: Maria Orsino, Acting Quality Assurance Coordinator
ANAB Office



Erie County Central Police Services - Forensic Laboratory

2020 - 17025 - Surveillance Assessment

Prepared by Deedra Hughes

Data collected on 2020-04-20

ANSI National Accreditation Board

United States

This assessment report summarizes the outcome of the recent accreditation activity. A separate document, the assessment plan, provides information on the type of activity (*e.g.*, reassessment, surveillance activity, scope extension), the date(s) of the activity, the assessment team members, the requirement documents and the scope by discipline that was assessed for each location. The assessment plan, together with this report, provides a complete picture of the accreditation activity.

The ANSI National Accreditation Board (ANAB) evaluated the competence of the forensic service provider and conformance with all applicable accreditation requirements for the scope of accreditation listed in the assessment plan. Objective evidence of implementation was assessed. The results of an assessment activity are based on a sample of records, locations, and personnel that were available at the time of the activity. Witnessing is an additional technique used in on-site activities.

REQUIREMENTS:

ISO/IEC 17025:2017 General requirements for the competence of testing and calibration laboratories & ANAB ISO/IEC 17025:2017 Forensic Science Testing and Calibration Laboratories Accreditation Requirements (AR 3125) evaluated over the accreditation cycle are summarized in the following broad categories:

General requirements related to the forensic service provider's commitment to impartiality and confidentiality in its activities.

Structural requirements related to the range of activities, management structure, the authority, roles and responsibilities of personnel. Documented procedures which ensure a consistent application of activities and the validity of results.

Resource requirements related to the impartiality of personnel. Requirements for a training program, competency testing, authorizations and ongoing monitoring to ensure the competence of personnel. Facility and security suitability for activities. Records and procedures for equipment to ensure proper functioning and where applicable, establishment of metrological traceability. Requirements for externally provided products and services.

Process requirements related to the handling of test and calibration items in a manner to maintain the integrity of the item. Requirements for chain-of-custody of items to be tested and appropriate methods and procedures. Ensuring the required performance of the methods along with monitoring the validity of the results. Requirements to ensure results are supported by sufficient technical records and are reported accurately, clearly, unambiguously and objectively. Procedures for nonconforming work and a documented process for handling complaints. Requirements related to the laboratory information management system protection and integrity of data and information.

Management system requirements related to policies and objectives appropriate for the scope of activities. Requirements to control internal and external documents and records. Requirements to address risks and opportunities and timely, well-documented corrective actions. Requirements for an internal audit program and management reviews.

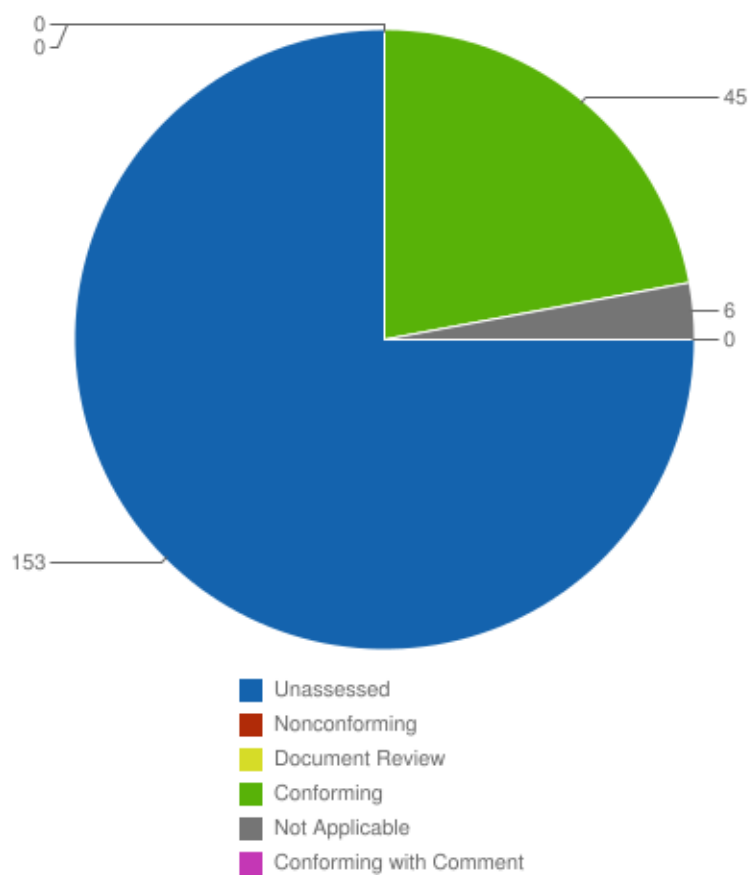
The accreditation activity also evaluates forensic science provider's conformance with their own management system requirements.

ASSESSMENT RESULT:

Based on the assessment techniques and sampling reviewed during the assessment activity, the assessment team found that the forensic service provider demonstrated competence to operate a management system that fulfills all applicable accreditation requirements, including those specified within their management system.

Any comments (opportunities for improvement) or nonconformities identified during this assessment activity are noted below. All nonconformities will be resolved prior to an accreditation decision by ANAB and a summary provided in a subsequent assessment activity report.

Summary of Objective Evidence



Audit Objective Evidence



Received by OFS
06/12/2020

CERTIFICATE OF ACCREDITATION

The ANSI National Accreditation Board

Hereby attests that

**Erie County Central Police Services
Forensic Laboratory
45 Elm Street, Buffalo, New York 14203 USA**

Fulfills the requirements of

ISO/IEC 17025:2017

ANAB Forensic Testing & Calibration AR 3125:2019

FBI Quality Assurance Standards for Forensic DNA Testing Laboratories:2011

In the field of

Forensic Testing

This certificate is valid only when accompanied by a current scope of accreditation document.

The current scope of accreditation can be verified at www.anab.org.



Expiry Date: 31 August 2022
Certificate Number: FT-0037





Received by OFS
07/17/2020

SCOPE OF ACCREDITATION TO:
ISO/IEC 17025:2017
ANAB Forensic Testing & Calibration AR 3125:2019
FBI Quality Assurance Standards for Forensic DNA Testing Laboratories:2011

Erie County Central Police Services Forensic Laboratory

45 Elm Street
Buffalo, New York 14203 USA

FORENSIC TESTING

Expiry Date: 31 August 2022

Certificate Number: FT-0037

Discipline: Biology		
Component/Parameter	Item	Key Equipment/Technology
DNA Profile Determination	Short Tandem Repeat (STR) Y-Short Tandem Repeat (Y-STR)	Capillary Electrophoresis
Individual Characteristic Database	DNA Profile	National DNA Index System (NDIS)
Physical Comparison	DNA Profile	Software Program
Qualitative Determination	Body Fluid	Chemical Fluorescence Spectroscopy General Microscopy Immunoassay

Discipline: Firearms and Toolmarks		
Component/Parameter	Item	Key Equipment/Technology
Function Evaluation	Firearm	Measuring Equipment Visual
Individual Characteristic Database	Ammunition	National Integrated Ballistic Information Network (NIBIN)
Physical Comparison	Ammunition	General Microscopy
Product (Make/Model) Determination	Ammunition Firearm	General Microscopy Measuring Equipment Reference Material
Serial Number Restoration	Physical Item	Chemical Magnetic Visual

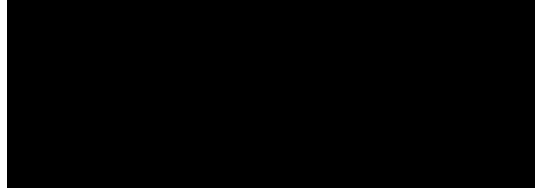
Discipline: Fire Debris and Explosives		
Component/Parameter	Item	Key Equipment/Technology
Qualitative Determination	Fire Debris	Gas Chromatography Mass Spectrometry

Discipline: Impressions		
Component/Parameter	Item	Key Equipment/Technology
Enhancement	Footwear Physical Item Tire	Chemical Physical
Physical Comparison	Footwear Tire	Visual

Discipline: Materials (Trace)		
Component/Parameter	Item	Key Equipment/Technology
Chemical/ Physical Comparison	Coating Fractured Item General Unknown Ink Polymer Tape	Gas Chromatography Infrared Spectroscopy Mass Spectrometry Microspectrophotometry Thin Layer Chromatography
Qualitative Determination	Coating General Unknown Polymer Tape	Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Microspectrophotometry

Discipline: Seized Drugs		
Component/Parameter	Item	Key Equipment/Technology
Qualitative Determination	Botanical Gas Liquid Solid	Chemical Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Thin-Layer Chromatography
Quantitative Measurement	Solid	Gas Chromatography Mass Spectrometry
Volume Measurement	Liquid	Volumetric Glassware
Weight Measurement	Botanical Liquid Solid	Balance

When published on a forensic service provider's Scope of Accreditation, ANAB has confirmed the competence required to develop and validate methods and perform on-going quality assurance for accredited activities. The forensic service provider may add or modify methods for activities without formal notice to ANAB for items and key equipment/technology listed. Contact the forensic service provider for information on the method utilized for accredited work.



Pamela L. Sale
Vice President, Forensics

From: [Vimislik, Jackalynne \(DCJS\)](#)
To: [Vimislik, Jackalynne \(DCJS\)](#)
Subject: Fw: Leave
Date: Monday, July 13, 2020 9:18:58 AM

From: Forensic Toxicologist [REDACTED]
Sent: Friday, July 10, 2020 2:05 PM
To: Giffin, Christine (ERIE) [REDACTED] dcjs.sm.forensiclabs
[REDACTED]
Cc: Perkins, Lawrence (ERIE) [REDACTED]; Laurel Farrell <abft@anab.org>
Subject: RE: Leave

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Thank you for letting us know Christine!

Graham R. Jones, Ph.D., F-ABFT
Chair, ABFT Accreditation Program
E-Mail: [REDACTED]

From: Giffin, Christine [REDACTED]
Sent: Friday, July 10, 2020 12:04 PM
To: dcjs.sm.forensiclabs [REDACTED]
Cc: Forensic Toxicologist [REDACTED]; Perkins, Lawrence [REDACTED] >
Subject: Leave

Good afternoon,

Please be aware that I am taking an extended absence from my duties starting on Wednesday, July 15, 2020.

Time off is expected to be from 4-6 weeks' duration.

During this time, Larry Perkins [REDACTED] Toxicologist III will be acting Laboratory Director. The lab will notify you both upon my return.

Thank you very much and stay safe!

Christine Giffin | Chief County Toxicologist
Erie County | Health
501 Kensington Ave., | Buffalo, NY 14214
[REDACTED] | <http://www.erie.gov>

From: [Giffin, Christine](#)
To: [dcjs.sm.forensiclabs](#)
Cc: [Perkins, Lawrence \(ERIE\)](#)
Subject: Notification
Date: Monday, August 17, 2020 11:06:00 AM

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Good morning,

Please be aware that effective Monday, August 10, 2020, I have [REDACTED]
resumed normal working hours.

Larry Perkins did an outstanding job in my absence!

Christine Giffin | Chief County Toxicologist
Erie County | Health
501 Kensington Ave., | Buffalo, NY 14214.

[REDACTED] | <http://www.erie.gov>



Received by OFS
07/28/2020

July 27, 2020

Christine Giffin, M.S.
Erie County Medical Examiner's Office
County of Erie Department of Health
501 Kensington Avenue
Buffalo, NY 14214

SUBJECT: ABFT Laboratory Accreditation Program Inspection

Dear Director Giffin,

Due to the continued issues associated with the COVID pandemic, ABFT is continuing to handle the reaccreditation process as an offline review.

To support a further extension of your ABFT accreditation to June 30, 2021, please submit for review all PT summaries received to date, that were not previously submitted as part of the documents for the reinspection. If an on-site inspection is possible prior to June 30, 2021, it will be done at a time convenient for the laboratory and the identified inspectors. If no on-site inspection is possible prior to the next Mid-Cycle Review, upon completion of the Mid-Cycle Review, the accreditation expiration date will be extended for one year to complete the original two-year cycle.

Therefore, at your earliest convenience, but prior to August 15, 2020, please upload all required documentation in electronic form (PDF, Word, etc.) to the designated restricted ShareFile folder.

A separate sub-folder has been added for these records. For each please provide:

- The result summary from the Proficiency Test provider
- Any summary generated by your laboratory (e.g. indicating review and/or corrective action).
- If applicable, a summary of any corrective action, to include:
 - a description of the root cause(s) identified;
 - a description of the corrective action undertaken to minimize reoccurrence of similar problems; and
 - raw data, as necessary to identify the root cause and to demonstrate success of corrective action undertaken.

If you experience any difficulty submitting your documentation, please send a general email to ABFT@anab.org, and assistance will be provided.

There will be no fee for this extension.

Thank you for your interest and participation in the ABFT Laboratory Accreditation Program. Questions regarding your accreditation may be directed to the current Accreditation Committee Chair, Dr. Graham Jones [REDACTED]

Sincerely,

[REDACTED]

Caprice Fowler
Senior Coordinator
ANSI National Accreditation Board

cc: Lawrence Perkins

American Board of
ABFT
Forensic Toxicology™

Received by OFS
08/27/2020

410 North 21st Street, Colorado Springs, CO 80904

Phone: (719) 636-1100 • Fax: (719) 636-1993 • Web-site: www.abft.org

August 27, 2020

Timothy Hahn
QA/QC Director
Nassau County Medical Examiner
Dept. of Forensic Toxicology

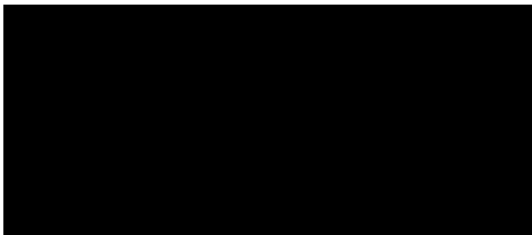
Dear Mr. Hahn: **Review of 2020 Mid-Cycle Report**

Our review of the May mid-cycle report from your laboratory is complete. The review has determined that your laboratory continues to be in compliance with the standards of the ABFT program. Any deficiencies that you identified as a result of internal review of the proficiency test results were appropriately addressed.

As stated in earlier correspondence, your laboratory will continue to be accredited by the ABFT program through June 30, 2021. Approximately 4 months before that date, we will contact you to invite you to apply for continued accreditation of the laboratory.

As always, we appreciate your participation in and support of the ABFT Laboratory Accreditation Program.

Yours Sincerely,



Graham R. Jones, Ph.D., F-ABFT
Chair, ABFT Accreditation Committee

cc. Joseph Avella, Ph.D., Chief Toxicologist



Received by OFS
07/28/2020

July 27, 2020

Rebecca L. Hartman, Ph.D.
Monroe County Office of the Medical Examiner
740 E. Henrietta Road
Rochester, NY 14623

SUBJECT: ABFT Laboratory Accreditation Program Inspection

Dear Director Hartman,

Due to the continued issues associated with the COVID pandemic, ABFT is continuing to handle the reaccreditation process as an offline review.

To support a further extension of your ABFT accreditation to June 30, 2021, please submit for review all PT summaries received to date, that were not previously submitted as part of the documents for the reinspection. If an on-site inspection is possible prior to June 30, 2021, it will be done at a time convenient for the laboratory and the identified inspectors. If no on-site inspection is possible prior to the next Mid-Cycle Review, upon completion of the Mid-Cycle Review, the accreditation expiration date will be extended for one year to complete the original two-year cycle.

Therefore, at your earliest convenience, but prior to August 15, 2020, please upload all required documentation in electronic form (PDF, Word, etc.) to the designated restricted ShareFile folder.

A separate sub-folder has been added for these records. For each please provide:

- The result summary from the Proficiency Test provider
- Any summary generated by your laboratory (e.g. indicating review and/or corrective action).
- If applicable, a summary of any corrective action, to include:
 - a description of the root cause(s) identified;
 - a description of the corrective action undertaken to minimize reoccurrence of similar problems; and
 - raw data, as necessary to identify the root cause and to demonstrate success of corrective action undertaken.

If you experience any difficulty submitting your documentation, please send a general email to ABFT@anab.org, and assistance will be provided.

There will be no fee for this extension.

Thank you for your interest and participation in the ABFT Laboratory Accreditation Program. Questions regarding your accreditation may be directed to the current Accreditation Committee Chair, Dr. Graham Jones [REDACTED]

Sincerely,



Caprice Fowler
Senior Coordinator
ANSI National Accreditation Board

Received by OFS
06/03/2020



410 North 21st Street, Colorado Springs, CO 80904

Phone: (719) 636-1100 • Fax: (719) 636-1993 • Web-site: www.abft.org

June 3, 2020

Gail Cooper BSc(Hons), MSc, PhD CChem FRSC FHEA
Director, Forensic Toxicology Laboratory
Office of Chief Medical Examiner
520 First Avenue
New York, NY 10016

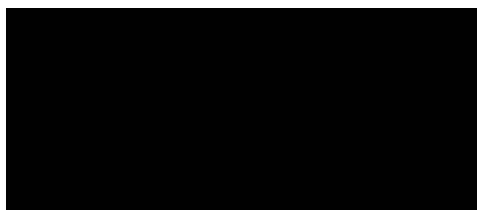
Dear Dr. Cooper: **Mid-cycle Review May 2020**

The ABFT Accreditation Committee has determined that your laboratory continues to be in compliance with the standards of the ABFT Laboratory Accreditation Program.

As stated in earlier correspondence, your laboratory will continue to be accredited by the ABFT program through June 30, 2021. Approximately 4 months before that date, we will contact you to invite you to apply for continued accreditation of the laboratory.

As always, we appreciate your participation in and support of the ABFT Laboratory Accreditation Program.

Sincerely,



Graham R. Jones, Ph.D., F-ABFT
Chair, ABFT Accreditation

From: [Vimislik, Jackalynne \(DCJS\)](#)
To: [Vimislik, Jackalynne \(DCJS\)](#)
Subject: Fw: Management member retired
Date: Friday, June 5, 2020 7:00:29 AM

From: ONEILL, SCOTT [REDACTED]
Sent: Thursday, June 4, 2020 12:50 PM
To: dcjs.sm.forensiclabs [REDACTED]
Subject: Management member retired

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

This email is to inform you of a change in the New York City Police Laboratory's management. Mr. Thomas Hickey resigned from the position of Assistant Director for the Controlled Substance Analysis Section on May 21, 2020. If you have any questions, please feel free to contact me.

Regards,

Scott

Dr. Scott O'Neill
Assistant Commissioner
Police Laboratory
New York City Police Department
[REDACTED]

CONFIDENTIALITY NOTICE: This email and any attachments may contain confidential and privileged information for the use of the designated recipient(s) named above. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, use or disclosure of it or its contents is prohibited and may violate laws including the Electronic Communications Privacy Act. If you are not the intended recipient, please contact the sender and destroy all copies of this communication.



**Division of Criminal
Justice Services**

Received by OFS
08/03/2020


August 3, 2020

Ms. Pamela Sale
Vice President, Forensics
ANAB, ANSI National Accreditation Board
330E. Kilbourn Avenue, Suite 925
Milwaukee, WI 53202

Dear Ms. Sale,

I am informing you that as of July 27, 2020, the Latent Print Laboratory had a change in the organizational structure of the laboratory. Janet Hoin, Deputy Director has retired after 35 years with the agency. As of right now, no replacement has been made to the Deputy Director position. Please let me know if you have any questions. Thank you.

Sincerely yours,


Andrea Lester
Director, NYS DCJS Latent Print Laboratory

Cc: NYS Commission on Forensic Science



**OFFICE OF THE SHERIFF
COUNTY OF NIAGARA**

5526 Niagara Street Ext.
P.O Box 496
Lockport, New York 14095-0496

Michael J. Filicetti

Acting Sheriff

(716) 438-3370

Received by OFS
07/14/2020

July 14, 2020

Pamela Sale
ANAB
330 E. Kilbourn Ave
Suite 925
Milwaukee, WI 53202

Dear Ms. Sale:

This letter is to serve to notify ANAB of a change in scope at the Niagara County Sheriff's Office Forensic Laboratory. Effective August 14, 2020, the laboratory is requesting the removal of Toolmarks analysis. The laboratory receives an insufficient amount of casework in this discipline.

Please feel free to contact me if you have any questions. I can be reached via e-mail at

[REDACTED]

Sincerely,

[REDACTED]

Kori M. Gawrys, Ph.D.
Director of Forensic Laboratory

Cc:
NYS-DCJS

Request for Changes to Scope of Accreditation



ANSI National Accreditation Board

FM 3035

Authority: Accreditation Manager

Effective: 2020/02/07

Submit questions and the completed form to QualityMatters@anab.org

Forensic Service Provider Name: Niagara County Sheriff's Office Forensic Laboratory

Accreditation Certificate Number(s) Associated with this Request: ALI-282-T

Primary Contact Name: Kori Gawrys, PhD

Telephone: [REDACTED]

Email: [REDACTED]

Form Submitted by (name): Kori Gawrys

Date Form Submitted: 7/14/2020

Received by OFS
07/14/2020

Reduction in Scope

See Section 4.7 in [MA 3033, Accreditation Manual for Forensic Service Providers](#), for additional details.

☐ Removal of a Location

☒ Removal of a Discipline

☐ Removal of a Component/Parameter/Characteristic, Item or Key Equipment/Technology

Specify the change(s) to be made to your Scope: Remove Toolmarks

Specify the reason for the change(s) to your Scope: Insufficient casework

Specify the effective date for this change: 8/14/2020

If this change is not expected to be permanent, specify the expected date of resumption of services:

Location Change or Addition

See Section 4.8 in [MA 3033, Accreditation Manual for Forensic Service Providers](#), for additional details.

☐ Relocating All Accredited Activities from One Location to Another

Former Address:

New Address:

Specify the date this change is to occur/has occurred:

☐ Relocating Select Accredited Activities to Another Accredited Location

Complete and submit a draft Scope of Accreditation ([FA 3068](#)) for all impacted locations.

Specify the date this change is to occur/has occurred:

☐ Adding a Location

New Address:

Complete and submit a draft Scope of Accreditation ([FA 3068](#)) for all impacted locations.

Specify the date this change is to occur/has occurred:

Scope Extension

See Section 4.9 in [MA 3033, Accreditation Manual for Forensic Service Providers](#), for additional details.

☐ **Addition of Discipline(s)**

☐ **Addition of Component/Parameter/ Characteristic, item or Key Equipment/Technology**

The Discipline, Component/Parameter/ Characteristic, Item or Key Equipment/Technology will be staffed with: current ☐, new ☐, or a mix ☐ of personnel, for a total staff of .

The equipment(instrument(s)) that will be utilized is/are:

☐ **New to the facility** ☐ **Currently utilized in other disciplines.**

Specify the date this change is to occur/has occurred:

Complete and submit a draft Scope of Accreditation ([FA 3068](#)) for all impacted locations.

Adding an Additional Requirement Document:

☐ American Board of Forensic Toxicology Accreditation Standards

☐ FBI Quality Assurance Standards for Forensic DNA Testing Laboratories

☐ FBI Quality Assurance Standards for Forensic DNA Databasing Laboratories

Specify location(s):



Received by OFS
07/29/2020

July 29, 2020

Dr. Kori Gawrys
Niagara County Sheriff's Office, Forensic Laboratory
5526 Niagara St., Ext.
Lockport, NY 14094

Dear Director Gawrys,

Congratulations, ANAB has approved the continuation of your organization's accreditation based upon the results of your recent surveillance activity. Continuation of accreditation is a formal acknowledgement that your organization continues to operate in conformance with accreditation requirements. The report is included with this letter.

The provided ANAB accreditation symbol may be used to convey your accredited status. An accreditation symbol must not be used in any way which implies accreditation in any area outside of the scope of accreditation. If appropriate, the accreditation symbol may be used on your organization's website, reports, letterhead, business cards, and other official documents. Please refer to [PR 1018 Policy on Use of ANAB Accreditation Symbols and Claims of Accreditation Status](#) for all required information. This policy also provides information on your ability to use a combined mark that contains the ANAB accreditation symbol and the International Laboratory Accreditation Cooperation (ILAC) mark.

The next assessment activity will be a Surveillance Document Review in February/2021.

Thank you for your ongoing commitment to quality and the accreditation process.

Sincerely,



Manager of Accreditation
ANSI National Accreditation Board

cc: ANAB Office

Received by OFS
07/29/2020



CERTIFICATE OF ACCREDITATION

The ANSI National Accreditation Board

Hereby attests that

**Niagara County Sheriff's Office
Forensic Laboratory
5526 Niagara Street, Ext., Lockport, New York 14094 USA**

Fulfills the requirements of

**ISO/IEC 17025:2017
ANAB Forensic Testing & Calibration AR 3125:2019**

In the field of

Forensic Testing

This certificate is valid only when accompanied by a current scope of accreditation document.
The current scope of accreditation can be verified at www.anab.org.



Expiry Date: 30 June 2022
Certificate Number: FT-0311





Received by OFS
07/29/2020

SCOPE OF ACCREDITATION TO:
ISO/IEC 17025:2017
ANAB Forensic Testing & Calibration AR 3125:2019

Niagara County Sheriff's Office
Forensic Laboratory
5526 Niagara Street, Ext.
Lockport, New York 14094 USA

FORENSIC TESTING

Expiry Date: 30 June 2022

Certificate Number: FT-0311

Discipline: Biology		
Component/Parameter	Item	Key Equipment/Technology
Qualitative Determination	Body Fluid	Chemical General Microscopy Immunoassay

Discipline: Fire Debris and Explosives		
Component/Parameter	Item	Key Equipment/Technology
Qualitative Determination	Fire Debris	Gas Chromatography Mass Spectrometry

Discipline: Firearms and Toolmarks		
Component/Parameter	Item	Key Equipment/Technology
Function Evaluation	Firearm	Dead Weights Force Gauge Measuring Equipment Visual
Individual Characteristic Database	Ammunition	National Integrated Ballistic Information Network (NIBIN)
Physical Comparison	Ammunition	General Microscopy Software Program Visual
Product (Make/Model) Determination	Ammunition Firearm	Visual

Version 002 Issued: 16 July 2020

Page 1 of 3

2000 Regency Parkway, Suite 430, Cary, NC 27518
414-501-5494
www.anab.org



Serial Number Restoration	Physical Item	Chemical Magnetic Visual
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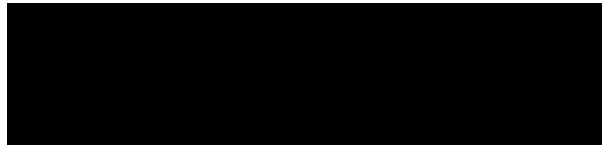
Discipline: Impressions		
Component/Parameter	Item	Key Equipment/Technology
Enhancement	Footwear Tire	Chemical Physical
Physical Comparison	Footwear Tire	Visual

Discipline: Materials (Trace)		
Component/Parameter	Item	Key Equipment/Technology
Physical/Chemical Comparison	Coating Fiber/Textile Fracture Item General Unknown Hair Polymer	Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Microspectrophotometry
Qualitative Determination	Coating Fiber/Textile Filament General Unknown Hair Polymer	Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Microspectrophotometry

Discipline: Seized Drugs		
Component/Parameter	Item	Key Equipment/Technology
Qualitative Determination	Botanical Liquid Solid	Chemical Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry
Quantitative Measurement	Solid	Gas Chromatography Mass Spectrometry
Weight Measurement	Botanical Liquid Solid	Balance

Discipline: Toxicology – Testing		
Component/Parameter	Item	Key Equipment/Technology
Qualitative Determination	Ante-Mortem Biological Item Post-Mortem Biological Item	Gas Chromatography Immunoassay Liquid Chromatography Mass Spectrometry
Quantitative Measurement	Ante-Mortem Biological Item Post-Mortem Biological Item	Gas Chromatography Liquid Chromatography Mass Spectrometry

When published on a forensic service provider's Scope of Accreditation, ANAB has confirmed the competence required to develop and validate methods and perform on-going quality assurance for accredited activities. The forensic service provider may add or modify methods for activities without formal notice to ANAB for items and key equipment/technology listed. Contact the forensic service provider for information on the method utilized for accredited work.



Vice President, Forensics

Received by OFS
07/29/2020



Niagara County Sheriff's Office - Forensic Laboratory

2020 - 17025 - Surveillance Assessment

Prepared by Melissa Smrz

Data collected on 2020-02-24

ANSI National Accreditation Board

United States

This assessment report summarizes the outcome of the recent accreditation activity. A separate document, the assessment plan, provides information on the type of activity (e.g., reassessment, surveillance activity, scope extension), the date(s) of the activity, the assessment team members, the requirement documents and the scope by discipline that was assessed for each location. The assessment plan, together with this report, provides a complete picture of the accreditation activity.

The ANSI National Accreditation Board (ANAB) evaluated the competence of the forensic service provider and conformance with all applicable accreditation requirements for the scope of accreditation listed in the assessment plan. Objective evidence of implementation was assessed. The results of an assessment activity are based on a sample of records, locations, and personnel that were available at the time of the activity. Witnessing is an additional technique used in on-site activities.

REQUIREMENTS:

ISO/IEC 17025:2017 General requirements for the competence of testing and calibration laboratories & ANAB ISO/IEC 17025:2017 Forensic Science Testing and Calibration Laboratories Accreditation Requirements (AR 3125) evaluated over the accreditation cycle are summarized in the following broad categories:

General requirements related to the forensic service provider's commitment to impartiality and confidentiality in its activities.

Structural requirements related to the range of activities, management structure, the authority, roles and responsibilities of personnel. Documented procedures which ensure a consistent application of activities and the validity of results.

Resource requirements related to the impartiality of personnel. Requirements for a training program, competency testing, authorizations and ongoing monitoring to ensure the competence of personnel. Facility and security suitability for activities. Records and procedures for equipment to ensure proper functioning and where applicable, establishment of metrological traceability. Requirements for externally provided products and services.

Process requirements related to the handling of test and calibration items in a manner to maintain the integrity of the item. Requirements for chain-of-custody of items to be tested and appropriate methods and procedures. Ensuring the required performance of the methods along with monitoring the validity of the results. Requirements to ensure results are supported by sufficient technical records and are reported accurately, clearly, unambiguously and objectively. Procedures for nonconforming work and a documented process for handling complaints. Requirements related to the laboratory information management system protection and integrity of data and information.

Management system requirements related to policies and objectives appropriate for the scope of activities. Requirements to control internal and external documents and records. Requirements to address risks and opportunities and timely, well-documented corrective actions. Requirements for an internal audit program and management reviews.

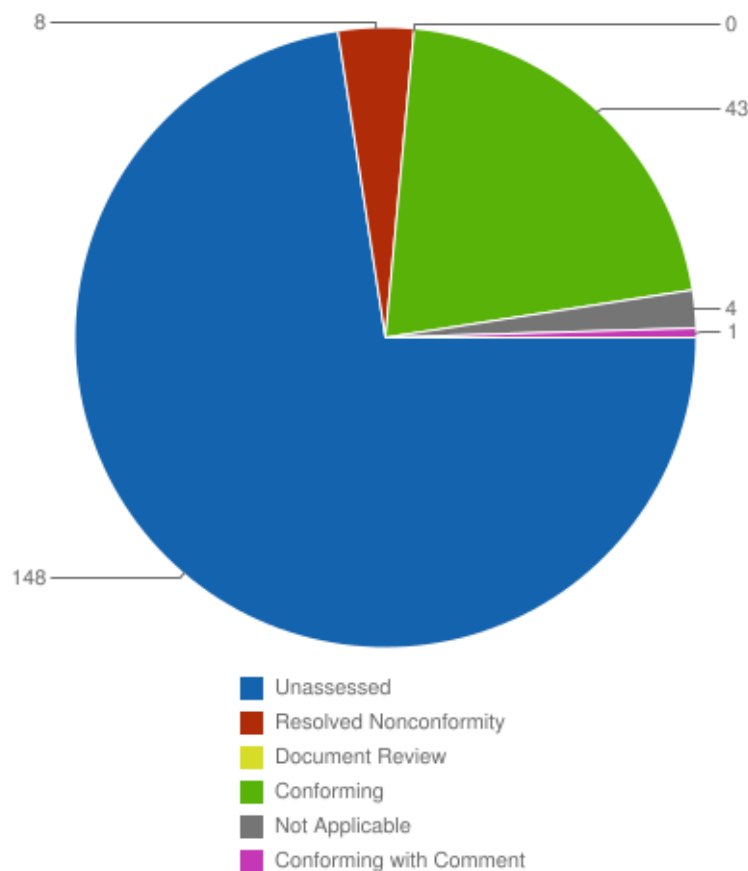
The accreditation activity also evaluates forensic science provider's conformance with their own management system requirements.

ASSESSMENT RESULT:

Based on the assessment techniques and sampling reviewed during the assessment activity, the assessment team found that the forensic service provider demonstrated competence to operate a management system that fulfills all applicable accreditation requirements, including those specified within their management system.

Any comments (opportunities for improvement) or nonconformities identified during this assessment activity are noted below. All nonconformities will be resolved prior to an accreditation decision by ANAB and a summary provided in a subsequent assessment activity report.

Summary of Objective Evidence



Audit Objective Evidence

6.2 Personnel

6.2.2.2 ANAB Accreditation Requirement

Resolved Nonconformity

Requirement

Does the training program for each function influencing the results of laboratory activities, to the extent necessary based on job function, include:

- the knowledge, skills, and abilities needed to perform work?
- general knowledge of forensic science?
- the application of ethical practices in forensic science?
- criminal law, civil law, and testimony?
- provisions for retraining?
- provisions for maintenance of skills and expertise? and
- criteria for acceptable performance?

ANAB NOTE 1 Past work experience and training may be substituted for portions of the training program to the extent that it has been demonstrated to be relevant and sufficient.

ANAB NOTE 2 ISO/IEC 17025:2017, section 7.3 may be applicable to training programs

Nonconformity Resolution Workflow

- In Toxicology, the documented training program requirements do not include training in the ELISA test method.

Completion note: The laboratory determined that human oversight led to this nonconformance, as it confirmed that analysts had received training. The laboratory determined that there was no case impact, as no deficiencies in ELISA casework were identified. The laboratory updated its Toxicology Training Manual to include a module on the ELISA test method. The laboratory provided its corrective action records. This nonconformity is resolved.

Nonconformity Resolution Workflow

g) The laboratory's training programs do not specify criteria for the acceptable performance in completing written and oral competency examinations and in completing report writing competency examinations.

Completion note: The laboratory determined that human oversight resulted in this nonconformance. It determined that there was no to minimal case impact, given that there were no inconsistencies in casework that could be attributed to lack of effective training. The laboratory revised its training procedure to include documented criteria for acceptable performance on practical, written and oral/moot court examinations. The laboratory provided records to show that the section supervisors, who are responsible for overseeing training, were notified of the change. The laboratory provided its corrective action records. This nonconformity is resolved.

6.5 Metrological traceability

6.5.1 ISO/IEC 17025:2017

Resolved Nonconformity

Requirement

Does the laboratory establish and maintain metrological traceability of its measurement results by means of a documented unbroken chain of calibrations, each contributing to the measurement uncertainty, linking them to an appropriate reference?

NOTE 1 In ISO/IEC Guide 99, metrological traceability is defined as the "property of a measurement result whereby the result can be related to a reference through a documented unbroken chain of calibrations, each contributing to the measurement uncertainty".

NOTE 2 See Annex A for additional information on metrological traceability.

Nonconformity Resolution Workflow

In Seized Drugs, weights used to perform checks on the balances used to weigh drug material and standards had calibrations which expired in October 2019. In Toxicology, the same weights used to perform checks on balances used to weigh powdered standards and to perform measurement verifications on pipettors used in making standards and in preparing samples had calibrations which expired in October 2019. The weights were not recalibrated until January 2020. The laboratory did not maintain metrological traceability during this time period.

Completion note: The laboratory determined that human oversight led to the nonconformance. The laboratory had identified the lapse of the calibrations prior to the arrival of the assessment team and the weights had undergone calibration. The laboratory determined there was no case impact because the weights had remained within calibration, per the re-calibration results, and through the review of performance check records since the calibration period had lapsed. The laboratory created a calibration schedule calendar that is provided to multiple laboratory staff to ensure the calibration schedule is maintained. The laboratory provided the calendar, the re-calibration certificates and a sample of the performance checks performed. The laboratory also provided a record of notification about the calendar to appropriate staff. The laboratory provided its corrective action records. This nonconformity is resolved.

6.6 Externally provided products and services

6.6.2 ISO/IEC 17025:2017

Resolved Nonconformity

Requirement

Does the laboratory have a procedure and retain records for:

- defining, reviewing and approving the laboratory's requirements for externally provided products and services?
- defining the criteria for evaluation, selection, monitoring of performance and re-evaluation of the external providers?
- ensuring that externally provided products and services conform to the laboratory's established requirements, or when applicable, to the relevant requirements of this document, before they are used or directly provided to the customer?
- taking any actions arising from evaluations, monitoring of performance and re-evaluations of the external providers?

Nonconformity Resolution Workflow

In Toxicology, the laboratory did not ensure that the vendors providing reference standards used in drug quantitation met the laboratory's established requirements (ie., accreditation). The accreditation status for three of four vendors expired in 2018 and 2019. The laboratory did not have records to verify that it reviewed the vendors' accreditation statuses.

Completion note: The laboratory determined that human oversight led to this nonconformance. The laboratory determined that the vendors' accreditation statuses did not lapse, and, therefore, determined that there was no case impact. The laboratory developed a calendar that will remind assigned staff to review the accreditation status of applicable vendors and to update records accordingly. The laboratory provided this calendar and a record of staff notification about the change and the calendar. The laboratory also provided an updated Management Review Form that includes a prompt for reference vendors reviews. The laboratory provided its corrective action records. This nonconformity is resolved.

7.4 Handling of test or calibration items

7.4.1 ISO/IEC 17025:2017

Resolved Nonconformity

Requirement

Does the laboratory have a procedure for the transportation, receipt, handling, protection, storage, retention, and disposal or return of test or calibration items, including all provisions necessary to protect the integrity of the test or calibration item, and to protect the interests of the laboratory and the customer? Are precautions taken to avoid deterioration, contamination, loss or damage to the item during handling, transporting, storing/waiting, and preparation for testing or calibration? Are handling instructions provided with the item followed?

Nonconformity Resolution Workflow

In Toxicology, the documented sample retention procedure (schedule) for DUI and drug-facilitated sexual assault cases is different than the procedure (schedule) cited in the laboratory's Quality Manual. Through interview, it was determined that the procedure (schedule) cited in the Quality Manual is the one used.

Completion note: The laboratory determined that human oversight led to this nonconformity. The laboratory determined that there was no case impact, as the laboratory was consistently following the intended procedure in the quality manual. The laboratory revised its Toxicology Procedures Manual to remove the cited sample retention procedure (schedule) there. The laboratory provided its corrective action records. This nonconformity is resolved.

8.1.1 General

8.1.1 ISO/IEC 17025:2017

Resolved Nonconformity

Requirement

Does the laboratory establish, document, implement and maintain a management system that is capable of supporting and demonstrating the consistent achievement of the requirements of this document and assuring the quality of the laboratory results? In addition to meeting the requirements of Clauses 4 to 7, does the laboratory implement a management system in accordance with Option A or Option B?

NOTE See Annex B for more information.

Objective Evidence

COMMENT: In Materials/Trace Evidence, the laboratory would benefit from more specifically documenting the steps of its analytical practices.

Nonconformity Resolution Workflow

In Materials/Trace, the laboratory's procedure does not include the analytical criteria to make fiber associations.

Completion note: The laboratory determined that human oversight led to this nonconformance. The laboratory determined that there was no case impact, inasmuch as no casework discrepancies had been identified. The laboratory revised its fiber analysis procedures to include

documented analytical directions and criteria to identify different fiber types and the criteria required to associate an unknown fiber to a known fiber source. The laboratory provided its corrective action records. This nonconformity is resolved.

Nonconformity Resolution Workflow

In Materials/Trace, the laboratory's procedure does not include the analytical criteria for determining whether or not a hair was forcibly removed. In one test report reviewed, there was a reported conclusion of "No obvious signs of forced hair removal was detected."

Completion note: The laboratory determined that human oversight led to this nonconformance. The laboratory determined that there was no case impact, inasmuch as no casework discrepancies had been identified. The laboratory revised its hair analysis procedures to include documented analytical criteria to identify a forcibly removed hair. The laboratory provided its corrective action records. This nonconformity is resolved.

Nonconformity Resolution Workflow

In Toxicology, the laboratory's documented procedures for LC/MS/MS drug quantitations have not been updated to include the use of new deuterated internal standards that were implemented as a result of a corrective action. The laboratory is using deuterated internal standards on casework.

Completion note: The laboratory determined that human oversight led to this nonconformance. The laboratory determined that there was no case impact, inasmuch as no casework discrepancies had been identified. The laboratory updated its documented procedures to include the new deuterated internal standards that have been implemented for use in testing. The laboratory provided its corrective action records. This nonconformity is resolved.

Nonconformity Resolution Workflow

In Toxicology, the laboratory's documented GC/MS and GC/MS/MS procedures using solid phase extraction with no derivatization do not specify the specific volume or solvent that is used to reconstitute the extract for instrumental analysis.

Completion note: The laboratory determined that human oversight led to this nonconformance. The laboratory determined that there was no case impact, inasmuch as no casework discrepancies had been identified. The laboratory updated its documented procedures to include the appropriate volumes and solvents used for each applicable procedure. The laboratory provided its corrective action records. This nonconformity is resolved.

8.3 Control of management system documents (Option A)

8.3.2 ISO/IEC 17025:2017

Resolved Nonconformity

Requirement

Does the laboratory ensure that:

- a) documents are approved for adequacy prior to issue by authorized personnel?
- b) documents are periodically reviewed, and updated as necessary?
- c) changes and the current revision status of documents are identified?
- d) relevant versions of applicable documents are available at points of use and, where necessary, their distribution is controlled?
- e) documents are uniquely identified?
- f) the unintended use of obsolete documents is prevented, and suitable identification is applied to them if they are retained for any purpose?

Nonconformity Resolution Workflow

c). The laboratory did not review and update its technical procedures to correctly reflect changes to referenced sections in the revised quality manual; specifically, the numbering of the referenced sections. The laboratory did not update the quality manual to reflect the changes to document numbers on forms when the laboratory implemented an electronic document control system.

Completion note: The laboratory determined that human oversight during the document review process led to this nonconformance. The laboratory also determined that there was no case impact. The laboratory conducted a document review of the Quality Manual and revised it

to correctly reflect the document section numbers and forms numbers. The laboratory provided its corrective action records. This nonconformity is resolved.

8.8 Internal audits (Option A)

8.8.1 ISO/IEC 17025:2017

Resolved Nonconformity

Requirement

Does the laboratory conduct internal audits at planned intervals to provide information on whether the management system:

a) conforms to:

- the laboratory's own requirements for its management system, including the laboratory activities?
- the requirements of this document?

b) is effectively implemented and maintained?

Nonconformity Resolution Workflow

a). The laboratory did not conduct the 2019 internal audit to provide information on whether the management system conformed to the requirements of this document (17025:2017) and the laboratory's management system requirement to conform to the ANAB AR 3125 accreditation requirements. The laboratory implemented the 17025:2017 and AR3125 requirements prior to conducting the 2019 internal audit.

Completion note: The laboratory had previously determined during the 2019 management review that the internal audit procedure and forms needed to be updated to include all applicable accreditation requirements. The procedure had not been updated by the time of this accreditation activity. The laboratory determined that there was minimal risk to past casework, as many of the accreditation requirements were the same as previous versions. The laboratory revised its procedure and internal audit forms to include all applicable accreditation and management system requirements. The laboratory provided the revised procedure, the revised internal audit forms, and its corrective action records. This nonconformity is resolved.

8.8.2.b).1 ANAB Accreditation Requirement

Resolved Nonconformity

Requirement

b).1 Do internal audits include direct observation of a sample of accredited services within each discipline?

Nonconformity Resolution Workflow

During the 2019 internal audit, the laboratory did not include direct observation of a sample of accredited services in any disciplines.

Completion note: The laboratory determined that human oversight led to this nonconformance. The laboratory determined that there was no/minimal case impact, as it had implemented the new accreditation requirements in June 2019 and had included case audits and reviews in all disciplines during prior internal audits. The laboratory revised its internal audit procedure to include annual witnessing to take place in each accredited discipline. The laboratory revised its internal audit witnessing form to be used during the audit. The laboratory provided the revised procedure, the witnessing form and its corrective action records. This nonconformity is resolved.

8.9 Management reviews (Option A)

8.9.2 ISO/IEC 17025:2017

Conforming with Comment : 0

Requirement

Are the inputs to management review recorded and include information related to the following:

- a) changes in internal and external issues that are relevant to the laboratory?
- b) fulfillment of objectives?
- c) suitability of policies and procedures?
- d) status of actions from previous management reviews?
- e) outcome of recent internal audits?

- f) corrective actions?
- g) assessments by external bodies?
- h) changes in the volume and type of the work or in the range of laboratory activities?
- i) customer and personnel feedback?
- j) complaints?
- k) effectiveness of any implemented improvements?
- l) adequacy of resources?
- m) results of risk identification?
- n) outcomes of the assurance of the validity of results?
- o) other relevant factors, such as monitoring activities and training?

Objective Evidence

l and m) COMMENT: The laboratory would benefit from more clearly specifying the results of its review of resource adequacy and risk identification in its management review report.



Received by OFS
08/27/2020

410 North 21st Street, Colorado Springs, CO 80904

Phone: (719) 636-1100 • Fax: (719) 636-1993 • Web-site: www.abft.org

August 27, 2020

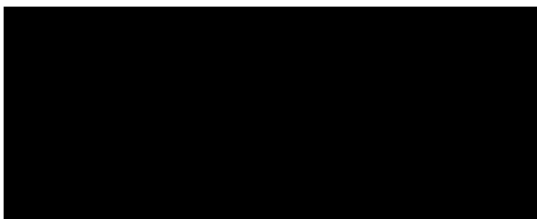
Kristie Barba, M.S. D-ABFT-FT
Toxicologist
Onondaga County Health Department
Medical Examiner's Office
Forensic Toxicology Laboratory
100 Elizabeth Blackwell Street
Syracuse, NY 13210

Dear Ms. Barba: **Review of 2020 Mid-Cycle Report**

Our review of your mid-cycle report is complete. I am pleased to advise that the Accreditation Committee found that your laboratory has satisfactorily completed all of the subscribed proficiency tests and continues to meet ABFT program requirements.

As indicated in the original letter sent to you by Dr. Goldberger, accreditation of your laboratory will continue through June 30th, 2021. Prior to that, we will be in touch with you to invite you to apply for reaccreditation.

Thanks you for your support of the ABFT Accreditation Program.



Graham R. Jones, Ph.D., F-ABFT
Chair, ABFT Accreditation Committee

Received by OFS
08/05/2020



Suffolk County Crime Laboratory

2020 - 17025 - Off-site Review

Prepared by Jana Champion

Data collected on 2020-08-01

ANSI National Accreditation Board

United States

This assessment report summarizes the outcome of the recent accreditation activity. A separate document, the assessment plan, provides information on the type of activity (*e.g.*, reassessment, surveillance activity, scope extension), the date(s) of the activity, the assessment team members, the requirement documents and the scope by discipline that was assessed for each location. The assessment plan, together with this report, provides a complete picture of the accreditation activity.

The ANSI National Accreditation Board (ANAB) evaluated the competence of the forensic service provider and conformance with all applicable accreditation requirements for the scope of accreditation listed in the assessment plan. Objective evidence of implementation was assessed. The results of an assessment activity are based on a sample of records, locations, and personnel that were available at the time of the activity. Witnessing is an additional technique used in on-site activities.

REQUIREMENTS:

ISO/IEC 17025:2017 General requirements for the competence of testing and calibration laboratories & ANAB ISO/IEC 17025:2017 Forensic Science Testing and Calibration Laboratories Accreditation Requirements (AR 3125) evaluated over the accreditation cycle are summarized in the following broad categories:

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Management system requirements related to policies and objectives appropriate for the scope of activities. Requirements to control internal and external documents and records. Requirements to address risks and opportunities and timely, well-documented corrective actions. Requirements for an internal audit program and management reviews.

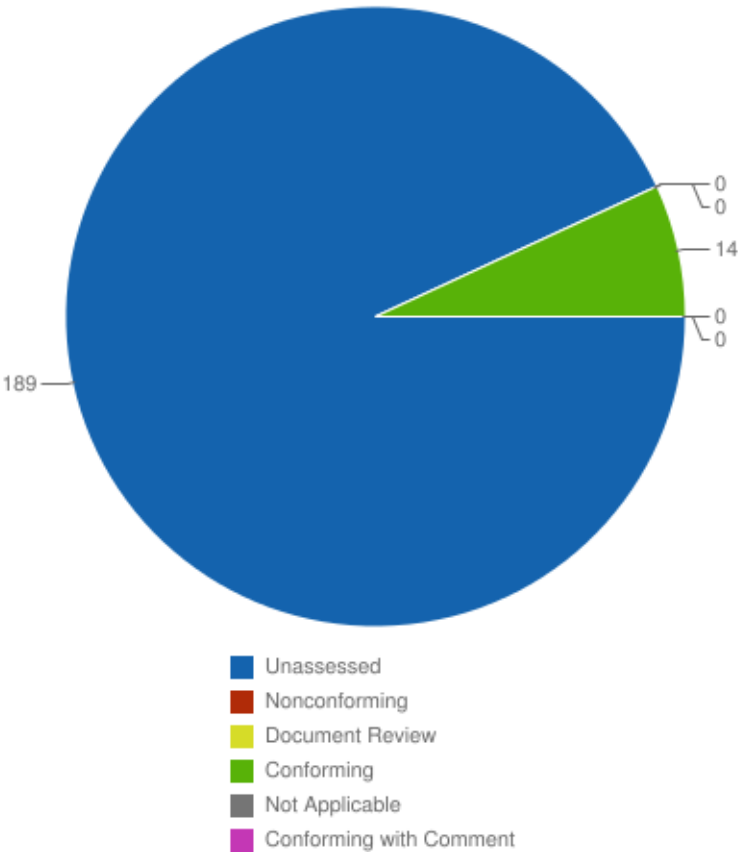
The accreditation activity also evaluates forensic science provider's conformance with their own management system requirements.

ASSESSMENT RESULT:

Based on the assessment techniques and sampling reviewed during the assessment activity, the assessment team found that the forensic service provider demonstrated competence to operate a management system that fulfills all applicable accreditation requirements, including those specified within their management system.

Any comments (opportunities for improvement) or nonconformities identified during this assessment activity are noted below. All nonconformities will be resolved prior to an accreditation decision by ANAB and a summary provided in a subsequent assessment activity report.

Summary of Comments



Audit Comments



Received by OFS
07/28/2020

July 27, 2020

Michael Lehrer, Ph.D.
Office of the Suffolk County Medical Examiner
Department Suffolk County Office Building#487
Hauppauge, NY 11787

SUBJECT: ABFT Laboratory Accreditation Program Inspection

Dear Director Lehrer,

Due to the continued issues associated with the COVID pandemic, ABFT is continuing to handle the reaccreditation process as an offline review.

To support a further extension of your ABFT accreditation to June 30, 2021, please submit for review all PT summaries received to date, that were not previously submitted as part of the documents for the reinspection. If an on-site inspection is possible prior to June 30, 2021, it will be done at a time convenient for the laboratory and the identified inspectors. If no on-site inspection is possible prior to the next Mid-Cycle Review, upon completion of the Mid-Cycle Review, the accreditation expiration date will be extended for one year to complete the original two-year cycle.

Therefore, at your earliest convenience, but prior to August 15, 2020, please upload all required documentation in electronic form (PDF, Word, etc.) to the designated restricted ShareFile folder.

A separate sub-folder has been added for these records.

For each please provide:

- The result summary from the Proficiency Test provider
- Any summary generated by your laboratory (e.g. indicating review and/or corrective action).
- If applicable, a summary of any corrective action, to include:
 - a description of the root cause(s) identified;
 - a description of the corrective action undertaken to minimize reoccurrence of similar problems; and
 - raw data, as necessary to identify the root cause and to demonstrate success of corrective action undertaken.

If you experience any difficulty submitting your documentation, please send a general email to ABFT@anab.org, and assistance will be provided.

There will be no fee for this extension.

Thank you for your interest and participation in the ABFT Laboratory Accreditation Program. Questions regarding your accreditation may be directed to the current Accreditation Committee Chair, Dr. Graham Jones [REDACTED]

Sincerely,



Caprice Fowler
Senior Coordinator
ANSI National Accreditation Board

George Laimer
County Executive

Department of Laboratories and Research

Aleksander Milovanovic
Pathologist/Deputy Medical Examiner

7/28/2020

Commissioner Michael Green

New York State Division of Criminal Justice Services
Alfred E. Smith State Office Building
80 South Swan St.
Albany, New York 12210

Dear Commissioner Green:

This is to inform you of a change in management at the Westchester County Department of Laboratories and Research, Division of Forensic Science. As of Friday July 31st at 4:00 PM the following individuals will be retiring.
Robert Adamo – Director of Forensic Science
Linda Duffy - Quality Manager
Mary Eustace – CODIS Administrator

Chris Cording from our Department who is currently the Director of the Division of Forensic Toxicology will serve as an Interim Director until a new one can be appointed.
Jennifer Reilly will be acting as the Laboratory's Quality Manager.
Ms. Reilly will also be temporarily acting as the CODIS administrator (she has been our Assistant CODIS Administrator) until someone can be appointed to that role.

Respectfully,


Dr. A. Milovanovic M.D

Pathologist-Deputy Medical Examiner



From: [Forensic Toxicologist](#)
To: [Cording, Christopher](#)
Cc: [dcjs.sm.forensiclabs](#); [Laurel Farrell](#)
Subject: ABFT 2020 Mid-Cycle Letter
Date: Thursday, August 27, 2020 2:39:32 PM
Attachments: [Westchester mid-cycle letter Aug 2020.pdf](#)
[Westchester 2020 Mid-Cycle Comments.docx](#)

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Hi Chris,

I have attached a copy of the letter confirming mid-cycle compliance for 2020. Also attached is a copy of some notes from one of the reviewers. While both That reviewers indicated compliance with the ABFT standards, one of them additionally offered some comments for your consideration. These comments should not necessarily be regarded as deficiencies.

Graham

Graham R. Jones, Ph.D., F-ABFT
Chair, ABFT Accreditation Program
E-Mail: toxicologist@shaw.ca



Received by OFS
08/27/2020

410 North 21st Street, Colorado Springs, CO 80904

Phone: (719) 636-1100 • Fax: (719) 636-1993 • Web-site: www.abft.org

August 27, 2020

Christopher Cording, MS, D-ABFT-FT
Director of Toxicology
Westchester County Department of Laboratories and Research
10 Dana Road
Valhalla, NY 10595

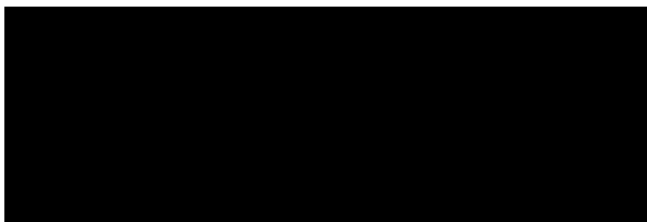
Dear Mr. Cording: **Review of 2020 Mid-Cycle Report**

Our review of the 2020 mid-cycle report and subsequent correspondence from your laboratory is complete. The review has determined that your laboratory continues to be in compliance with the standards of the ABFT program. Any deficiencies that were identified as a result of internal review of the proficiency test results were appropriately addressed.

As stated in earlier correspondence, your laboratory will continue to be accredited by the ABFT program through June 30, 2021. Approximately 4 months before that date, we will contact you to invite you to apply for continued accreditation of the laboratory.

As always, we appreciate your participation in and support of the ABFT Laboratory Accreditation Program.

Yours Sincerely,



Graham R. Jones, Ph.D., F-ABFT
Chair, ABFT Accreditation Committee

- Organizational chart: Proficiency testing of Senior Laboratory Technician? According to the Org chart, not necessary. However, as long as there are no analytical responsibilities that this position performs, then a PT would not be necessary.
- 2019- AL1-A: >1 std and ~5% difference between participant grand mean and results. All other volatiles analysis for the year was <1 std and less than 5%. Criteria to assess? Did the analyst repeat or any concern of the lab?
- 2019 T-A: Per memo on 052219, a written Investigation indicates method validation for EDDP on the LCMS and proficiency will be used as part of validation. All casework will be "reported semi-quantitatively for EDDP." +5SD (280 ng/ml vs 158.59 ng/ml) – No mention of past casework being evaluated or repeated.
- 2019 T-B (T-06): Fentanyl -5.74SD (38.7 vs 50.31 ng/ml)-Repeated 3x and on the third repeat, achieved 0.4SD from mean. Lab acknowledges linearity for this method "may not be robust and may need to be reevaluated. When running this analysis, the laboratory must be observant and assess high end trends."
- 2019 VF-A: VF-1 and VF-3-Appears both Glucose results are greater than the average. The Lab, with consultation from the Medical Examiners, determined that method with values greater than 300 mg/dl are indicative of diabetes. However, the root cause of the quantitative values was not determined and rather than access the method for accuracy, they accessed the method for being off and not affecting interpretation.
- 2019-VF-B: Lab glucose result of 908 mg/dL vs 681.09 mean. Although the laboratory is putting a +/- 30 reports because of the lack of accuracy of the method, no root cause analysis was conducted to determine why this Lab's glucose results are consistently elevated.

Overall, the 2020 mid-cycle assessment was much more thorough and explanatory than the previous 2016 & 2018 mid-cycle reviews that were conducted by this reviewer.

- EDDP PT failure: No assessment of past casework that may also be not accurately reported. Did the laboratory complete the EDDP validation?
- Fentanyl PT failure: Linearity or accuracy at the upper end of the curve was cited as an explanation, but it was vague in that the lab has to be observant to the high end trends. Any past casework evaluated?
- Glucose method for quantitation: From the 3 different PT sets of samples, only 1 sample was successfully quantitated with accuracy. The others were higher with a general statement about being possibly being 30% elevated. Could not assess where the 30% number originated. Should the laboratory consider making this method a qualitative method rather than a quantitative one?

Received by OFS
07/03/2020



**Westchester County Department of Public Safety - Crime
Laboratory**

2020 - 17025T - Surveillance Assessment

Prepared by Jana Champion

Data collected on 2020-06-29

ANSI National Accreditation Board

United States

This assessment report summarizes the outcome of the recent accreditation activity. A separate document, the assessment plan, provides information on the type of activity (*e.g.*, reassessment, surveillance activity, scope extension), the date(s) of the activity, the assessment team members, the requirement documents and the scope by discipline that was assessed for each location. The assessment plan, together with this report, provides a complete picture of the accreditation activity.

The ANSI National Accreditation Board (ANAB) evaluated the competence of the forensic service provider and conformance with all applicable accreditation requirements for the scope of accreditation listed in the assessment plan. Objective evidence of implementation was assessed. The results of an assessment activity are based on a sample of records, locations, and personnel that were available at the time of the activity. Witnessing is an additional technique used in on-site activities.

REQUIREMENTS:

ISO/IEC 17025:2017 General requirements for the competence of testing and calibration laboratories & ANAB ISO/IEC 17025:2017 Forensic Science Testing and Calibration Laboratories Accreditation Requirements (AR 3125) evaluated over the accreditation cycle are summarized in the following broad categories:

General requirements related to the forensic service provider's commitment to impartiality and confidentiality in its activities.

Structural requirements related to the range of activities, management structure, the authority, roles and responsibilities of personnel. Documented procedures which ensure a consistent application of activities and the validity of results.

Resource requirements related to the impartiality of personnel. Requirements for a training program, competency testing, authorizations and ongoing monitoring to ensure the competence of personnel. Facility and security suitability for activities. Records and procedures for equipment to ensure proper functioning and where applicable, establishment of metrological traceability. Requirements for externally provided products and services.

Process requirements related to the handling of test and calibration items in a manner to maintain the integrity of the item. Requirements for chain-of-custody of items to be tested and appropriate methods and procedures. Ensuring the required performance of the methods along with monitoring the validity of the results. Requirements to ensure results are supported by sufficient technical records and are reported accurately, clearly, unambiguously and objectively. Procedures for nonconforming work and a documented process for handling complaints. Requirements related to the laboratory information management system protection and integrity of data and information.

Management system requirements related to policies and objectives appropriate for the scope of activities. Requirements to control internal and external documents and records. Requirements to address risks and opportunities and timely, well-documented corrective actions. Requirements for an internal audit program and management reviews.

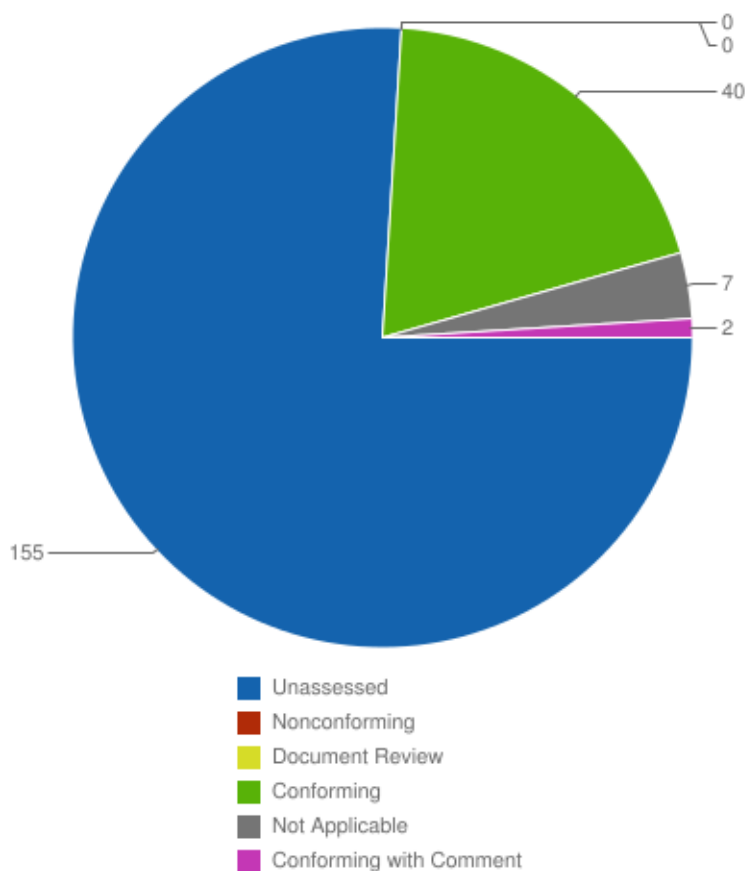
The accreditation activity also evaluates forensic science provider's conformance with their own management system requirements.

ASSESSMENT RESULT:

Based on the assessment techniques and sampling reviewed during the assessment activity, the assessment team found that the forensic service provider demonstrated competence to operate a management system that fulfills all applicable accreditation requirements, including those specified within their management system.

Any comments (opportunities for improvement) or nonconformities identified during this assessment activity are noted below. All nonconformities will be resolved prior to an accreditation decision by ANAB and a summary provided in a subsequent assessment activity report.

Summary of Objective Evidence



Audit Objective Evidence

7.2.1 Selection and verification of methods

7.2.1.5 ISO/IEC 17025:2017

Conforming with Comment : 0

Requirement

Does the laboratory verify that it can properly perform methods before introducing them by ensuring that it can achieve the required performance? Are records of the verification retained? If the method is revised by issuing body, is the verification repeated to the extent necessary?

Objective Evidence

The forensic service provider would benefit from updating their verifications of known data set descriptors as software continues to evolve and improve data extraction methods.

7.4 Handling of test or calibration items

7.4.1 ISO/IEC 17025:2017

Conforming with Comment : 0

Requirement

Does the laboratory have a procedure for the transportation, receipt, handling, protection, storage, retention, and disposal or return of test or calibration items, including all provisions necessary to protect the integrity of the test or calibration item, and to protect the interests of the laboratory and the customer? Are precautions taken to avoid deterioration, contamination, loss or damage to the item during handling, transporting, storing/waiting, and preparation for testing or calibration? Are handling instructions provided with the item followed?

Objective Evidence

The forensic service provider would benefit from implementing password protection or another method to preserve the contents of the case folders located on the digital evidence SAN.



Received by OFS
07/22/2020

July 8, 2020

Sgt. James G. Harrison
Westchester County Department of Public Safety
Crime Laboratory
2 Dana Road
Valhalla, NY 10595

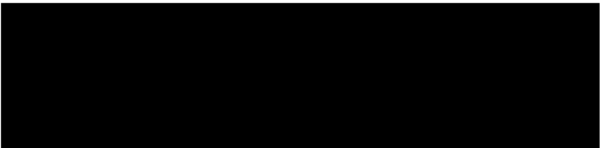
Dear Sgt. Harrison:

Congratulations, ANAB has approved the continuation of your organization's accreditation based upon the results of your recent surveillance activity. Continuation of accreditation is a formal acknowledgement that your organization continues to operate in conformance with accreditation requirements. The report was provided to you during the assessment activity.

The provided ANAB accreditation symbol may be used to convey your accredited status. An accreditation symbol must not be used in any way which implies accreditation in any area outside of the scope of accreditation. If appropriate, the accreditation symbol may be used on your organization's website, reports, letterhead, business cards, and other official documents. Please refer to [PR 1018 Policy on Use of ANAB Accreditation Symbols and Claims of Accreditation Status](#) for all required information. This policy also provides information on your ability to use a combined mark that contains the ANAB accreditation symbol and the International Laboratory Accreditation Cooperation (ILAC) mark.

The next assessment activity is scheduled to be an Off-site Surveillance in June 2021.

Thank you for your ongoing commitment to quality and the accreditation process.



Director of Accreditation
ANSI National Accreditation Board

cc: Richard Vander Meulen, Quality Manager
ANAB Office

Received by OFS
07/22/2020



CERTIFICATE OF ACCREDITATION

The ANSI National Accreditation Board

Hereby attests that

Westchester County Department of Public Safety

Crime Laboratory

2 Dana Road, Valhalla, New York 10595 USA

Fulfills the requirements of

ISO/IEC 17025:2017

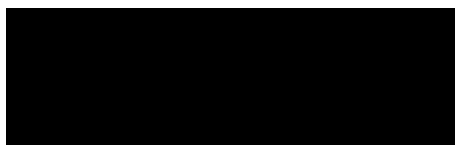
ANAB Forensic Testing & Calibration AR 3125:2019

In the field of

Forensic Testing

This certificate is valid only when accompanied by a current scope of accreditation document.

The current scope of accreditation can be verified at www.anab.org.



Expiry Date: 31 October 2022
Certificate Number: FT-0169





SCOPE OF ACCREDITATION TO:
ISO/IEC 17025:2017
ANAB Forensic Testing & Calibration AR 3125:2019

Westchester County Department of Public Safety Crime Laboratory
2 Dana Road, Valhalla, New York 10595 USA

FORENSIC TESTING

Expiry Date: 31 October 2022 Certificate Number: FT-0169

Discipline: Digital and Video/Imaging Technology and Analysis		
Component/Parameter	Item	Key Equipment/Technology
Field Sampling	Physical Item	Not Applicable
Acquisition/Extraction	Digital Data	Software Program
Content Analysis	Digital Data	Software Program Visual

Discipline: Firearms and Toolmarks		
Component/Parameter	Item	Key Equipment/Technology
Function Evaluation	Firearm Silencer	Measuring Equipment Visual
Individual Characteristic Database	Ammunition	National Integrated Ballistic Information Network (NIBIN)
Physical Comparison	Ammunition	General Microscopy
Serial Number Restoration	Physical Item	Chemical Magnetic Visual

Discipline: Friction Ridge		
Component/Parameter	Item	Key Equipment/Technology
Field Sampling	Physical Item	Adhesive

		Imaging
Enhancement	Ridge Detail	Chemical Physical Software Program
Individual Characteristic Database	Ridge Detail	Next Generation Identification System (NGI) Statewide Automated Biometric Identification System (SABIS)
Physical Comparison	Ridge Detail	Software Program Visual

Discipline: Scene Investigation		
Component/Parameter	Item	Key Equipment/Technology
Field Sampling	Physical Item	Imaging Measuring Equipment
Enhancement	Physical Item	Chemical Physical Software Program

When published on a forensic service provider's Scope of Accreditation, ANAB has confirmed the competence required to develop and validate methods and perform on-going quality assurance for accredited activities. For a listed component/parameter, the forensic service provider may add or modify methods for activities without formal notice to ANAB for items and key equipment/technology listed. Contact the forensic service provider for information on the method utilized for accredited work.



Pamela L. Sale
Vice President, Forensics



Received by OFS
07/01/2020

July 1, 2020

Colleen Lockhart
Yonkers Police Department
104 South Broadway
Yonkers, NY 10701

Dear Director Lockhart,


Congratulations, ANAB has approved the continuation of your organization's accreditation based upon the results of your recent surveillance activity. Continuation of accreditation is a formal acknowledgement that your organization continues to operate in conformance with accreditation requirements. The report was provided to you during the assessment activity.

The provided ANAB accreditation symbol may be used to convey your accredited status. An accreditation symbol must not be used in any way which implies accreditation in any area outside of the scope of accreditation. If appropriate, the accreditation symbol may be used on your organization's website, reports, letterhead, business cards, and other official documents. Please refer to [PR 1018 Policy on Use of ANAB Accreditation Symbols and Claims of Accreditation Status](#) for all required information. This policy also provides information on your ability to use a combined mark that contains the ANAB accreditation symbol and the International Laboratory Accreditation Cooperation (ILAC) mark.

The next assessment activity is scheduled be an On-site Surveillance in May/2021.

Thank you for your ongoing commitment to quality and the accreditation process.

Sincerely,


Nita Bolz
Senior Manager of Accreditation
ANSI National Accreditation Board

cc: Crystal Washington, Quality Manager
ANAB Office



Received by OFS
07/01/2020

CERTIFICATE OF ACCREDITATION

The ANSI National Accreditation Board

Hereby attests that

**Yonkers Police Department
Forensic Science Laboratory
104 South Broadway, Yonkers, New York 10701 USA**

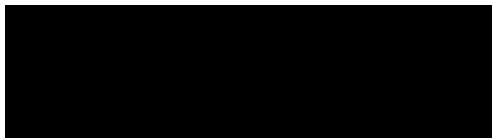
Fulfills the requirements of

**ISO/IEC 17025:2017
ANAB Forensic Testing & Calibration AR 3125:2019**

In the field of

Forensic Testing

This certificate is valid only when accompanied by a current scope of accreditation document.
The current scope of accreditation can be verified at www.anab.org.



Expiry Date: 30 September 2021
Certificate Number: FT-0208



SCOPE OF ACCREDITATION TO:
ISO/IEC 17025:2017
ANAB Forensic Testing & Calibration AR 3125:2019

Yonkers Police Department Forensic Science Laboratory

104 South Broadway
Yonkers, New York 10701 USA

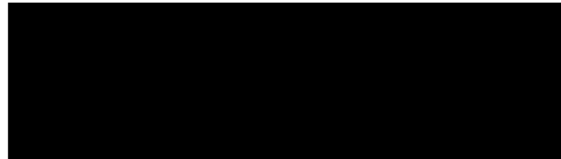
FORENSIC TESTING

Expiry Date: 30 September 2021 Certificate Number: FT-0208

Discipline: Friction Ridge		
Component/Parameter	Item	Key Equipment/Technology
Enhancement	Ridge Detail	Chemical Physical Software Program

Discipline: Seized Drugs		
Component/Parameter	Item	Key Equipment/Technology
Qualitative Determination	Botanical Liquid Solid	Chemical Gas Chromatography General Microscopy Infrared Spectroscopy Liquid Chromatography Mass Spectrometry Microcrystalline Raman Spectroscopy Visual
Quantitative Measurement	Botanical Liquid Solid	Gas Chromatography Liquid Chromatography Mass Spectrometry
Weight Measurement	Botanical Liquid Solid	Balance

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Pamela L. Sale
Vice President, Forensics

Received by OFS
07/05/2020



Yonkers Police Department Forensic Science Laboratory

2020 - 17025T - Off-site Review

Prepared by Melissa Smrz

Data collected on 2020-05-01

ANSI National Accreditation Board

United States

This assessment report summarizes the outcome of the recent accreditation activity. A separate document, the assessment plan, provides information on the type of activity (e.g., reassessment, surveillance activity, scope extension), the date(s) of the activity, the assessment team members, the requirement documents and the scope by discipline that was assessed for each location. The assessment plan, together with this report, provides a complete picture of the accreditation activity.

The ANSI National Accreditation Board (ANAB) evaluated the competence of the forensic service provider and conformance with all applicable accreditation requirements for the scope of accreditation listed in the assessment plan. Objective evidence of implementation was assessed. The results of an assessment activity are based on a sample of records, locations, and personnel that were available at the time of the activity. Witnessing is an additional technique used in on-site activities.

REQUIREMENTS:

ISO/IEC 17025:2017 General requirements for the competence of testing and calibration laboratories & ANAB ISO/IEC 17025:2017 Forensic Science Testing and Calibration Laboratories Accreditation Requirements (AR 3125) evaluated over the accreditation cycle are summarized in the following broad categories:

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Process requirements related to the handling of test and calibration items in a manner to maintain the integrity of the item. Requirements for chain-of-custody of items to be tested and appropriate methods and procedures. Ensuring the required performance of the methods along with monitoring the validity of the results. Requirements to ensure results are supported by sufficient technical records and are reported accurately, clearly, unambiguously and objectively. Procedures for nonconforming work and a documented process for handling complaints. Requirements related to the laboratory information management system protection and integrity of data and information.

Management system requirements related to policies and objectives appropriate for the scope of activities. Requirements to control internal and external documents and records. Requirements to address risks and opportunities and timely, well-documented corrective actions. Requirements for an internal audit program and management reviews.

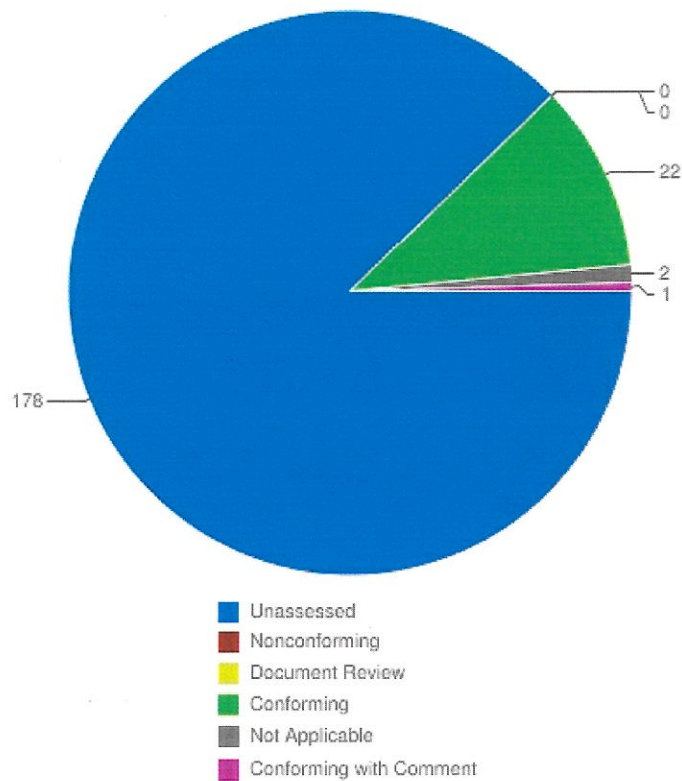
The accreditation activity also evaluates forensic science provider's conformance with their own management system requirements.

ASSESSMENT RESULT:

Based on the assessment techniques and sampling reviewed during the assessment activity, the assessment team found that the forensic service provider demonstrated competence to operate a management system that fulfills all applicable accreditation requirements, including those specified within their management system.

Any comments (opportunities for improvement) or nonconformities identified during this assessment activity are noted below. All nonconformities will be resolved prior to an accreditation decision by ANAB and a summary provided in a subsequent assessment activity report.

Summary of Objective Evidence



Audit Objective Evidence

7.2.2 Validation of methods

7.2.2.1.1 ANAB Accreditation Requirement

Conforming with Comment : 0

Requirement

Does the laboratory have a procedure for method validation that:

- a) includes the associated data analysis and interpretation?
- b) establishes the data required to report a result, opinion, or interpretation? and
- c) identifies limitations of the method, reported results, opinions, and interpretations?

Objective Evidence

COMMENT: The laboratory would benefit from revising its validation procedure to more clearly define the requirements cited in element 'b' of the standard.



DNA Subcommittee

Received by OFS
08/25/2020

August 25, 2020

BRUCE S. WEIR, PH.D.
CHAIR
University of Washington

FREDERICK BIEBER, PH.D.
Harvard Medical School

ALLISON EASTMAN, PH.D.
Forensic DNA Consulting, LLC

KATHERINE GETTINGS, PH.D.
National Institute of Standards and Technology

KENNETH KIDD, PH.D.
Yale University School of Medicine

JENIFER SMITH, PH.D.
D.C. Department of Forensic Sciences

AMANDA C. SOZER, PH.D.
SNA International

Michael C. Green, Esq.
Chair, Commission on Forensic Science
Division of Criminal Justice Services
80 South Swan Street
Albany, New York 12210

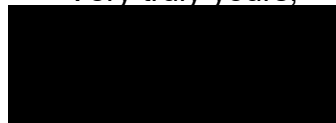
Dear Commissioner Green:

During the August 14, 2020 meeting of the DNA Subcommittee meeting, the Subcommittee reviewed and discussed your letter dated June 25, 2020, and the attached proposed updates Partial Match and Familial Search policies, along with corresponding changes to 9 NYCRR sections 6192.1 and 6192.3, and the DNA Databank Implementation Plan.

The Subcommittee voted to send a binding recommendation to the Commission on Forensic Science to accept and approve the amendments as provided by the Commission.

Please feel free to contact me if you have any questions.

Very truly yours,



Bruce Weir, Ph.D.

cc: Members, NYS State Commission on Forensic Science
Members, DNA Subcommittee

Natasha Harvin-Locklear, Esq., Special Counsel



Division of Criminal Justice Services

MEMORANDUM

TO: Commission on Forensic Science

FROM: Jill Dooley, Ph.D. [REDACTED]

DATE: August 28, 2020 [REDACTED]

SUBJECT: Forensic Laboratory Accreditation

New York State forensic laboratories have maintained a culture of quality since the enactment of Executive Law article 49-B. As you are aware, pursuant to Executive Law §995-b, the Commission on Forensic Science (Commission) is tasked with developing “minimum standards and a program of accreditation for all forensic laboratories in New York state ***.” Further, “[i]n designing a system of accreditation *** the [C]ommission shall evaluate other systems of accreditation.” (id.)

In order to continue to provide quality laboratory testing and inspection bodies, it would be beneficial to update the current regulations to include the most current versions of both ISO/IEC 17025 (General requirements for the competence of testing and calibration laboratories) and ISO/IEC 17020 (Conformity assessment - Requirements for the operation of various types of bodies performing inspection). Currently, the regulations reference ISO/IEC 17025 only as indicated below:

ANAB refers to ANSI National Accreditation Board Current ANAB accreditation requirements are contained in the ISO/IEC 17025:2017 “General Requirements for the competence of testing and calibration laboratories,” which can be obtained from ISO at www.iso.org or from the American National Standards Institute (ANSI) at www.ansi.org, and the ISO/IEC 17025:2017 Forensic Testing and Calibration Laboratories Accreditation Requirements, which may be obtained from ANAB at www.anab.org. These requirements may also be viewed at the Division of Criminal Justice Services, 80 South Swan Street, Albany, NY 12210 (see 9 NYCRR §6190.1[a][7]).

ANAB provides accreditation to 17025 and 17020. Both programs have the same manual (ANAB MA 3033), and both require inspection bodies or laboratories to have impartiality, risk assessment, training programs, proficiency testing, calibration, traceability, measurement uncertainty, document of processes, and complaints and appeals processes. The only difference is the use of the terms “laboratories” and “bodies performing inspection.”

A revision of the regulations could add the flexibility needed to enhance the quality of forensic science services in New York State.

cc: Natasha Harvin-Locklear, Esq.