



Commission on Forensic Science

December 3, 2021

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

9:09 AM – 1:17 PM

DRAFT MEETING MINUTES

Commission Members in Attendance:

Rossana Rosado, Chair
 Superintendent Kevin P. Bruen
 Pasquale Buffolino, Ph.D.
 Lydia de Castro
 Jill Dooley, Ph.D.
 Hon. William Fitzpatrick, Esq.
 Jessica Goldthwaite, Esq.
 Michael Marciano, Ph.D.
 Hon. Angela Mazzarelli
 Benjamin Ostrer, Esq.
 Ann Willey, Ph.D., J.D.

DCJS Staff in Attendance:

Natasha Harvin-Locklear, Esq.
 Shelley Palmer
 Joe Popcun
 Elizabeth Suparmanto

Dr. Dooley opened the meeting by introducing the new Chair, acting Commissioner Rossana Rosado. Chair Rosado shared her pathway to her new role and expressed her excitement for this opportunity. As authorized by Robert's Rules and not precluded by the bylaws, and to preserve order, Chair Rosado asked Dr. Dooley to walk through the business

***Approximate
video times***

**00:00:00
00:04:09**

¹ Due to the Coronavirus (COVID-19), and pursuant to Chapter 417 of the Laws of 2021 authorizing the meetings of any state agency, department, corporation, office, authority, board, or commission, as well as any local public body, or public corporation, or a committee or subcommittee or other similar body of such entity to be held remotely by conference call or similar service.

of the meeting. Dr. Dooley then introduced new member Superintendent Kevin Bruen as the new representative of law enforcement to the Commission.

Dr. Dooley then took a roll call as the members were in attendance from their own locations. A quorum was established with 11 members (Rosado, Bruen, Buffolino, de Castro, Dooley, Fitzpatrick, Goldthwaite, Marciano, Mazzarelli, Ostrer, and Willey).

00:04:09
00:05:03

A motion to approve the December 3, 2021 agenda was requested by Dr. Dooley. The motion was made by Judge Mazzarelli, seconded by Mr. Ostrer, and approved with 9 votes for (Buffolino, de Castro, Dooley, Fitzpatrick, Goldthwaite, Marciano, Mazzarelli, Ostrer, and Willey) and 2 abstentions (Rosado and Bruen).

00:05:03
00:06:13

Dr. Dooley then asked Commission members for questions or comments on the minutes from the September 17, 2021 Commission meeting. Mr. Fitzpatrick made a motion to accept the minutes, Dr. Willey seconded the motion, and it was approved with 9 votes for (Buffolino, de Castro, Dooley, Fitzpatrick, Goldthwaite, Marciano, Mazzarelli, Ostrer, and Willey) and 2 abstentions (Rosado and Bruen).

00:06:13
00:07:33

Under Accreditation/Laboratory Updates, matters regarding the Erie County Medical Examiner's Office Forensic Toxicology Laboratory, Nassau County Medical Examiner Division of Forensic Services, New York City OCME Department of Forensic Biology, New York City Police Department Police Laboratory, Niagara County Sheriff's Office Forensic Laboratory, Onondaga County Center for Forensic Sciences, and Suffolk County Crime Laboratory were considered. Representatives from the laboratories were available via WebEx to respond to members' questions.

00:07:33
01:41:32

The Suffolk County Crime Laboratory is currently engaged in the post assessment remediation process. The DNA Subcommittee will review the final nonconformity resolution and consider a binding recommendation for New York State accreditation at its February 4, 2022 meeting. To allow for this process, Dr. Dooley requested a motion to extend the New York State Accreditation of the Suffolk County Crime Laboratory to March 4, 2022. The motion was made by Judge Mazzarelli, seconded by Ms. de Castro, and approved 9 votes for (Rosado, Bruen, Buffolino, de Castro, Dooley, Fitzpatrick, Marciano, Mazzarelli, and Willey) and 2 against (Goldthwaite and Ostrer).

01:40:22
01:41:32

Dr. Dooley then moved to Old Business and provided Commission members with a verbal update on Familial Searching. Next, the Commission reviewed the memo dated November 17, 2021 from Dr. Dooley regarding proposed changes to 9 NYCRR 6190.1 that would allow for the option of ISO standard 17020 for applicable disciplines. Dr. Dooley requested a motion to move forward with the proposed changes to 9 NYCRR 6190.1, specifically the ANAB definition as stated in the memo to allow for 17020 to be an accreditation option. Dr. Willey made the motion, Mr. Fitzpatrick seconded the motion, and it was approved unanimously with 10 votes (Chair Rosado was not present during the vote).

01:41:32
01:42:25

01:42:25
01:49:25

Next, NYPD Deputy Chief Emanuel Katranakis and Executive Director Bob Barrows provided Commission members with a description of the New York City Police Department's

intended use of Investigative Genetic Genealogy (IGG). Special Counsel Harvin will review the information presented and return to the Commission with the findings of her analysis regarding if IGG falls under the purview of the Commission.

01:49:25
02:38:35

The last Old Business item was a discussion of Probabilistic Genotyping. The Commission reviewed a letter from Ms. Goldthwaite dated November 30, 2021. A lengthy discussion, regarding the status of the draft NIST report regarding mixture interpretation and the Commission's request to that the laboratories conducting probabilistic genotyping send their validations and standard operating procedures to the DNA Subcommittee to assist in the evaluation of the foundation review, ensued. Dr. Dooley advised the Commission that all laboratories have submitted documentation to OFS and that OFS will distribute to the DNA Subcommittee when the NIST document has been finalized. Ms. Goldthwaite made a motion to issue a moratorium of the interpretation of complex mixture by publicly accredited laboratories in New York State until such time as an independent body can assess the reliability of the methodology. The motion was seconded by Mr. Ostrer. The motion failed with 9 votes against (Rosado, Bruen, Buffolino, de Castro, Dooley, Fitzpatrick, Marciano, Mazzarelli, and Willey) and 2 votes for (Goldthwaite and Ostrer).

02:38:35
03:09:32

The Commission then reviewed disclosures from the Erie County Central Police Services, Erie County Medical Examiners' Office Forensic Toxicology Laboratory, Nassau County Medical Examiner Division of Forensic Science, New York City Police Department Police Laboratory, Onondaga County Center for Forensic Sciences, Suffolk County Crime Laboratory, and New York State Police Crime Laboratory. Representatives from the laboratories were available via WebEx to respond to members' questions.

03:09:32
03:18:55

Dr. Dooley then requested a motion to enter Executive Session to discuss matters relating to a current investigation or matters that may lead to the appointment, promotion, demotion, discipline, or suspension of a person. Mr. Fitzgerald made the motion, which was seconded by Dr. Marciano, and approved unanimously.

03:18:55
03:21:08

The Commission adjourned into Executive Session. Present were Commission members Rosado, Bruen, Buffolino, de Castro, Dooley, Fitzpatrick, Goldthwaite, Marciano, Mazzarelli, Ostrer, and Willey. No action was taken during executive session. The Commission then reconvened the Open Meeting.

The next meeting is scheduled for March 4, 2022. A motion to adjourn was made by Mr. Fitzpatrick, seconded by Dr. Buffolino, and approved unanimously.

03:21:08
03:24:10

Note:

Video of the open meeting is available at YouTube.



COUNTY OF ERIE

**MARK C. POLONCARZ
COUNTY EXECUTIVE**

**DEPARTMENT OF HEALTH
MEDICAL EXAMINER'S OFFICE**

GALE R. BURSTEIN, MD, MPH, FAAP
COMMISSIONER OF HEALTH

TARA J. MAHAR, MD
CHIEF MEDICAL EXAMINER

December 16, 2021

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

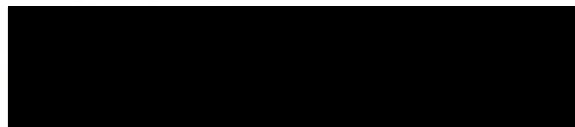
To Whom It May Concern:

Please allow this correspondence to serve as official notification that Melissa Boler, M.S. has been appointed to the position of Chief County Toxicologist at the Erie County Medical Examiner's Office Toxicology Laboratory.

Additional laboratory staffing changes are outlined in the toxicology laboratory's previously forwarded organizational chart.

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

Regards,



Tara J. Mahar, M.D.
Chief Medical Examiner

Cc: Dr. Graham Jones, ABFT



Received by OFS

1/6/22

January 6, 2022

Pasquale Buffolino, Ph.D.
Nassau County Office of the Medical Examiner
Division of Forensic Services
1194 Prospect Avenue
Westbury, NY 11590

Dear Dr. Buffolino,

Congratulations! On January 4, 2022, ANAB granted an extension of scope in the Field of Forensic Testing in the Firearms/Toolmarks discipline at the 1194 Prospect Avenue location. This decision was based upon the documentation provided in the assessment report and in accordance with the recommendation of the Lead Assessor. ANAB is satisfied that your organization has met or exceeded the accreditation requirements and requirements of your own documented management system for this extension of scope.

The report was provided to you during the assessment activity. An electronic version of updated accreditation documents 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 Reassessment in October 2022.

Sincerely,



Jami St. Clair
Senior Manager
ANSI National Accreditation Board

cc: Karen Dooling, Assistant Director
ANAB Office



ANSI National Accreditation Board

Received by OFS
1/6/22

SCOPE OF ACCREDITATION TO:
ISO/IEC 17025:2017
ANAB Forensic Testing & Calibration AR 3125:2019
FBI Quality Assurance Standards for Forensic DNA Testing Laboratories:2020

Nassau County Office of the Medical Examiner
Division of Forensic Services

1194 Prospect Avenue
Westbury, New York 11590 USA

FORENSIC TESTING

Expiry Date: 28 February 2023 Certificate Number: FT-0243

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 Epithelial Cell	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	Air Gun Firearm Silencer	Force Gauge Measuring Equipment Visual

Individual Characteristic Database	Ammunition	National Integrated Ballistic Information Network (NIBIN)
Physical Comparison	Ammunition	General Microscopy Measuring Equipment Software Program Visual
Qualitative Determination	Ammunition Firearm	General Microscopy Reference Collection

Discipline: Friction Ridge		
Component/Parameter	Item	Key Equipment/Technology
Enhancement	Ridge Detail	Chemical Physical Software Program
Individual Characteristic Database	Ridge Detail	Next Generation Identification System (NGI)
Physical Comparison	Ridge Detail	Software Program Visual

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



Vice President, Forensics

Received by OFS
1/4/22



**Nassau County Office of the Medical Examiner - Division of
Forensic Services**

2021 - 17025T - Scope Extension Assessment

Prepared by Elizabeth Ziolkowski

Data collected on 2021-12-06

ANSI National Accreditation Board

United States

Description

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.

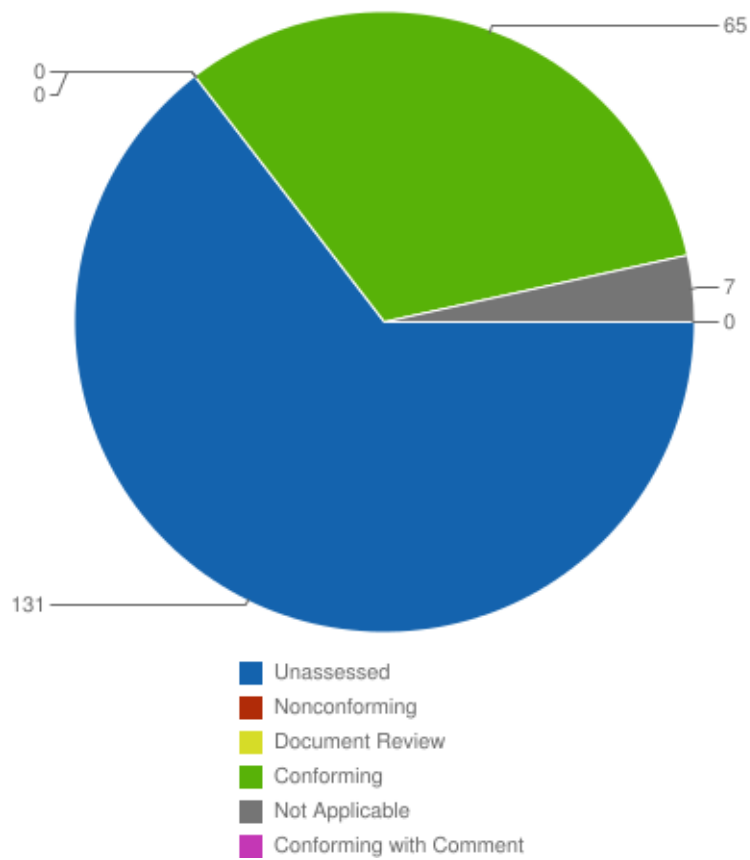
The accreditation activity also evaluates forensic science provider's conformance with their own management system requirements.

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 Comments



Audit Comments



December 6, 2022

Received by OFS
12/6/21

Joseph Avella, Ph.D., D-ABFT-FT
Nassau County Medical Examiner's Office
2251 Hempstead Turnpike, Building R
East Meadow, NY 11554

SUBJECT: ABFT Laboratory Accreditation Program Mid-Cycle Report

Dear Director Avella,

The ABFT accreditation cycle continues to be approximately two years in length. A mid-cycle self-assessment report and updated records demonstrating participation in required proficiency testing is due approximately 12 months after the last on-site inspection.

Please upload the required records to the designated restricted ShareFile folder, at your earliest convenience, but prior to April 1, 2022. You should receive an email regarding your ShareFile access shortly. If you experience any difficulty submitting your documentation, please send a general email to ABFT@anab.org and assistance will be provided.

Required Records:

A completed Mid-Cycle Report

- The report template is available for download here: www.abft.org
 - The report template requests information regarding any significant changes that have been made to your laboratory operation since the previous inspection, including major staff changes, major method changes, and corrective action undertaken as a result of the previous inspection report.

Information on proficiency test participation since the last inspection or the previous 12-month period (whichever is greater). Provide the following:

- 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.

The current fee schedule is \$9,000 (\$4,500 at the time of your reaccreditation and \$4,500 at the time of your mid-cycle submission). An invoice will be sent to you during the month of the mid-cycle.

Thank you for your participation in the ABFT Laboratory Accreditation Program. Questions regarding your accreditation may be directed to the current Accreditation Committee Chair, Dr. Graham Jones (toxicologist@shaw.ca).

Best Regards,

Caprice

Caprice Fowler
Senior Coordinator, Forensics
ANSI National Accreditation Board



Received by OFS
1/7/22

CERTIFICATE OF ACCREDITATION

The ANSI National Accreditation Board

Hereby attests that

New York City Office of Chief Medical Examiner
Department of Forensic Biology
421 East 26th Street, New York, New York 10016 USA

Fulfills the requirements of

ISO/IEC 17025:2017

ANAB Forensic Testing & Calibration AR 3125:2019

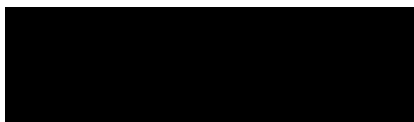
FBI Quality Assurance Standards for Forensic DNA Testing Laboratories:2020

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.



Pamela L. Sale, Vice President, Forensics

Expiry Date: 28 February 2024

Certificate Number: FT-0238





Received by OFS
1/7/22

SCOPE OF ACCREDITATION TO:
ISO/IEC 17025:2017
ANAB Forensic Testing & Calibration AR 3125:2019
FBI Quality Assurance Standards for Forensic DNA Testing Laboratories:2020

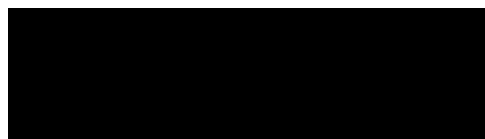
New York City Office of Chief Medical Examiner
Department of Forensic Biology
421 East 26th Street
New York, New York 10016 USA

FORENSIC TESTING

Expiry Date: 28 February 2024 Certificate Number: FT-0238

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

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Pamela L. Sale
Vice President, Forensics



January 6, 2022

Received by OFS
1/6/22

Andrea Lester
New York State Division of Criminal Justice Services
Latent Print Laboratory
80 South Swan Street
Albany, NY 12210

Dear Director Lester,


Congratulations! On January 3, 2022, ANAB 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 a Surveillance Assessment in November 2022.

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

Sincerely, 


Brad Putnam
Senior Director of Accreditation
ANSI National Accreditation Board

cc: Jennifer Alois, Quality Manager
ANAB Office

Received by OFS
1/5/22



**New York State Division of Criminal Justice Services - Latent Print
Laboratory**

2021 - 17025T - Surveillance Document Review

Prepared by Pamela Mikulcik

Data collected on 2021-11-01

ANSI National Accreditation Board

United States

Description

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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:

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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.

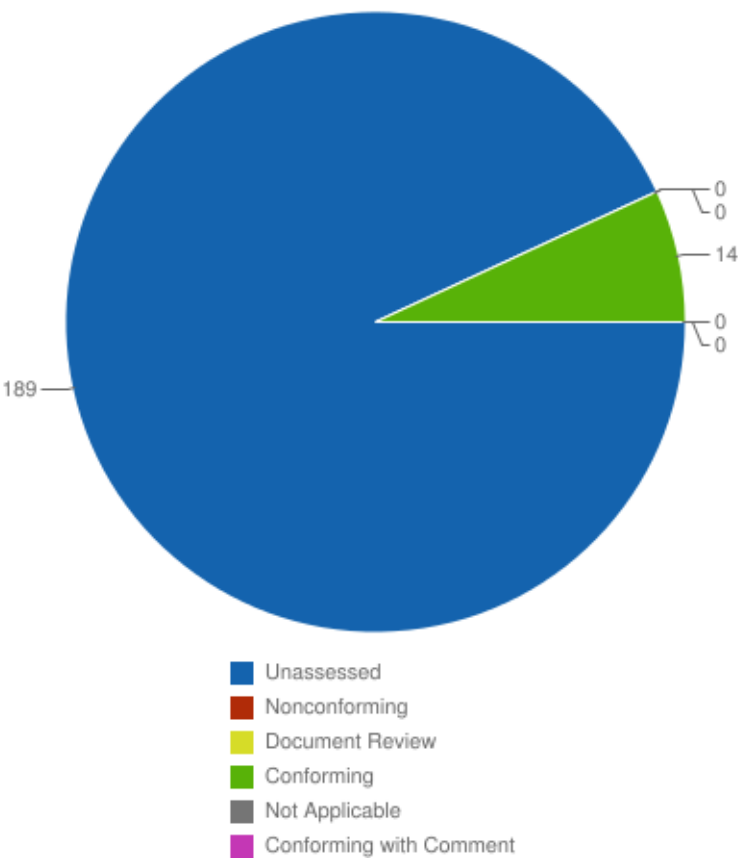
The accreditation activity also evaluates forensic science provider's conformance with their own management system requirements.

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



February 2, 2022

Received by OFS
2/2/22

Christine Giffin, M.S.
Niagara County Sheriff's Office
5526 Niagara Street, Ext.
Lockport, New York 14994

Dear Director Giffin,

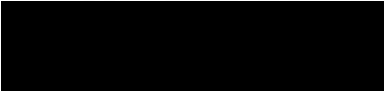
Congratulations! On January 28, 2022, ANAB approved the continuation of your organization's accreditation based upon the results of your recent interim assessment activity. Continuation of accreditation is a formal acknowledgement that your organization continues to operate in conformance with accreditation requirements. The report is included with this letter. The letter also serves as notification of two revisions of your assessment report. The non-conformity wording in 7.2.1.5 and 7.8.1.2.2 was edited for clarity.

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 a Reassessment in February 2022.

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

Sincerely,


Chris Hamburg
Senior Manager of Accreditation
ANSI National Accreditation Board

cc: Michelle Scotland, Ph.D., Quality Assurance Coordinator
ANAB Office

Received by OFS
2/2/22



Niagara County Sheriff's Office - Forensic Laboratory

2021-17025T-Interim Assessment

Prepared by Deedra Hughes

Data collected on 2021-11-09

ANSI National Accreditation Board

United States

Description

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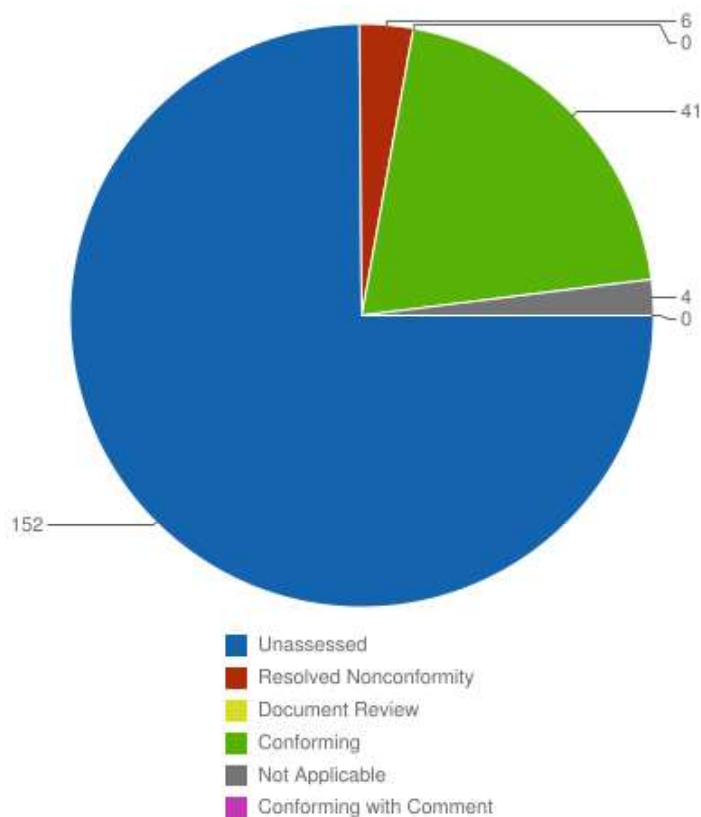
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Any comments (opportunities for improvement) or nonconformities identified during this assessment activity are noted below. All nonconformities will be resolved prior to an accreditation decision by ANAB and a summary provided in a subsequent assessment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

Summary of Comments



Audit Comments

6.4 Equipment

6.4.3 ISO/IEC 17025:2017

Resolved Nonconformity

Requirement

Does the laboratory have a procedure for handling, transport, storage, use and planned maintenance of equipment in order to ensure proper functioning and to prevent contamination or deterioration?

Nonconformity Resolution Workflow

Controlled Substances Procedure Manual (Doc ID: 1131) - 6. Instrument Performance Checks- GC/MS Performance Check Procedure states, the GC/MS will be autotuned on a week-of-use basis. An autotune will be run and the results will be compared to the manufacturer's. Acceptable instrumental operating parameters and results will be printed for both Passes/Fails autotunes. The laboratory could not provide documentation of failed autotunes.

Corrective Action Closure Note: An evaluation of the nonconformity to determine the extent and cause were conducted. Root cause determined the misunderstanding of the laboratory's procedure. It was determined the effect would be not having documentation of failed autotunes. All staff were trained to save failed autotunes. Signoff sheet of staff reviewed. This nonconformity has been resolved.

6.5 Metrological traceability

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

The Toxicology laboratory does not have documentation to maintain an unbroken chain of calibrations when altering reference material or when performing batch analyses.

Corrective Action Closure Note: An evaluation of the nonconformity to determine the extent and cause were conducted. Root cause determined the laboratory failed to properly interpret the standard. It was determined the effect would be not maintaining the required documentation. All equipment were given a designation on the equipment calibration log and in the LIMS chemical inventory program were solutions are noted. Toxicology Equipment Requiring Calibration, Reagent Preparation Worksheet and Chemical Inventory examples in the LIMS reviewed. This nonconformity has been resolved

7.2.1 Selection and verification of methods

7.2.1.1 ISO/IEC 17025:2017

Resolved Nonconformity

Requirement

Does the laboratory use appropriate methods and procedures for all laboratory activities and, where appropriate, for evaluation of the measurement uncertainty as well as statistical techniques for analysis of data?

NOTE "Method" as used in this document can be considered synonymous with the term "measurement procedure" as defined in ISO/IEC Guide 99.

Nonconformity Resolution Workflow

The toxicology procedure manual states that all positive results will be confirmed. All positive screening results are not being confirmed.

Corrective Action Closure Note: An evaluation of the nonconformity to determine the extent and cause were conducted. Root cause determined incorrect wording was used in the procedures. It was determined the effect could be the misinterpretation of which results would be confirmed. Toxicology Protocols were modified to the following: All positive findings will be confirmed by GC/MS, GC/MS/MS, LMS/MS/MS or another approved method, if it exists within the laboratory. The Toxicology Protocol was reviewed. This nonconformity has been resolved.

7.2.1.5 ISO/IEC 17025:2017

Resolved Nonconformity

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?

Nonconformity Resolution Workflow

The toxicology section does not verify that it can properly perform methods (quantitations) or achieve the required performance before introducing a new analyte for use in analysis.

Corrective Action Closure Note: An evaluation of the nonconformity to determine the extent and cause were conducted. Root cause determined the laboratory allowed the quantitation and reporting of drugs that are not a part of the routine panel. It was determined the effect may alter the uncertainty of measurement for routinely quantitated drugs. The laboratory developed a list of routinely quantitated drugs using one designated internal standard to ensure consistency and not interfere with the uncertainty of measurement. Routinely Quantitated Analytes_Tox list reviewed. This nonconformity has been resolved.

7.5 Technical records

7.5.1 ISO/IEC 17025:2017

Resolved Nonconformity

Requirement

Does the laboratory ensure that technical records for each laboratory activity contain the results, report and sufficient information to facilitate, if possible, identification of factors affecting the measurement result and its associated measurement uncertainty and enable the repetition of the laboratory activity under conditions as close as possible to the original? Do the technical records include the date and the identity of personnel responsible for each laboratory activity and for checking data and results? Are original observations, data and calculations recorded at the time they are made and identifiable with the specific task?

ANAB NOTE Options for recording observations include, but are not limited to: written notes, photography, drawing, photocopying, or scanning.

Nonconformity Resolution Workflow

Toxicology technical records do not contain the identification of factors affecting measurement uncertainty – identification of pipets and volumetric flasks used to pipet samples, make dilutions and prepare calibrator and control solutions.

Toxicology technical records do not contain sufficient information to repeat the laboratory activity under conditions as close as possible to the original. The toxicology section does not document how sample dilutions are made or document the volume used to create the calibration curve or controls.

Corrective Action Closure Note: An evaluation of the nonconformity to determine the extent and cause were conducted. Root cause determined the laboratory failed to properly interpret the standard. It was determined the effect would be not maintaining adequate documentation for factors affecting uncertainty, sample dilutions, calibration curves or controls. All equipment were given a designation on the equipment calibration log. Equipment identification is documented on the calibrator log for preparing calibration curves, controls and dilutions. Toxicology protocol manual was updated on the preparation of sample dilutions. The Toxicology SOPs are being updated to reflect the amount of material to prepare all calibration curves and controls. Reagent Preparation Worksheet, Toxicology Protocols, Chemical Inventory Examples, Toxicology Equipment Requiring Calibration and Benzodiazepine Quantitation Appendix A reviewed. This nonconformity has been resolved.

7.8.1 General

7.8.1.2.2 ANAB Accreditation Requirement

Resolved Nonconformity

Requirement

Is there a procedure for reporting of results that:

- identifies what will be reported for all items received, including items on which no work was performed, items collected or created and preserved for future testing, and for partial work performed?
- requires qualifying the significance of associations in the report whether by a statistic or a qualitative statement?
- requires communicating the reason(s) in the report when the reported results are inconclusive? and
- requires reporting of the initial database entry (e.g., DNA profiles, friction ridge, ballistics, biometrics)?

ANAB NOTE b) Associations for multiple results may be qualified by a single statistic or qualitative statement if the statistics are identical or, where applicable, meet or exceed a defined minimum threshold.

Nonconformity Resolution Workflow

A) The Toxicology benzodiazepine quantitation procedure does not identify what will be reported between the GCMS results and the LCMSMS results. Toxicology procedure does not identify what will be reported for all items received.

Corrective Action Closure Note: An evaluation of the nonconformity to determine the extent and cause was conducted. Root cause determined the Toxicology standard operating procedures do not clearly state how final results would be reported if an analyte was run on two individual methods with two different results. It was determined the effect would be not consistently reporting results. The Toxicology standard operating procedure was updated for reporting results. Benzodiazepine Quantitation "Reporting Results" procedure reviewed. This nonconformity has been resolved.

Received by OFS
2/10/22



Niagara County Sheriff's Office - Forensic Laboratory

2022 - 17025T Reassessment

Prepared by Dave Grady

Data collected on 2022-02-08

ANSI National Accreditation Board

United States

Description

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.

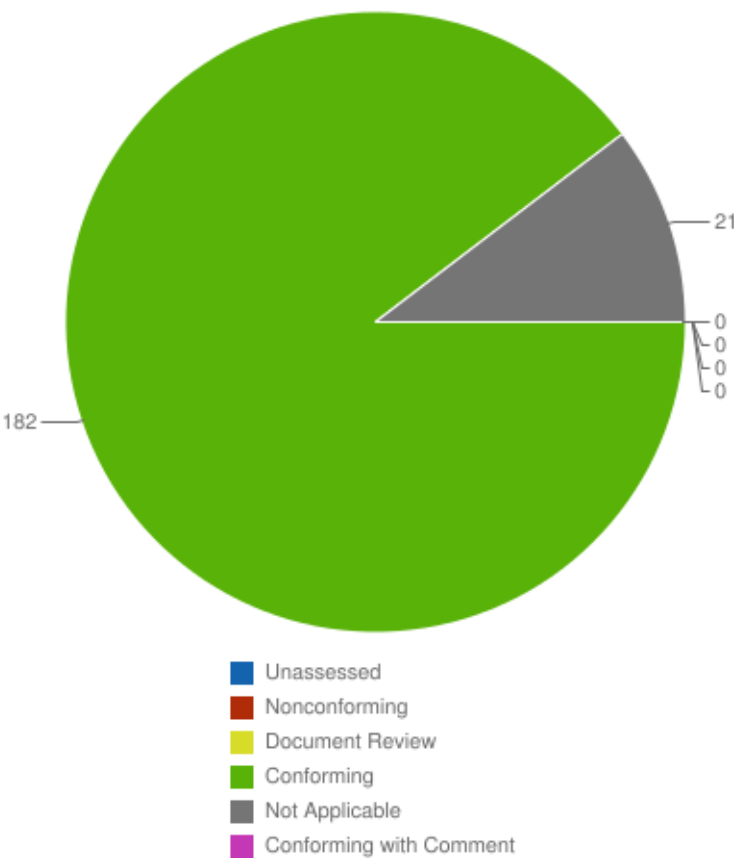
The accreditation activity also evaluates forensic science provider's conformance with their own management system requirements.

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 Comments



Audit Comments



DNA Subcommittee

February 16, 2022

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

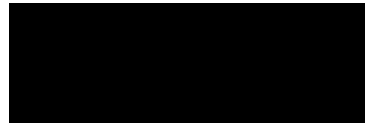
JENIFER SMITH, PH.D.
PRINCIPAL, BIOFORENSIC CONSULTING LLC

AMANDA C. SOZER, PH.D.
SNA International

Rossana Rosado
Chair, Commission on Forensic Science
Division of Criminal Justice Services
80 South Swan Street
Albany, New York 12210

Dear Commissioner Rosado:

At the February 4, 2022, DNA Subcommittee meeting, members reviewed the final ANSI National Accreditation Board (ANAB) Assessment Report for the Suffolk County Crime Laboratory. The Subcommittee voted and approved to issue a binding recommendation to the Commission on Forensic Science to renew the New York State Accreditation of the Suffolk County Crime Laboratory in the discipline of Biology for the period concurrent with their ANAB accreditation. This accreditation is valid until December 31, 2022.



Bruce Weir, Ph.D.
Chair, DNA Subcommittee

cc: Members of the Commission on Forensic Science
Jill Dooley, Ph.D., Director, OFS
Natasha Harvin-Locklear, Esq., Special Counsel



January 7, 2022

Received by OFS
1/7/22

Donald Doller
Suffolk County Crime Laboratory
725 Veterans Memorial Hwy
Hauppauge, New York 11788

Dear Chief Doller,

Congratulations! On January 7, 2022, ANAB renewed your organization's accreditation in the Field of Forensic Testing. This decision was based upon the documentation provided in the assessment report and in accordance with the recommendation of the Lead Assessor. ANAB is satisfied that your organization has met or exceeded the accreditation requirements and requirements of your own documented management system.

Accredited forensic service providers are expected to maintain the standards which were required to achieve accreditation and conform to [ANAB Terms and Conditions for Accreditation](#). The principal means used to monitor ongoing conformance include surveillance activities, proficiency testing reports submitted by approved test providers, and disclosure of significant events and nonconformities. The results of these monitoring activities will be considered when confirming the continuation of accreditation between assessments.

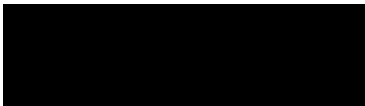
The planned surveillance activity and reassessment schedule is listed below:

- | | |
|---------------|------------------------------|
| • August 2022 | Surveillance Document Review |
| • August 2023 | Surveillance Assessment |
| • August 2024 | Surveillance Document Review |
| • August 2025 | Reassessment |

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 report was provided to you during the assessment activity. An electronic version of accreditation documents is included with this letter.

Achieving accreditation is the result of an extensive commitment of resources and much preparation by the management and personnel of the entire organization. I commend the efforts of all who were involved in this achievement. On behalf of ANAB, I extend my sincere congratulations to you. If you have any questions or if ANAB might assist you in any way, please feel free to get in touch with us at qualitymatters@anab.org.



Jill Spriggs
Senior Manager of Accreditation
ANSI National Accreditation Board

cc: Constance Dinkel, Assistant Chief
ANAB Office

Received by OFS
1/7/22



CERTIFICATE OF ACCREDITATION

The ANSI National Accreditation Board

Hereby attests that

Suffolk County Crime Laboratory
725 Veterans Memorial Hwy, Hauppauge, New York 11788 USA

Fulfills the requirements of

ISO/IEC 17025:2017

ANAB Forensic Testing & Calibration AR 3125:2019

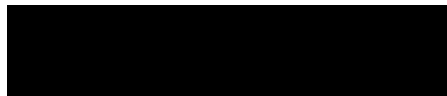
FBI Quality Assurance Standards for Forensic DNA Testing Laboratories:2020

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.



Pamela L. Sale, Vice President, Forensics

Expiry Date: 31 December 2025
Certificate Number: FT-0219





SCOPE OF ACCREDITATION TO:
ISO/IEC 17025:2017
ANAB Forensic Testing & Calibration AR 3125:2019
FBI Quality Assurance Standards for Forensic DNA Testing Laboratories:2020

Suffolk County Crime Laboratory

725 Veterans Memorial Hwy
Hauppauge, New York 11788 USA

FORENSIC TESTING

Expiry Date: 31 December 2025

Certificate Number: FT-0219

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 General Microscopy Immunoassay

Discipline: Document Examination		
Component/Parameter	Item	Key Equipment/Technology
Authentication	Document Substrate	General Microscopy Reference Collection Software Program Visual
Chemical/Physical Comparison	Content Document Fractured Item Stamp Substrate	General Microscopy Reference Collection Software Program Visual

Qualitative Determination	Content Copier Document Fractured Item Ink Printer Stamp Substrate	General Microscopy Reference Collection Software Program Visual
Recovery	Content Document	Electrostatic Detection Device General Microscopy Software Program Visual

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

Discipline: Firearms and Toolmarks		
Component/Parameter	Item	Key Equipment/Technology
Distance Determination	Firearm Physical Item	Chemical General Microscopy Measuring Equipment
Function Evaluation	Firearm	Measuring Equipment Visual
Individual Characteristic Database	Ammunition	National Integrated Ballistic Information Network (NIBIN)
Qualitative Determination	Ammunition Firearm	General Microscopy Reference Collection
Physical Comparison	Ammunition Fractured Item Tool/Toolmark	General Microscopy Visual
Serial Number Restoration	Physical Item	Chemical General Microscopy Visual
Trajectory Determination	Inspection/Test Result Physical Item	Not Applicable

Discipline: Impressions		
Component/Parameter	Item	Key Equipment/Technology
Enhancement	Footwear Tire	Chemical Physical Software Program

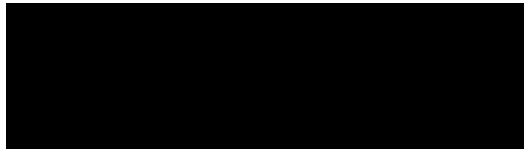
Physical Comparison	Footwear Physical Item Tire	Software Program Visual
Qualitative Determination	Footwear Tire	Reference Collection

Discipline: Materials (Trace)		
Component/Parameter	Item	Key Equipment/Technology
Chemical/Physical Comparison	Coating Fiber/Textile Fractured Item General Unknown Glass Hair Metal Polymer Tape	Chemical Energy Dispersive Spectroscopy Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Microspectrophotometry Refractometry Scanning Electron Microscopy Visual X-ray Fluorescence Spectroscopy
Qualitative Determination	Coating Fiber/Textile Filament General Unknown Glass Gunshot Residue Hair Metal Polymer Tape	Chemical Energy Dispersive Spectroscopy Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Reference Collection Refractometry Scanning Electron Microscopy Visual X-ray Fluorescence Spectroscopy

Discipline: Scene Investigation		
Component/Parameter	Item	Key Equipment/Technology
Field Sampling	Physical Item	Not Applicable
Enhancement	Physical Item	Chemical Physical
Qualitative Determination	Body Fluid	Chemical
Reconstruction	Inspection/Test Result Other Information Physical Item Scene	Not Applicable

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 Thin Layer Chromatography Visual
Quantitative Measurement	Botanical Liquid Solid	Liquid Chromatography
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. 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
1/7/22



Suffolk County Crime Laboratory

2021 - 17025T - Reassessment

Prepared by Michael Hurley

Lead Assessor

Data collected on 2021-08-17

ANSI National Accreditation Board

United States

Description

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.

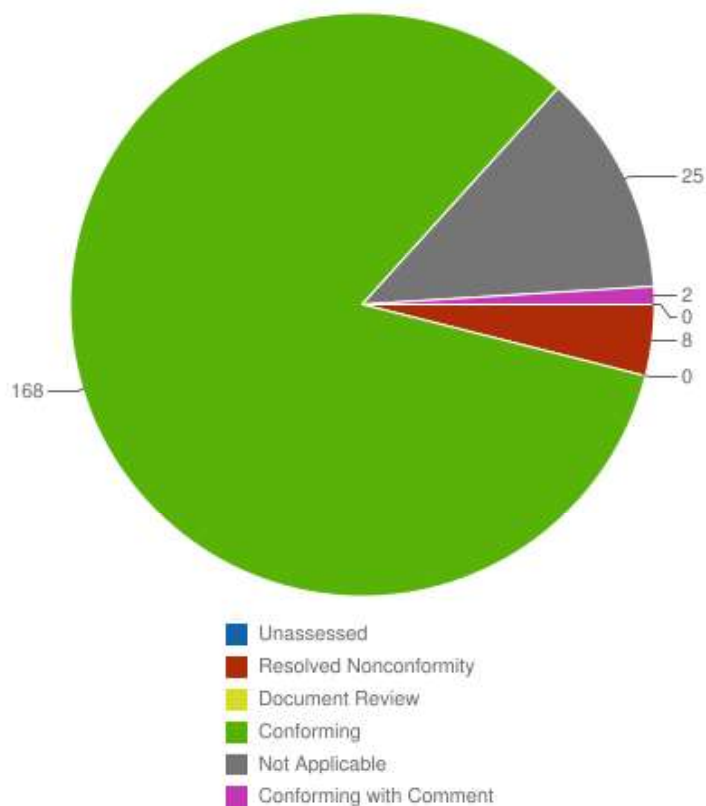
The accreditation activity also evaluates forensic science provider's conformance with their own management system requirements.

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 Comments



Audit Comments

5. Structural requirements

5.5 ISO/IEC 17025:2017

Resolved Nonconformity

Obligation

- a) Does the laboratory define the organization and management structure of the laboratory, its place in any parent organization, and the relationships between management, technical operations and support services?
- b) Does the laboratory specify the responsibility, authority and interrelationship of all personnel who manage, perform or verify work affecting the results of laboratory activities?
- c) Does the laboratory document its procedures to the extent necessary to ensure the consistent application of its laboratory activities and the validity of the results?

ANAB NOTE c) Documenting procedures to the extent necessary to ensure the consistent application of testing and calibration and the validity of the results includes analysis and data interpretation to arrive at a result, opinion or interpretation.

Add Nonconformity Resolution Workflow

The Seized Drug discipline has not documented its procedures to the extent necessary to ensure consistent application of the laboratory activities and the validity of the results. The discipline procedures do not detail an analytical scheme nor acceptability requirements for methods performed.

Corrective Action Closure Note: The seized drug discipline provided the following documentation:

A New Drug Chemistry Section Standard Operating Procedures Manual, effective November 8, 2021.

The new manual includes significant enhancements which now includes a detailed analytical scheme, acceptability requirements for the methods performed. The GCMS method now includes the utilization of GC retention times for comparison and identification. LCMS was also added as an identification technique for mushroom identifications. Additional documentation provided includes a new administrative

review/technical review form, November monitoring and casework samples which demonstrate the implementation of revised methods in the new manual and utilization of the AR/TR form. Memos were also provided which were sent to drug chemistry section personnel informing this staff of the updated manual, methods and case review form. This nonconformity is resolved.

6.2 Personnel

6.2.2.2 ANAB Accreditation Requirement

Resolved Nonconformity

Obligation

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

- a) the knowledge, skills, and abilities needed to perform work?
- b) general knowledge of forensic science?
- c) the application of ethical practices in forensic science?
- d) criminal law, civil law, and testimony?
- e) provisions for retraining?
- f) provisions for maintenance of skills and expertise? and
- g) 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

Add Nonconformity Resolution Workflow

The training program for Materials (Trace) discipline does not address criteria for acceptable performance.

Corrective Action Closure Note: The laboratory provided the following documentation:

Criteria for acceptable performance was added to the Trace Evidence Training Manual and approved on 9/22/2021.

Criteria were added for the performance of written/oral examinations, practical (competency) tests, roundtable discussions and mock trials. This nonconformity is resolved.

7.2.1 Selection and verification of methods

7.2.1.1.2 ANAB Accreditation Requirement

Resolved Nonconformity

Obligation

Do all test methods that involve the comparison of an unknown to a known require the evaluation of the unknown item(s) to identify characteristics suitable for comparison and, if applicable, characteristics suitable for statistical rarity calculations, prior to comparison to one or more known item(s)?

ANAB NOTE 1 Characteristics include, but are not limited to, alleles in a DNA profile, friction ridge detail in a latent print, striation detail on a bullet, features of handwriting, or criteria for evaluation of mass spectrometry fragments and ratios in a seized drug sample or a toxicology sample extract.

ANAB NOTE 2 This requirement is not focused on the process of assessing an unknown in order to identify the test item that will be the subject of further comparison. In these circumstances, it may be appropriate to perform a preliminary characterization of the known prior to the assessment of the unknown.

Add Nonconformity Resolution Workflow

In the Impressions, Firearms and Seized Drug disciplines, the casework that involves the comparison of an unknown to a known require the evaluation of the unknown items to identify characteristics suitable for comparison. These evaluations are not documented.

Corrective Action Closure Note: Documentation was provided by the laboratory which include actions taken and monitoring activities. In the impressions, firearms and seized drug discipline's additions/updates were made to standard operating procedures/manuals with requirements to document comparison characteristics of question items and technical review forms. In the firearms discipline, 3 new forms were developed for the documentation of evaluation characteristics.

Sample casework was provided for impressions, firearms and seized drugs disciplines which demonstrates the procedures are being followed, and comparison characteristics are now documented. This nonconformity is resolved.

7.3 Sampling

7.3.1 ISO/IEC 17025:2017

Conforming with Comment : 0

Obligation

Does the laboratory have a sampling plan and method when it carries out sampling of substances, materials or products for subsequent testing or calibration? Does the sampling method address the factors to be controlled to ensure the validity of subsequent testing or calibration results? Is the sampling plan and method available at the site where sampling is undertaken? Are sampling plans, whenever reasonable, based on appropriate statistical methods?

Comments

In the Crime Scene discipline, it would benefit the laboratory to add additional information on collection and documentation of samples collected.

7.4 Handling of test or calibration items

7.4.1.1 ANAB Accreditation Requirement

Resolved Nonconformity

Obligation

For all test items received except known origin individual characteristic database samples, does the procedure:

- a) address requirements for storage, packaging, and sealing of items to:
 - 1) protect the integrity of all items? and
 - 2) require items to be re-sealed as soon as practicable?
- b) address measures to be taken to secure unattended items?
- c) require chain-of-custody for:
 - 1) all items received? and
 - 2) items that are collected or created and preserved for future testing (e.g., ESDA lifts, test-fired ammunition, latent print lifts, trace evidence, DNA extracts)?
- d) require chain-of-custody to securely and accurately identify:
 - 1) the individual(s) or location(s) receiving or transferring the item(s)? and
 - 2) the item(s) being transferred? and
 - 3) the chronological order of all transfers, minimally including the date?
- e) require communication to the customer regarding the disposition of all items received; and
- f) address communication to the customer regarding items collected or created and preserved for future testing?

ANAB NOTE 1 c) An item being tracked could contain multiple components and be tracked as one item.

ANAB NOTE 2 d).1) Documentation of internal transfers does not need to include use of personal storage locations.

Add Nonconformity Resolution Workflow

In the biology discipline the chain of custody procedure does not address the complete tracking of DNA extracts which are retained for future testing.

This is also a finding in the QAS document 7.3.2

Corrective Action Closure Note: The following documentation was provided by the laboratory:

In the biology discipline, the Biology QA Manual was updated to specify where the DNA extracts are stored after extraction. A procedure was added to include the transfer of DNA extracts from the extraction refrigerator to long term freezer storage. A password-protected Excel document is utilized to document the transfers. Additionally, wording was added to the DNA extracts chain of custody tracking sheet SOP 081 indicating the freezer transfer chain of custody is maintained in the laboratory and is available upon request. The EZ1 extraction worksheet was also updated for documentation of these transfers and storage. The laboratory documented actions which were taken and sample records showing implementation of updated procedures. This nonconformity is resolved.

7.5 Technical records

7.5.1 ISO/IEC 17025:2017

Resolved Nonconformity

Obligation

Does the laboratory ensure that technical records for each laboratory activity contain the results, report and sufficient information to facilitate, if possible, identification of factors affecting the measurement result and its associated measurement uncertainty and enable the repetition of the laboratory activity under conditions as close as possible to the original? Do the technical records include the date and the identity of personnel responsible for each laboratory activity and for checking data and results? Are original observations, data and calculations recorded at the time they are made and identifiable with the specific task?

ANAB NOTE Options for recording observations include, but are not limited to: written notes, photography, drawing, photocopying, or scanning.

Add Nonconformity Resolution Workflow

The technical records in the Firearms, Crime Scene and Seized Drug disciplines do not contain the original observations made in examinations and identifiable to specific tasks and necessary for supporting the reported conclusions. Examination documentation in firearms contains opinions and conclusions regarding comparisons without supporting observations or documentation to justify or support the conclusions.

Corrective Action Closure Note: Documentation was provided by the laboratory which include actions taken and monitoring activities. In the crime scene, firearms and seized drug discipline's additions/updates were made to standard operating procedures/manuals with requirements to document original observations. In the crime scene discipline updates were made to the training manual, procedures manual and quality manual. In the firearms discipline, several new forms were developed for the documentation of the examiner's observations. And seized drugs updates were made to the standard operating procedures and a new more detailed Drug Chemistry Section Standard Operating Procedures Manual was developed. Sample casework , which includes updated admin/technical review forms, was provided for crime scene, firearms and seized drugs disciplines which demonstrates the procedures are being followed, and observations now documented. Observations made in examinations are now identifiable to specific tasks and support the reported conclusions. This nonconformity is resolved.

7.5.1.2 ANAB Accreditation Requirement

Conforming with Comment : 0

Obligation

Where abbreviations or symbols specific to the forensic service provider are used, is the meaning of the abbreviations or symbols defined?

Comments

In the materials discipline it would benefit the laboratory to further define and clarify the abbreviations utilized in hair examination casework.

7.5.1.3 ANAB Accreditation Requirement

Resolved Nonconformity

Obligation

Are technical records to support a report (including results, opinions, and interpretations) such that, another reviewer possessing the relevant knowledge, skills, and abilities could evaluate what was done and interpret the data?

Add Nonconformity Resolution Workflow

In the Seized Drug discipline the technical record for some results and interpretations does not support the results for identifications. Examination documentation contains results regarding comparisons without supporting observations or documentation to justify or support the identification or comparison conclusions.

Corrective Action Closure Note: The seized drug discipline provided the following documentation: A New Drug Chemistry Section Standard Operating Procedures Manual, effective November 8, 2021. The new manual includes significant enhancements which now includes a detailed analytical scheme, acceptability requirements for the methods performed. The GCMS method now includes the utilization of GC retention times for comparison and identification. LCMS was also added as an identification technique for mushroom identifications. Additional documentation provided includes a new administrative review/technical review form, November monitoring and casework samples which demonstrate the implementation of revised methods in the new manual and utilization of the AR/TR form. Memos were also provided which were sent to drug chemistry section personnel informing this staff of the updated manual, methods and case review form. Samples of the seized drug section case records results and interpretations contain examination documentation records (observations, analytical scheme, instrumental methods and data) which support the results for the identification or comparison conclusions. This nonconformity is resolved.

7.8.1 General

7.8.1.2 ISO/IEC 17025:2017

Resolved Nonconformity

Obligation

Are results provided accurately, clearly, unambiguously and objectively, usually in a report (e.g. a test report or a calibration certificate or report of sampling), and include all the information agreed with the customer and necessary for the interpretation of the results and all information required by the method used? Are all issued reports retained as technical records?

NOTE 1 For the purposes of this document, test reports and calibration certificates are sometimes referred to as test certificates and calibration reports, respectively.

NOTE 2 Reports can be issued as hard copies or by electronic means, provided that the requirements of this document are met.

Add Nonconformity Resolution Workflow

Impression casework reports do not clearly indicate that make or model identification of question footwear impressions are accomplished by performing an Internet search. A specific database for footwear identification is not utilized.

Corrective Action Closure Note: Documentation was provided by the laboratory which include actions taken and monitoring activities. The Impression Evidence Manual was revised to include examination documentation and reporting instructions for "investigative reports" which include any resources used to perform the investigative search, such as references, websites, etc., and adding a disclaimer that the search may not be all-inclusive. Sample casework including updated admin/technical review form which demonstrates the procedures are being followed and reporting indicates the type of search, which was performed, and the disclaimer statement. This nonconformity is resolved.

7.8.2 Common requirements for reports (test, calibration or sampling)

7.8.2.1 ISO/IEC 17025:2017

Resolved Nonconformity

Obligation

Does each report include at least the following information, unless the laboratory has valid reasons for not doing so, thereby minimizing any possibility of misunderstanding or misuse:

- a) a title (e.g. "Test Report", "Calibration Certificate" or "Report of Sampling")?
- b) the name and address of the laboratory?
- c) the location of performance of the laboratory activities, including when performed at a customer facility or at sites away from the laboratory's permanent facilities, or in associated temporary or mobile facilities?
- d) unique identification that all its components are recognized as a portion of a complete report and a clear identification of the end?
- e) the name and contact information of the customer?
- f) identification of the method used?
- g) a description, unambiguous identification, and, when necessary, the condition of the item?
- h) the date of receipt of the test or calibration item(s), and the date of sampling, where this is critical to the validity and application of the results?
- i) the date(s) of performance of the laboratory activity?
- j) the date of issue of the report?
- k) reference to the sampling plan and sampling method used by the laboratory or other bodies where these are relevant to the validity or application of the results?
- l) a statement to the effect that the results relate only to the items tested, calibrated or sampled?
- m) the results with, where appropriate, the units of measurement?
- n) additions to, deviations, or exclusions from the method?
- o) identification of the person(s) authorizing the report?
- p) clear identification when results are from external providers?

NOTE Including a statement specifying that the report shall not be reproduced except in full without approval of the laboratory can provide assurance that parts of a report are not taken out of context.

ANAB NOTE 2 A legal requirement that dictates the information to be included in a report is a valid reason to not include one or more listed report elements.

ANAB NOTE 3 i) Date(s) may be reflected as a range of dates or the date of each test or calibration.

ANAB NOTE 4 o) Authorization of the report does not have to be performed by the same person(s) who authorized the results. (see ISO/IEC 17025:2017 7.8.1.1).

Add Nonconformity Resolution Workflow

For impression examinations reports do not contain information related to the specific methodology utilized.

Corrective Action Closure Note: Documentation was provided by the laboratory which include actions taken and monitoring activities. The

Impression Evidence Manual was revised to include examination documentation and reporting instructions to contain information related to the specific methodology utilized.

Sample casework , including updated admin/technical review form which demonstrates the procedures are being followed and reporting indicates the specific methodology utilized. This nonconformity is resolved.



Received by OFS
12/21/21

CERTIFICATE OF ACCREDITATION

The ANSI National Accreditation Board

Hereby attests that

Suffolk County Crime Laboratory
725 Veterans Memorial Highway, Hauppauge, New York 11788 USA

Fulfills the requirements of

ISO/IEC 17025:2017

ANAB Forensic Testing & Calibration AR 3125:2019

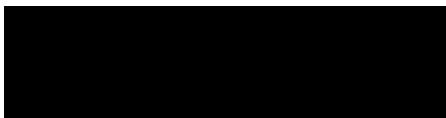
FBI Quality Assurance Standards for Forensic DNA Testing Laboratories:2011

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.



Pamela L. Sale, Vice President, Forensics

Expiry Date: 31 January 2022
Certificate Number: FT-0219



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

Suffolk County Crime Laboratory

725 Veterans Memorial Highway
Hauppauge, New York 11788 USA

FORENSIC TESTING

Expiry Date: 31 January 2022

Certificate Number: FT-0219

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 General Microscopy Immunoassay

Discipline: Bloodstain Pattern Analysis		
Component/Parameter	Item	Key Equipment/Technology
Area of Convergence/Origin Determination	Stain	Imaging
Bloodstain Pattern Classification	Stain	Visual
Reconstruction	Inspection/Test Result Other Information Physical Item	Not Applicable

Discipline: Document Examination		
Component/Parameter	Item	Key Equipment/Technology
Chemical/Physical Comparison	Content Document Fractured Item Stamp Substrate	General Microscopy Infrared Spectroscopy Reference Collection Software Program Visual
Product (Make/Model) Determination	Ink	Visual
Recovery	Content Document	Electrostatic Detection Device Infrared Spectroscopy Software Program Ultraviolet Spectroscopy Visible Spectroscopy Visual

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
Distance Determination	Firearm Physical Item	Chemical General Microscopy Measuring Equipment
Function Evaluation	Firearm	Measuring Equipment Visual
Individual Characteristic Database	Ammunition	National Integrated Ballistic Information Network (NIBIN)
Physical Comparison	Ammunition Fractured Item Tool/Toolmark	General Microscopy Visual
Serial Number Restoration	Physical Item	Chemical General Microscopy Visual
Trajectory Determination	Inspection/Test Result Physical Item	Not Applicable

Discipline: Impressions		
Component/Parameter	Item	Key Equipment/Technology
Enhancement	Footwear Tire	Chemical Physical Software Program
Physical Comparison	Footwear Tire	Software Program Visual
Product (Make/Model) Determination	Footwear Tire	Reference Collection

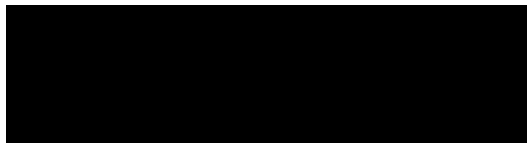
Discipline: Materials (Trace)		
Component/Parameter	Item	Key Equipment/Technology
Chemical/ Physical Comparison	Coating Fiber/Textile Fractured Item General Unknown Glass Hair Metal Polymer Tape	Energy Dispersive Spectroscopy Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Microspectrophotometry Refractometry Scanning Electron Microscopy X-ray Fluorescence Spectroscopy
Qualitative Determination	Coating Fiber/Textile Filament General Unknown Glass Gunshot Residue Hair Metal Polymer Tape	Energy Dispersive Spectroscopy Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Microspectrophotometry Refractometry Scanning Electron Microscopy X-ray Fluorescence Spectroscopy
Product (Make/Model) Determination	Paint	Reference Collection
Serial Number Restoration	Physical Item	Chemical General Visual

Discipline: Scene Investigation		
Component/Parameter	Item	Key Equipment/Technology
Field Sampling	Physical Item	Not Applicable
Enhancement	Physical Item	Chemical Physical
Qualitative Determination	Body Fluid	Chemical

Reconstruction	Inspection/Test Result Other Information Physical Item Scene	Not Applicable
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Discipline: Seized Drugs		
Component/Parameter	Item	Key Equipment/Technology
Qualitative Determination	Botanical Liquid Solid	Chemical Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Microcrystalline Raman Spectroscopy Thin-Layer Chromatography Visual
Quantitative Measurement	Botanical Liquid Solid	Liquid Chromatography
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. 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