



Commission on Forensic Science

June 3, 2022

Empire State Development Corporation

633 3rd Ave
37th Floor
New York, NY¹

9:04 AM – 1:01 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.
William Fitzpatrick, Esq.
Jessica Goldthwaite, Esq.
Michael Marciano, Ph.D.
Hon. Angela Mazzairelli
Benjamin Ostrer, Esq.
Michelli Schmitz
Ann Willey, Ph.D., J.D.

DCJS Staff in Attendance:

Gregory Anastasio
Larry Davis
Dean Defruscio
Colleen Glavin, Esq.
Natasha Harvin-Locklear, Esq.
Shelley Palmer
Joe Popcun
Brianna Robinson

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.

Elizabeth Suparmanto

Other Attendees:

John Clark – Monroe County Crime Lab
 Karen Dooling – Nassau County OME, Division of Forensic Services
 Mark Gil – Nassau County OME, Division of Forensic Services
 Kyra McKay – NYC OCME, Department of Forensic Biology
 Meredith Rosenberg – NYC OCME, Department of Forensic Biology

*Approximate
video times*

Chair Rosado opened the meeting and took a roll call as the members were in attendance in New York, Albany and virtually. A quorum was established with 12 members (Rosado, Bruen, Buffolino, de Castro, Dooley, Fitzpatrick, Goldthwaite, Marciano, Mazzarelli, Ostrer, Schmitz, and Willey).

00:00:40
00:01:35

Chair Rosado requested a motion to approve the June 3, 2022, agenda. The motion was made by Mr. Fitzpatrick, seconded by Ms. Goldthwaite, and approved unanimously with 12 votes.

00:01:40
00:02:33

Then, Chair Rosado requested a motion to approve the minutes of the March 4, 2022, Commission meeting. The motion was made by Dr. Dooley, Superintendent Bruen seconded the motion, and it was approved unanimously with 12 votes.

00:02:36
00:03:39

Chair Rosado asked Dr. Dooley to walk the Commission through the Accreditation/Laboratory Updates. During this agenda item, matters regarding the Erie County Central Police Services Forensic Laboratory, Erie County Medical Examiner's Office Forensic Toxicology Laboratory, Monroe County Crime Laboratory, Monroe County Office of the Medical Examiner Toxicology Laboratory, Nassau County Medical Examiner Department of Forensic Toxicology, New York City OCME Department of Forensic Toxicology, New York City Police Department Police Laboratory, New York State Police Crime Laboratory, Niagara County Sheriff's Office Forensic Laboratory, Onondaga County Health Department Forensic Toxicology Laboratory, Suffolk County Crime Laboratory, Suffolk County Office of the Medical Examiner Toxicology Laboratory, and Westchester County Department of Labs and Research Division of Forensic Toxicology were considered. Representatives from the laboratories were available in person or via WebEx to respond to members' questions.

00:03:42
01:21:57

The Commission reviewed the Erie County Central Police Services Forensic Laboratory ANAB re-accreditation assessment documentation and the binding recommendation of the DNA Subcommittee. Mr. Fitzpatrick made a motion to accept the binding recommendation of the DNA Subcommittee to renew the New York State Accreditation of the Erie County Central Police Services Forensic Laboratory in the discipline of Biology and renew full New York State Accreditation for a period concurrent with their ANAB accreditation. Dr. Buffolino seconded the motion and it was approved with 11 votes (Rosado, Bruen, Buffolino, de Castro, Dooley, Fitzpatrick, Goldthwaite, Marciano, Mazzarelli, Ostrer, and Willey) and 1 abstention (Schmitz).

00:04:06
00:14:55

Next the Commission reviewed the Erie County Medical Examiner's Office of Forensic Toxicology Laboratory's ABFT re-accreditation inspection. Dr. Buffolino made for a motion to renew the laboratory's New York State Accreditation. Dr. Marciano seconded, and it was approved unanimously with 12 votes.

*Approximate
video times*
00:14:56
00:24:05

The Monroe County Crime Laboratory is in the process of remediating non-conformances identified during its ANAB full re-accreditation assessment. To allow for the completion of the process and the review by the DNA Subcommittee, Dr. Buffolino a motion for an extension of the current New York State accreditation through the next meeting of the Commission to be held on September 16, 2022. Ms. Schmitz seconded the motion and it was approved unanimously with 12.

00:24:10
00:34:12

Next the Commission reviewed the ABFT re-accreditation inspection of the Monroe County Office of the Medical Examiner Toxicology Laboratory. Mr. Fitzpatrick made a motion to renew the laboratory's New York State Accreditation. The motion was seconded by Judge Mazzarelli, and it was approved unanimously with 12 votes.

00:34:38
00:44:56

The Commission then reviewed the New York City Police Department Police Laboratory's ANAB accreditation renewal documentation. Mr. Fitzpatrick made a motion to renew the New York State Accreditation of the New York City Police Department Police Laboratory concurrent with the ANAB accreditation. The motion was seconded by Commissioner Rosado and approved unanimously with 12 votes.

00:49:58
00:59:07

The Commission reviewed the New York State Police Crime Laboratory ANAB re-accreditation assessment documentation and the binding recommendation of the DNA Subcommittee. Dr. Marciano made a motion to accept the binding recommendation of the DNA Subcommittee to renew the New York State Accreditation of the New York State Police Crime Laboratory in the discipline of Biology and renew full New York State Accreditation for a period concurrent with their ANAB accreditation. The motion was seconded by Mr. Ostrer and approved with 11 votes for (Rosado, Buffolino, de Castro, Dooley, Fitzpatrick, Goldthwaite, Marciano, Mazzarelli, Ostrer, Schmitz, and Willey) and 1 abstention (Bruen).

01:00:32
01:06:37

Next the Commission reviewed the ANAB re-accreditation documentation for the Niagara County Sheriff's Office Forensic Laboratory. There was some discussion of personnel changes. Dr. Dooley made the motion to renew the New York State Accreditation of the laboratory for a period concurrent with their ANAB accreditation with the addition that ANAB would conduct its surveillance visits on site throughout the accreditation cycle. Dr. Buffolino seconded the motion, and it was approved with 11 votes (Rosado, Bruen, Buffolino, de Castro, Dooley, Fitzpatrick, Goldthwaite, Marciano, Mazzarelli, Ostrer, and Willey) and 1 abstention (Schmitz).

01:07:00
01:13:46

Finally, the Commission review the ABFT re-accreditation inspection of the Suffolk County Office of the Medical Examiner Toxicology Laboratory. Dr. Buffolino made a motion to renew the New York State Accreditation of the laboratory concurrent with the ABFT cycle. Commissioner Rosado seconded the motion and it was approved unanimously with 12 votes.

01:16:36
01:19:02

The next agenda item was Old Business. Dr. Dooley provided the Commission members with a verbal update on the Familial Searching Program. The program is currently paused due to the decision in the Steven's case. Ms. Glavin notified the Commission that the Attorney General's Office filed, the morning of June 3, 2022, the notice to appeal the decision. Ms. Harvin also gave an update regarding the status of the ISO 17020 regulation. She further mentioned that a written statement regarding the Commission's jurisdiction over the use of Investigative Genetic Genealogy and the DNA Subcommittee's jurisdiction over the use of body fluid protein testing would be provided to members.

*Approximate
video times*

01:22:05
01:38:55

The Commission then reviewed disclosures from the Erie County Medical Examiner Forensic Toxicology Laboratory, Nassau County Medical Examiner Division of Forensic Science, New York City OCME Department of Forensic Biology, New York City Police Department Police Laboratory, New York State Police Crime Laboratory, and Niagara County Sheriff's Office Forensic Laboratory, Monroe County Office of the Medical Examiner Toxicology Laboratory, Onondaga County Center for Forensic Sciences, Suffolk County Office of the Medical Examiner Toxicology Laboratory, and Westchester County Department of Labs and Research Division of Toxicology. Representatives from the laboratories were available via WebEx to respond to members' questions.

01:39:00
02:38:07

Chair Rosado 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. Dr. Dooley made the motion, which was seconded by Superintendent Bruen and approved unanimously with 12 votes.

02:38:16
02:39:17

The Commission adjourned into Executive Session. Present were Commission members Rosado, Bruen, Buffolino, de Castro, Dooley, Fitzpatrick, Goldthwaite, Marciano, Mazzarelli, Ostrer, Schmitz, and Willey. The Commission took no action and reconvened the open meeting at 12:58pm.

Dr. Dooley made a motion requesting the current organizational chart, the personnel qualifications, the past 6 months of quality manuals, 5 years of training records for employees, and the job specifications for the positions within the Niagara County Sheriff's Office Forensic Laboratory to be provided to the Office of Forensic Services by June 17, 2022. The motion was seconded by Mr. Fitzpatrick, and it was approved with 11 votes (Rosado, Bruen, Buffolino, de Castro, Dooley, Fitzpatrick, Goldthwaite, Marciano, Mazzarelli, Ostrer, and Willey) and 1 abstention (Schmitz).

02:39:43
02:41:15

The next meeting is scheduled for June 3, 2022. A motion to adjourn was made by Mr. Bruen, seconded by Dr. Buffolino, and approved unanimously with 12 votes.

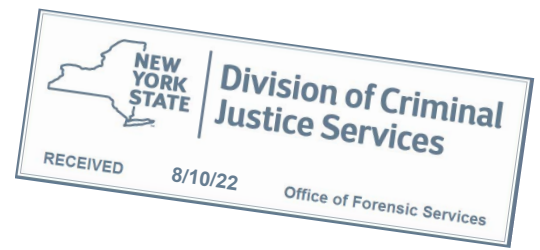
02:41:18
02:42:09

Note:

Video of the open meeting is available at YouTube.



DNA Subcommittee



August 10, 2022

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

FREDERICK BIEBER, PH.D.
Harvard Medical School

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 August 5, 2022, DNA Subcommittee meeting, members reviewed the final ANSI National Accreditation Board (ANAB) Assessment Report for the Monroe 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 Monroe County Crime Laboratory in the discipline of Biology for the period concurrent with their ANAB accreditation. This accreditation is valid until August 31, 2026.

Very truly yours,

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



Date July 12, 2022

John R. Clark
Monroe County Crime Laboratory
85 West Broad Street
Rochester, NY 14614

Dear Director Clark,

Congratulations! On July 11, 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:

- | | |
|--------------|------------------------------|
| • April 2023 | Surveillance Document Review |
| • April 2024 | Surveillance Assessment |
| • April 2025 | Surveillance Document Review |
| • April 2026 | Reassessment |

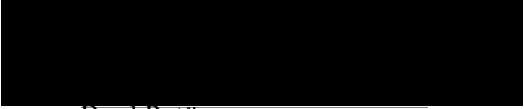
The provided ANAB accreditation symbol may be used to convey your accredited status. An accreditation symbol must not be used in any way which implies accreditation in any area outside of the scope of accreditation. If appropriate, the accreditation symbol may be used on your organization's website, 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 and an electronic version of accreditation documents are 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.

Sincerely,



Brad Putnam
Director of Accreditation
ANSI National Accreditation Board

cc: Marcia Bledsoe, Quality Assurance Coordinator
ANAB Office



CERTIFICATE OF ACCREDITATION

The ANSI National Accreditation Board

Hereby attests that

Monroe County Crime Laboratory
85 West Broad Street, Rochester, New York 14614 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 August 2026
Certificate Number: FT-0312





ANSI National Accreditation Board



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

Monroe County Crime Laboratory

85 West Broad Street
Rochester, New York 14614 USA

FORENSIC TESTING

Expiry Date: 31 August 2026

Certificate Number: FT-0312

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: Fire Debris and Explosives		
Component/Parameter	Item	Key Equipment/Technology
Qualitative Determination	Explosive	Chemical Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Microcrystalline X-Ray Fluorescence Spectroscopy
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	Air Gun Firearm Silencer	Dead Weight Measuring Equipment Visual
Individual Characteristic Database	Ammunition	National Integrated Ballistic Information Network (NIBIN)
Physical Comparison	Ammunition Tool/Toolmark	General Microscopy Measuring Equipment Visual
Qualitative Determination	Ammunition Firearm Metal Nitrate Tool	Chemical General Microscopy Measuring Equipment Reference Collection
Serial Number Restoration	Physical Item	Chemical General Microscopy Magnetic Visual

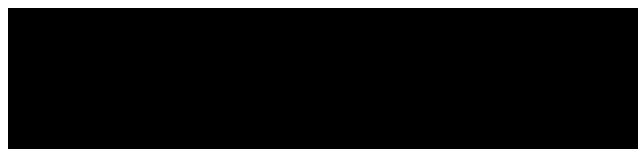
Discipline: Impressions		
Component/Parameter	Item	Key Equipment/Technology
Enhancement	Footwear Physical Item Tire	Chemical Software Program
Physical Comparison	Footwear Physical Item Tire	Software Program Visual
Qualitative Determination	Footwear Tire	Reference Collection

Discipline: Materials (Trace)		
Component/Parameter	Item	Key Equipment/Technology
Chemical/Physical Comparison	Coating Fiber/Textile Fractured Item General Unknown Glass Hair Tape	Chemical Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Microspectrophotometry Refractometry Thin-Layer Chromatography

		Visual X-Ray Fluorescence Spectroscopy
Qualitative Determination	Coating Fiber/Textile General Unknown Glass Hair Tape	Chemical Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Microspectrophotometry Reference Collection Refractometry Thin-Layer Chromatography Visual X-Ray Fluorescence Spectroscopy

Discipline: Seized Drugs		
Component/Parameter	Item	Key Equipment/Technology
Qualitative Determination	Botanical Liquid Solid	Chemical Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Microcrystalline Thin-Layer Chromatography Visual
Quantitative Measurement	Solid	Gas 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
7/12/22



Monroe County Crime Laboratory

2022 - 17025T - Reassessment

Prepared by Lucy Davis

Audit Date

25 Apr, 2022

Data collected on 2022-04-25

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.

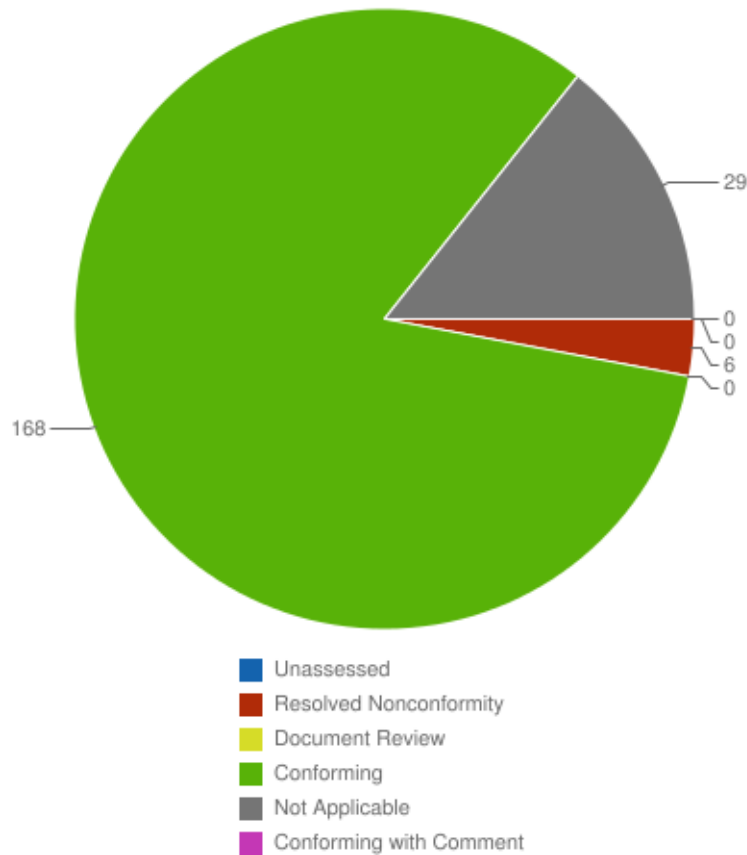
The accreditation activity also evaluates forensic science provider's conformance with their own management system requirements.

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

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 title (e.g. "Test Report", "Calibration Certificate" or "Report of Sampling")?
- the name and address of the laboratory?
- 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?
- unique identification that all its components are recognized as a portion of a complete report and a clear identification of the end?
- the name and contact information of the customer?
- identification of the method used?
- a description, unambiguous identification, and, when necessary, the condition of the item?
- 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?
- the date(s) of performance of the laboratory activity?
- the date of issue of the report?
- 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?
- a statement to the effect that the results relate only to the items tested, calibrated or sampled?
- the results with, where appropriate, the units of measurement?
- additions to, deviations, or exclusions from the method?
- identification of the person(s) authorizing the report?
- 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

The laboratory has two methods to conduct sampling in Seized Drugs. The reports only indicate that "a hypergeometric sampling plan was used for the analysis" and does not define which of the two available plans were used.

Corrective Action Closure Note: The laboratory provided the Corrective Action form, cause analysis, revision of procedure "Reporting v2022.1", and a report issued 6/8/2022. The cause was determined that in June 2019, the laboratory started using two different hypergeometric sampling plans. When they transitioned to the ISO/IEC 17025:2017 requirements in 2020, they did not understand that the sampling method used was required to be included in the reports. They reviewed the 83 reports that were issued from 6/1/2019 to 5/3/2022. They determined that not including the specific sampling method used during the analysis in issued reports would have no affect on previously reported cases because the reported values would have been the same, just that the customer would not know which method was used. They sent a letter to all clients that had received reports without the sampling method defined and stated if they required the specific method used in their cases to contact the laboratory. They revised their procedures to place a footnote with the reported results pointing to the report footnotes that specified which method was used. They provided a report to confirmed this correction and the provided revised procedures defining the new procedure for reporting. The laboratory provided documentation of review of staff and sign off of the new procedure. This nonconformity is resolved.

7.8.3 Specific requirements for test reports

7.8.3.2 ISO/IEC 17025:2017

Resolved Nonconformity

Obligation

Where the laboratory is responsible for the sampling activity, do test reports meet the requirements listed in 7.8.5 where necessary for the interpretation of test results?

Add Nonconformity Resolution Workflow

The laboratory has two methods to conduct sampling in Seized Drugs. The reports only indicate that "a hypergeometric sampling plan was used for the analysis" and does not define which of the two available plans were used.

Corrective Action Closure Note: The laboratory provided the Corrective Action form, cause analysis, revision of procedure "Reporting v2022.1", and a report issued 6/8/2022. The cause was determined that in June 2019, the laboratory started using two different hypergeometric sampling plans. When they transitioned to the ISO/IEC 17025:2017 requirements in 2020, they did not understand that the sampling method used was required to be included in the reports. They reviewed the 83 reports that were issued from 6/1/2019 to 5/3/2022. They determined that not including the specific sampling method used during the analysis in issued reports would have no affect on previously reported cases because the reported values would have been the same, just that the customer would not know which method was used. They sent a letter to all clients that had received reports without the sampling method defined and stated if they required the specific method used in their cases to contact the laboratory. They revised their procedures to place a footnote with the reported results pointing to the report footnotes that specified which method was used. They provided a report to confirmed this correction and the provided revised procedures defining the new procedure for reporting. The laboratory provided documentation of review of staff and sign off of the new procedure. This nonconformity is resolved.

7.8.5 Reporting sampling - specific requirements

7.8.5 ISO/IEC 17025:2017

Resolved Nonconformity

Obligation

Where the laboratory is responsible for the sampling activity, in addition to the requirements listed in 7.8.2, do reports include the following, where necessary for the interpretation of results:

a) the date of sampling?

- b) unique identification of the item or material sampled (including the name of the manufacturer, the model or type of designation and serial numbers, as appropriate)?
- c) the location of sampling, including any diagrams, sketches or photographs?
- d) a reference to the sampling plan and sampling method?
- e) details of any environmental conditions during sampling that affect the interpretation of the results?
- f) information required to evaluate measurement uncertainty for subsequent testing or calibration?

Add Nonconformity Resolution Workflow

The laboratory has two methods to conduct sampling in Seized Drugs. The reports only indicate that "a hypergeometric sampling plan was used for the analysis" and does not define which of the two available plans were used.

Corrective Action Closure Note: The laboratory provided the Corrective Action form, cause analysis, revision of procedure "Reporting v2022.1", and a report issued 6/8/2022. The cause was determined that in June 2019, the laboratory started using two different hypergeometric sampling plans. When they transitioned to the ISO/IEC 17025:2017 requirements in 2020, they did not understand that the sampling method used was required to be included in the reports. They reviewed the 83 reports that were issued from 6/1/2019 to 5/3/2022. They determined that not including the specific sampling method used during the analysis in issued reports would have no affect on previously reported cases because the reported values would have been the same, just that the customer would not know which method was used. They sent a letter to all clients that had received reports without the sampling method defined and stated if they required the specific method used in their cases to contact the laboratory. They revised their procedures to place a footnote with the reported results pointing to the report footnotes that specified which method was used. They provided a report to confirmed this correction and the provided revised procedures defining the new procedure for reporting. The laboratory provided documentation of review of staff and sign off of the new procedure. This nonconformity is resolved.

7.10 Nonconforming work

7.10.2 ISO/IEC 17025:2017

Resolved Nonconformity

Obligation

Does the laboratory retain records of nonconforming work and actions as specified in 7.10.1, bullets b) to f)?

Add Nonconformity Resolution Workflow

The records were not available for review of some nonconforming work actions demonstrating all actions taken, evaluation conducted of the significance of the nonconforming work, and where necessary, the customer was notified.

Corrective Action Closure Note: The laboratory provided Preventive and Corrective Action forms, cause analysis, additional documentation to supplement original preventive actions taken, 2022 Assessment Non conformance meeting minutes, and revised "Quality Manual v2022-2" and "Case Management and Minimum Testing procedure v2022.1". While the original cause and effect was reviewed for the issue in the initial nonconformity was documented, the documentation of that review was not complete. The cause of the limited documentation was determined to be due to personnel changes and documents being held in multiple locations. Original preventive action and cause analysis forms were revised to provide additional detail concerning the actions taken that had not be documented originally. This included additional information related to cases reviewed at the time of the original preventive action and the evaluation of impact of analysis on previous results conducted at the time. The laboratory did an additional review of cases from the timeframe and identified 2 additional cases that required notification of attorneys. During this review additional preventive actions were identified and implemented including moving the weighing bench where the item is evidence was dropped, adding additional lighting to that work area, adding a shield to the weight table, and placing brighter bulbs in the room for better vision. The 2022 Assessment Non conformance meeting document date 5/6/2022 supplements the corrective action report providing detailed discriptions of actions taken originally and the additional actions during the second review.

Revisions in the "Case Management and Minimum Testing v2022.1" procedure included using transfer vessels to move items to and from the balance or camera station. It also requires more detail in the case notes on discriptions of the item and packaging of evidence to include pictures if required. Revision of the "Quality Manual v2022.2" includes ensuring all corrective action documents are available to all parties involved and at least one meeting will be held to discuss corrective actions with effected staff and documentation of the meeting. All documentation including meeting minutes, attendees, action items, procedural changes, cases reviewed, material reviewed, LIMS information, follow-up documentation, and effectiveness of the corrective action will be saved to the laboratory network. The laboratory provided documentation of review of staff and sign off of the new procedures. This nonconformity is resolved.

8.7 Corrective actions (Option A)

8.7.1 ISO/IEC 17025:2017

Resolved Nonconformity

Obligation

When a nonconformity occurs, does the laboratory:

- a) react to the nonconformity and, as applicable:
 - take action to control and correct it?
 - address the consequences?
- b) evaluate the need for action to eliminate the cause(s) of the nonconformity, in order that it does not recur or occur elsewhere, by:
 - reviewing and analysing the nonconformity?
 - determining the causes of the nonconformity?
 - determining if similar nonconformities exist, or could potentially occur?
- c) implement any action needed?
- d) review the effectiveness of any corrective action taken?
- e) update risks and opportunities determined during planning, if necessary?
- f) make changes to the management system, if necessary?

Add Nonconformity Resolution Workflow

The records were not available for review of a corrective action demonstrating the evaluation of the cause of the nonconformity, determining if similar nonconformities existed, and the review of the effectiveness of the corrective action taken.

Corrective Action Closure Note: The laboratory provided Corrective Action forms, cause analysis, additional documentation to supplement original corrective actions taken, 2022 Assessment Non conformance meeting minutes, and revised "Quality Manual v2022-2" and "Case Management and Minimum Testing procedure v2022.1". While the original cause and effect was reviewed for the issue in the initial actions documented, the documentation of that review was not complete. The cause of the limited documentation was determined to be due to personnel changes and documents being held in multiple locations. Original corrective action and cause analysis forms were revised to provide additional detail concerning the actions taken that had not been documented originally and additional actions limited after the second review. This included additional information related discussion with the attorneys and determination if additional actions were required. The laboratory confirmed the initial case had been closed without going to trial. The laboratory did an additional review of the case discrepancy log and it was determined that the previous technical leader had reviewed some cases, but not all. The laboratory identified the cases analyzed during that time period and determined there were no other discrepancies requiring additional review. During this review additional preventive actions were identified and implemented including purchasing new laboratory coats better suited for analysis and ordering tube holders that had a better fit for tubes used. The 2022 Assessment Non conformance meeting document supplements the corrective action report providing detailed descriptions of actions taken originally. Revisions in the "Case Management and Minimum Testing v2022.1" procedure included using transfer vessels to move items to and from balance or camera station. It also specifies more detail in the case notes for descriptions of the item and packaging of evidence to include pictures if required. Revision of the "Quality Manual v2022.2" includes ensuring all corrective action documents are available to all parties involved and at least one meeting to be held with to discuss with effected staff and documentation of the meeting. All documentation including meeting minutes, attendees, action items, procedural changes cases reviewed, material reviewed, LIMS information, follow-up documentation, effectiveness of the corrective action will be saved to the laboratory network. The laboratory provided documentation of review of staff and sign off of the new procedure. This nonconformity is resolved.

8.9 Management reviews (Option A)

8.9.2 ISO/IEC 17025:2017

Resolved Nonconformity

Obligation

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) fulfilment 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?

Comments

.

Add Nonconformity Resolution Workflow

The 2021 Management Review did not include information related to the suitability of policies and procedures and the status of actions from the previous management review.

Corrective Action Closure Note: The laboratory provided the Corrective Action form, cause analysis, the 2021 revised Management Review, and meeting notes from a quarterly meeting of staff to discuss the suitability of procedures and effectiveness of action items from 2020. The cause of the nonconformity was determined to be that general discussions were included in the 2021 review but the topics were not fully addressed in the final document. With the change to ISO/IEC 17025:2017 they believed the general information was sufficient. There was no effect on the quality of the laboratory's work because the nonconformance is related to the documentation of the issues and the management staff could provide the information during the assessment. Minutes were provided from a management meeting on 6/16/2022. During the meeting they reviewed changes in policies and procedures that occurred in 2021 and confirmed they were suitable. They also included a review of actions defined in the 2020 Management Review not discussed in the 2021 Management Review and the status or completion of those actions. They also revised their Management Review Report form to include more detail on these items and to have all actions to be summarized at the end of the report. This nonconformity is resolved.

dcjs.sm.forensiclabs

From: QualityMatters <qualitymatters@anab.org>
Sent: Friday, June 10, 2022 10:53 AM
To: Christine R. Giffin; dcjs.sm.forensiclabs
Cc: [REDACTED]
Subject: RE: Notification

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

Good morning, Christine.

Thank you for the change of director notification. I have updated our records to reflect this.

Have a nice day/weekend!

Tara

From: Christine R. Giffin [REDACTED]
Sent: Thursday, June 9, 2022 8:11 AM
To: dcjs.sm.forensiclabs <dcjsforensiclabs@dcjs.ny.gov>; QualityMatters <qualitymatters@anab.org>
Cc: Robert M Richards [REDACTED]
Subject: Notification

Good morning-

After much consideration, it is believed to be in the best interests of the lab to have myself, the Lab Director, take over the position as Quality Manager (QM). While I know it is not "ideal" to have the quality manager and lab director to be the same individual, it was determined that she was the best fit for this position at the current time. As you know, this lab previously had the Lab Director and Quality Manager be the same individual and the Quality Manual does not specifically lay out who may or may not be the QM. (It only provides a list of duties that person carries out.) I have attached the CV for your consideration.

As always, if you have any questions or concerns, please let us know.

Thank you very much,
Christine


Christine R Giffin, MS

Director of Forensic Laboratory

Niagara County Sheriff's Office Forensic Laboratory

[REDACTED]

[REDACTED]



Notice: This electronic transmission is intended for the sole use of the individual or entity to which it is addressed and may contain confidential, privileged or otherwise legally protected information. If you are not the intended recipient, or if you believe you are not the intended recipient, you are hereby notified that any use, disclosure, copying, distribution, or the taking of any action in reliance on the contents of this information, is strictly prohibited. Niagara County is not responsible for the content of any external hyperlink referenced in this email or any email. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE NOTIFY THE SENDER IMMEDIATELY BY EMAIL AND DELETE THE ORIGINAL MESSAGE ALONG WITH ANY PAPER OR ELECTRONIC COPIES. Thank you for your cooperation.



August 11, 2022

Lydia de Castro
Westchester County Department of Laboratories & Research
Division of Forensic Science
10 Dana Road
Valhalla, New York 10595

Dear Director de Castro,

Congratulations! On August 11, 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 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 is scheduled to be a Surveillance Document Review in June 2023.

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

Sincerely,



Jami St. Clair
Sr. Manager of Accreditation
ANSI National Accreditation Board

cc: Jennifer Reilly, Quality Manager
ANAB Office



ANSI National Accreditation Board



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

Westchester County Department of Laboratories & Research
Division of Forensic Science

10 Dana Road
Valhalla, New York 10595 USA

FORENSIC TESTING

Expiry Date: 28 February 2025 Certificate Number: FT-0155

Discipline: Biology		
Component/Parameter	Item	Key Equipment/Technology
Field Sampling	Physical Item	Not Applicable
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: Digital and Video/Imaging Technology and Analysis		
Component/Parameter	Item	Key Equipment/Technology
Field Sampling	Physical Item	Not Applicable
Acquisition/Extraction	Digital Data Image Multimedia Recording Video	Software Program
Authentication	Digital Data Image Multimedia Recording Video	Software Program

Content Analysis	Digital Data Image Multimedia Recording Video	Software Program Visual
Enhancement	Image Multimedia Recording Video	Software Program
Physical Comparison	Digital Data Image Multimedia Recording Video	Software Program Visual
Reconstruction	Inspection/Test Result Other Information Physical Item	Model Software Program
Transcoding	Digital Data Image Multimedia Recording Video	Software Program

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
Field Sampling	Physical Item	Not Applicable
Distance Determination	Firearm Physical Item	Chemical General Microscopy Measuring Equipment
Qualitative Determination	Metal Nitrate	Chemical General Microscopy

Discipline: Impressions

Component/Parameter	Item	Key Equipment/Technology
Field Sampling	Physical Item	Not Applicable
Enhancement	Footwear Physical Item Tire	Chemical Physical Software Program

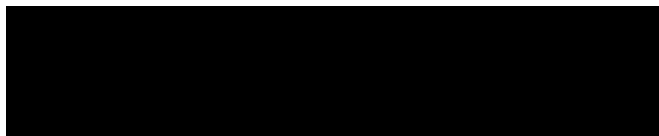
Physical Comparison	Footwear Fractured Item Physical Item Tire	Software Program Visual
Qualitative Determination	Blood Footwear Physical Item Tire	Chemical Reference Collection

Discipline: Materials (Trace)		
Component/Parameter	Item	Key Equipment/Technology
Field Sampling	Physical Item	Not Applicable
Chemical/ Physical Comparison	Adhesive Coating Fiber/Textile Fractured Item General Unknown Polymer Tape	Chemical Energy Dispersive Spectroscopy Fluorescence Spectroscopy Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Microspectrophotometry Scanning Electron Microscopy Visual
Qualitative Determination	Adhesive Coating Fiber/Textile Fractured Item General Unknown Glass Gunshot Residue Hair Polymer Tape	Chemical Energy Dispersive Spectroscopy Fluorescence Spectroscopy Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Microspectrophotometry Reference Collection Scanning Electron Microscopy Visual

Discipline: Seized Drugs		
Component/Parameter	Item	Key Equipment/Technology
Qualitative Determination	Botanical Liquid Solid	Chemical Gas Chromatography General Microscopy Mass Spectrometry Microcrystalline Thin-Layer Chromatography Visual

Quantitative Measurement	Botanical Liquid 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.



Pamela L. Sale
Vice President, Forensics



**Westchester County Department of Laboratories & Research
Division of Forensic Science**

2022 - 17025T - Surveillance Assessment

Prepared by Dave Grady

Data collected on 2022-06-29

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.

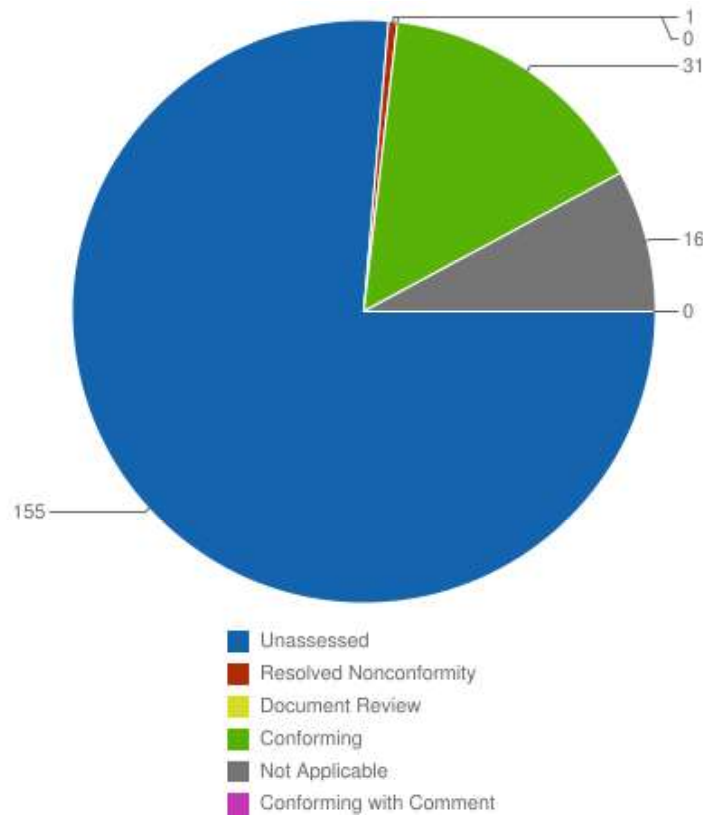
The accreditation activity also evaluates forensic science provider's conformance with their own management system requirements.

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

7.1 Review of requests, tenders and contracts

7.1.9 ANAB Accreditation Requirement

Resolved Nonconformity

Requirement

Is the extent of database (e.g., DNA profiles, friction ridge, ballistics, biometrics) searches communicated to customers and updated as needed?

ANAB NOTE 1 "extent" will be specific to the database but may include aspects of the scope or range of the search (e.g., local, state, national, international), the frequency of the search or if the customer is required to make a request to elevate the scope of the search or to have a search performed.

ANAB NOTE 2 This may be communicated on a case-by-case basis, in the report, or in a general customer communication.

Nonconformity Resolution Workflow

The Biology discipline does not communicate the extent of its searches in CODIS.

Corrective Action Closure Note: The laboratory performed a cause analysis and evaluated the impact of the nonconforming work on previous casework. They revised their reporting template to now inform the customer of how to calculate the extent of the database search. The laboratory also sent letters to the customers to inform them of the finding and provide information on how to obtain the missing information from previous casework. This nonconformity is resolved.



August 25, 2022

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

Dear Sgt. Harrison:

Congratulations! On August 11, 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:

- | | |
|-------------|------------------------------|
| • June 2023 | Surveillance Document Review |
| • June 2024 | Surveillance Assessment |
| • June 2025 | Surveillance Document Review |
| • June 2026 | 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 and an electronic version of accreditation documents are 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.

Sincerely,



Jami St. Clair
Senior Manager of Accreditation,
ANSI National Accreditation Board

cc: Richard Vander Meulen, Quality Manager
ANAB Office



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

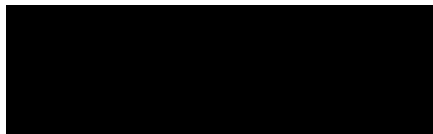
ANAB Forensic Testing & Calibration AR 3125:2019

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.



Pamela L. Sale, Vice President, Forensics

Expiry Date: 31 October 2026

Certificate Number: FT-0169





ANSI National Accreditation Board



**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 2026 Certificate Number: FT-0169

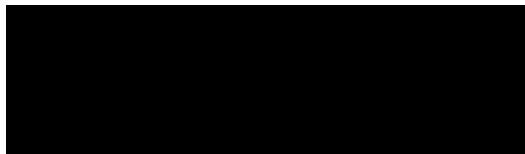
Discipline: Digital and Video/Imaging Technology and Analysis		
Component/Parameter	Item	Key Equipment/Technology
Acquisition/Extraction	Digital Data	Software Program
Content Analysis	Digital Data	Software Program Visual

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

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: Scene Investigation		
Component/Parameter	Item	Key Equipment/Technology
Field Sampling	Physical Item	Not Applicable
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



Westchester County Department of Public Safety - Crime Laboratory

2022 - 17025T - Reassessment

Prepared by Gina Murphy (Team Leader)

Data collected on 2022-06-06

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.

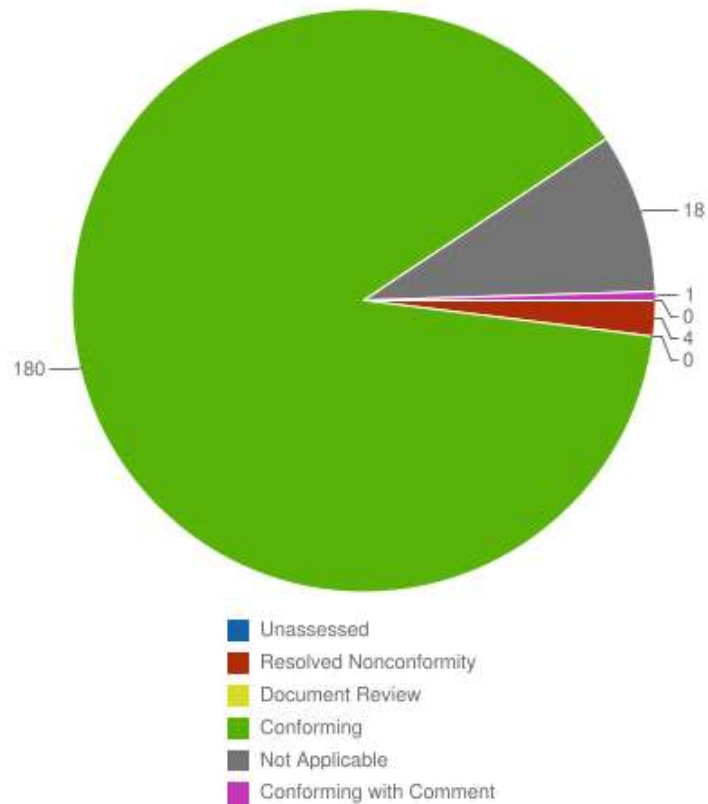
The accreditation activity also evaluates forensic science provider's conformance with their own management system requirements.

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

6.2 Personnel

6.2.2.2 ANAB Accreditation Requirement

Conforming with Comment : 0

Requirement

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

Comments

The lab would benefit from updating its LP306 Latent Print Training manual revision #1 (i.e. Mideo system and the VMD and outdated terminology and methods).

6.2.3.1 ANAB Accreditation Requirement

Resolved Nonconformity

Requirement

Are all personnel who perform testing or calibration competency tested? Testing and calibration includes the review and authorization of results and expressing an opinion or an interpretation.
Does the competency test include practical examination(s) that cover the spectrum of anticipated tasks related to the test or calibration?
Are the competency test intended results achieved prior to performing the tasks on a test or calibration item?

ANAB NOTE Competency testing can be conducted for an individual task or a group of tasks covered by a module of a training program.

Nonconformity Resolution Workflow

Results for serial number restorations in which chemical processing was used were reported by a Firearms analyst that had not completed a competency test for this type of testing.

Corrective Action Closure Note: The agency performed cause analysis and implemented the following corrective actions. The Firearms Training Manual was updated to include competency test specifications for serial number restoration. The agency administered the newly developed serial number restoration competency test to the analyst who was subject of this nonconformance, as well as another new firearms examiner. Additionally, a retrospective case review was performed to identify the affected cases and appropriate action was taken on the affected cases. This nonconformity is resolved.

6.2.3.2 ANAB Accreditation Requirement

Resolved Nonconformity

Requirement

Do personnel who perform technical review of results or testimony meet the competency requirements as specified in 6.2.3.1 for the testing or calibration tasks being reviewed?

Nonconformity Resolution Workflow

Records revealed that a Firearms analyst performed technical review of several serial number restoration case results without meeting the competency requirements specified in 6.2.3.1 for the serial number restoration tasks being reviewed.

Corrective Action Closure Note: The agency performed cause analysis and implemented the following corrective actions. The Firearms Training Manual was updated to include competency test specifications for serial number restoration analysis, including technical review. Authorizations for the affected analyst were updated to include authorization to perform technical reviews on serial number restoration cases, after the analyst's training was completed. This nonconformity is resolved.

6.2.5 ISO/IEC 17025:2017

Resolved Nonconformity

Requirement

Does the laboratory have procedure(s) and retain records for:

- a) determining the competence requirements?
- b) selection of personnel?
- c) training of personnel?
- d) supervision of personnel?
- e) authorization of personnel?
- f) monitoring competence of personnel?

Nonconformity Resolution Workflow

- c) No records were retained of a Firearm analyst's training in serial number restorations.

Corrective Action Closure Note: The agency performed cause analysis and implemented the following corrective actions. Training procedures specifically for serial number restoration analysis were added to the Firearms Training Manual. Forms to record training activities, including authorization forms, were updated to record training, competency test, and authorizations specific for serial number restoration. Records were provided of the affected analyst's completion of serial number restoration training. Training procedures specific for serial number restoration and records of training are now being retained. This nonconformity is resolved.

7.4 Handling of test or calibration items

Requirement

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.

Nonconformity Resolution Workflow

Several reports reviewed in Firearms, Friction Ridge, and Digital Evidence do not contain the evidence disposition on the issued report, as required by the agency's procedure EPM 016.

Corrective Action Closure Note: The agency performed cause analysis and corrective actions implemented, including additional staff training to include evidence disposition on the issued reports. Objective evidence in the form of issued reports now containing evidence disposition were reviewed. This nonconformity is resolved.



June 2, 2022

Colleen Lockhart
Yonkers Police Department
Forensic Science Laboratory
104 South Broadway
Yonkers, New York 10701

Dear Director Lockhart,


Congratulations! On May 27, 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 May 2023.

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

Sincerely,


Nita Bolz
Sr. Manager of Accreditation
ANSI National Accreditation Board

cc: Crystal Washington, Quality Manager
ANAB Office

Received by OFS
5/19/22



Yonkers Police Department Forensic Science Laboratory

2022 - 17025T - Surveillance Document Review

Prepared by Robyn Ragsdale

Data collected on 2022-05-01

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.

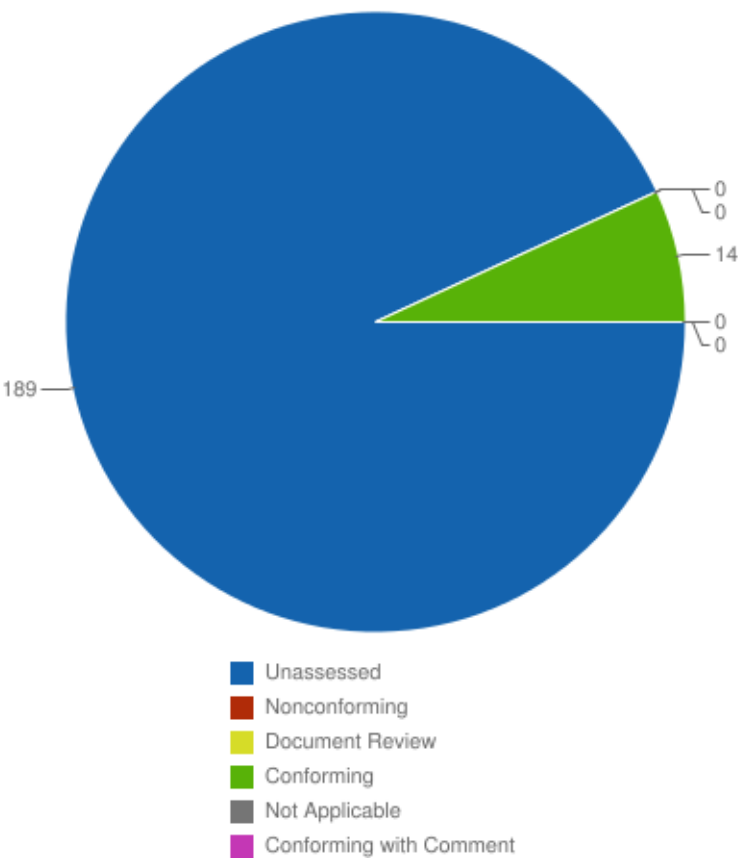
The accreditation activity also evaluates forensic science provider's conformance with their own management system requirements.

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



September 7, 2022

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

Dear Chief Doller,

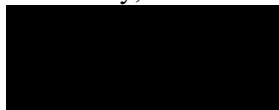
Congratulations! On September 5, 2022, ANAB approved the continuation of your organization's accreditation based upon the results of your recent surveillance activity. Continuation of accreditation is a formal acknowledgement that your organization continues to operate in conformance with accreditation 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 August 2023.

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

Sincerely,



Nita J. Bolz
Senior Manager of Accreditation
ANSI National Accreditation Board

cc: Inga Dorfman, Quality Manager
ANAB Office



Suffolk County Crime Laboratory

2022 - 17025T - Surveillance Document Review

Prepared by Alexandria Bradley

Data collected on 2022-08-01

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United States

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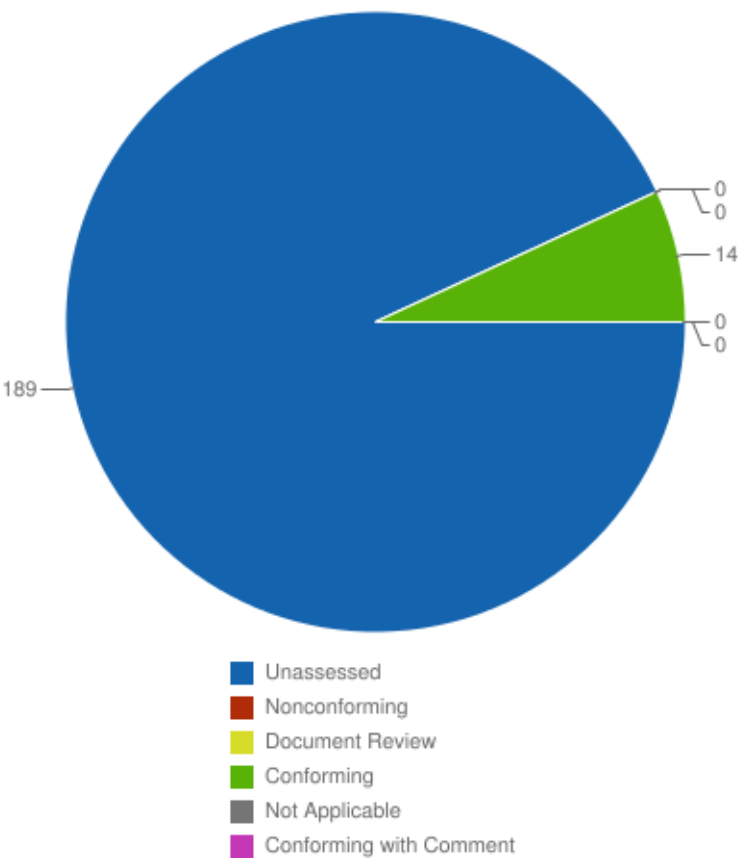
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