Maine State Police Crime Laboratory

Continual Improvement and Preventive Action

1. Scope

The Maine State Police Crime Laboratory is committed to continual improvement of laboratory practices and procedures. Improvement opportunities are identified via staff input, supervisor input, opportunities for improvement identified through audits, preventive actions and management reviews.

2. Continual Improvement

2.1 Top and key management will seek continual improvement opportunities for the laboratory operations.

2.2 Staff may be requested to complete supervisor evaluations on an annual basis. The evaluations are voluntary and anonymous.

2.3 Annually, the Laboratory Sergeant will disseminate an anonymous web-based survey to the lab staff. The staff survey will encompass some accreditation criteria and continual improvement opportunities as well as general questions.

2.4 The laboratory will solicit feedback and suggestions from primary and secondary customers through a web-based survey.

2.5 During laboratory audits, the audit team may identify opportunities for improvement. Opportunities for improvement will be documented in the audit report.

2.6 Top and key management will set laboratory goals for each upcoming year. The goals will be based upon information derived from staff interviews, supervisor evaluations, supervisor input, and customer survey input. The goals will be made available to all laboratory staff.

2.6.1 Each Section Supervisor is responsible for implementing the relevant goals within the section.

3. Preventive Action

3.1 If a laboratory staff member has a quality issue related concern, the staff member shall initiate a Quality Assurance Report in Paradigm. These concerns could be identified as a result of audits, inspections, proficiency tests, casework reviews, department personnel, customer complaints, testimony reviews, daily activity, etc.

3.2 The Quality Assurance Report will be submitted to the Quality Manager.

3.3 A QA number will be assigned for tracking purposes.

3.4 The Quality Manager will perform an initial evaluation of the QAR. The Quality Manager may request a meeting with the Section Supervisor and the Laboratory Director to discuss the quality issue.

3.5 The Quality Manager will assign the relevant Section Supervisor to conduct an Investigation. Other staff members may be assigned to assist with the investigation. If more than one section is involved in the quality concern, the Quality Manager will assign one lead investigator. The investigation will include a discussion with any involved examiners.

3.6 Upon completion of the investigation, the Section Supervisor will determine if the issue is a preventive action. Actions taken to address risks and opportunities shall be proportional to the potential impact on the validity of the laboratory results.

3.7 The Quality Manager and Laboratory Director will review the investigation.

3.8 If the investigation determined that a preventive action is necessary, the Section Supervisor will submit a preventive action plan to the Quality Manager. The preventive action plan will include implementation of the action and the application of controls to ensure its effectiveness.

3.9 The Section Supervisor is responsible for updating the Quality Manager and Laboratory Director as the preventive actions progress.

3.10 The Section Supervisor will document the implementation of preventive actions.

3.11 The Section Supervisor will verify the effectiveness of preventive actions; the verification will be documented.

3.12 Upon the verification of effectiveness, the Quality Manager and Laboratory Director will finally approve the preventive actions.

3.13 A Preventive Action Report (QA-F003) can be printed upon request.