Latent Print Section

Latent Print Laboratory Quality Assurance Policy

1. Scope

The following are guidelines for the latent print section to ensure quality and accurate examinations.

2. Safety

2.1 The section supervisor will ensure that laboratory-wide and section quality assurance and safety guidelines are followed.

2.2 The examiner will wear necessary PPE.

3. Laboratory Cleanliness

3.1 The laboratory will be cleaned and maintained according to the cleaning chart, which is kept in the laboratory for the current year. The chart will be initialed and dated when the task is completed. At the end of the year, the chart will be removed and replaced with a new chart. The completed cleaning log will be kept in the quality assurance electronic file in Paradigm for the section.

3.2 Charts will be reviewed periodically to ensure the cleaning is being completed.

4. Contamination Prevention

4.1 Bench tops will be cleaned and covered with brown paper prior to working on evidence.

4.2 When swabs for DNA are taken, items will be swabbed inside the open package, if feasible, to minimize contamination.

4.3 If an item needs to be taken out of the packaging to swab, it will be placed on clean brown paper.

4.4 If a swab is necessary after latent processing, the following sterile techniques will be utilized: The item will not touch another item; sterile or single-use powder and brushes, and sterile water will be utilized. The tip of the swab should not come into contact with the disposable sterile water container. The disposable container will be disposed of after use.

4.5 Masks should be worn if an analyst must put their face close to an item during the examination. An example would include close examination of evidence under an ALS.

5. Documentation and Examinations

5.1 Documentation of the examination will be sufficient to support the reported conclusion.

5.2 Documentation will be sufficient to allow another qualified examiner to follow the processing and analysis performed.

5.3 Examiners will report their results in a manner that the customer will understand.

5.4 There is no sampling conducted in this section.

5.5 There are no environmental conditions that occur in the laboratory that will adversely affect testing in this section.

5.6 No instrumental analysis is conducted in this section.

5.7 Software utilized by examiners should be the same or compatible versions to allow technical review of computer-generated notation.

6. Equipment Cleaning and Calibration

6.1 The following is the maintenance or cleaning schedule and the acceptable tolerance for equipment used in this section.

Equipment/Instrument	Service Provider	Tolerance/Note	Frequency
AFIS/NGI workstation	Section personnel	QC check	Semi-annual
Attestor Climate Chamber	Section personnel	Cleaning	As needed
BrightBeam Forensic Laser	Section personnel	Function	upon use
CA fuming chamber	Section personnel	Cleaning	As needed
Case AFIS	Section personnel	Function	Semi-annual
Case AFIS	IDEMIA	Software update	Yearly in Sept/Oct.
Central dial micrometer	LAW Calibration	+/-0.0010mm	Yearly
Crimescope (SPEX)	Section personnel	Function	Upon use
Crimescope (SPEX)	Section personnel	Change bulb	As needed
GLScan	Section personnel	Cleaning	As needed
Labconco Fume Hood	AirTest	Air Flow	Yearly
Ohaus balance SPX222	LAW Calibration	+/- 0.03 g	Yearly
Olympus Stereo Microscope	LAW Calibration	Cleaned	Yearly
Sentry Air Systems Fume Hood	AirTest	Air Flow	Yearly
Spectroline UV lamp	Section personnel	Function	Upon use

6.2 Instruction manuals for equipment and instruments are located in Paradigm for reference.

6.3 Maintenance, cleaning and calibration logs will be stored in the electronic equipment file in Paradigm for the section.

6.4 There is no critical equipment or supplies in the section.

7. Chemicals and Reagents

7.1 A Chemical and Reagent Logbook will be kept in the latent print laboratory.

7.2 When chemicals or a reagent is received, the label will be marked with the received date and initials of the person receiving it in the lab.

7.3 The lot number and reagent number will be recorded in the logbook. If no sheet exists for that chemical, then one will be created and placed in the logbook in alphabetical order.

7.4 If no lot number or reagent number exists on the label from the manufacturer, then one will be created. The lot number will consist of letters to denote the name of the reagent, the date, and examiners initials. For example: Ardrox is received and needs a reagent number; it is given **AR01012014XXX**. It does not matter the sequence if it is unique and has all three of these requirements. If more than one bottle of the same reagent/chemical is received on that day, then an additional number or letter specifying that bottle needs to follow the lot number. For example: **AR01012014XXX-A** or **1**.

7.5 The labels on the reagents must clearly identify contents, the lot number, expiration date (if there is one, or "none" will be written), and the initials of the person who labeled the bottle. If part of the reagent is removed to a smaller bottle for daily use, then the label must mirror the parent bottle.

7.6 When a chemical or reagent is opened, the open date will be written on the label.

7.7 When a reagent is created in-house, the contents of the reagent will be recorded in the Chemical and Reagent Log Book and a unique lot number will be assigned to the reagent per the above directions (Section 7.4). The reagent will be tested for fit for use prior to being used on evidence.

7.8 If a reagent is made and used in one day, it does not need to be logged into the Chemical/Reagent log. It will still require testing to ensure it is working properly before use.

7.9 Controls will be used when processing evidence. Controls will follow the same processing sequence utilized on the evidence.

7.10 Most of the chemicals and reagents in the latent print lab do not have expiration dates. All are tested upon use.

8. Reference Materials

8.1 The section maintains footwear references that are on display in the Latent Print Lab. These samples are not evidence and are used to reference tread design, outsole construction or used for training.

8.2 These reference items are documented and identified by the manufacturing tag located on the item of footwear.

8.3 The reference items are stored in a limited access laboratory.

9. Work in Progress

9.1 The lab wide "Evidence Storage and Handling" policy QA-P012 dictates how evidence should be handled for the section.

9.2 Evidence may be open on the examiner's work bench, lab counters or in the fume hoods if currently under examination. If the examiner leaves for an extended time for training, vacation or more than three days in a row of scheduled time away, then the evidence will be placed back in the package with a temporary seal.

9.3 Evidence stored on the work-in-progress areas waiting for completion by the examiner or technical reviewer must be under a temporary seal. The convenience container or if there is no convenience container, the item(s) will have piece of tape over the opening to keep it closed. The tape does not need to cover the entire opening for a complete seal.

9.4 The temporary seal will be placed on the evidence or convenience container by the analyst when placed on the shelf. If the technical reviewer breaks the seal for review, then the reviewer must seal it again with a temporary seal after the review is complete and the items are placed back on the shelving unit.