See also: LOM 7105.3
TSK-7105.2, Conducting an Internal Audit

The **Laboratory Director (LD)** assigns the following steps to qualified staff, conducts a thorough review of quality inputs, and documents the review using the format found in blank forms section of the Office of Forensic Sciences Document Control Center (SFDCC).

A. Assessing Quality Inputs

1. Determine the suitability of policies and procedures:

   a. **Reviews** and **assesses** the Office of Forensic Sciences (SF) policies and procedures (LOM, Procedures and Tasks, ADM, LPEM, REDACTED, and other relevant policy documents).

   b. **Details** recommendation(s) for creating additional policy, for clarifying policy, obsoleting policy or adjusting processes or practices.

   c. **Justifies** each recommendation.

2. **Obtains** reports from managerial and supervisory personnel: **Provides** a detailed description of key managers' reports pertaining to the quality management system.

   Examples: Trip reports, training reports, group studies, research, general documented observations, or any other required reports submitted to the LD from key management.

3. **Summarizes** the outcome of recent internal audits: **Provides** a brief summary of the internal audits performed by the laboratory since the last management review.

4. Corrective and preventive actions:

   a. **Details** corrective and preventive actions issued since the last management review.

   b. **Reviews** the actions taken and the effectiveness of the actions. **Makes** recommendations that could potentially improve the laboratory.

5. Assessments by external bodies: **Lists** any assessments, audits, inspections or reviews from bodies outside of DEA. **Includes** the following:

   a. The name of the auditing body
   b. The date of the audit
   c. The objective and scope of the audit
   d. The results

6. Results of proficiency tests: **Summarizes** all proficiency tests which the laboratory has completed. Include the following:

   a. The types of proficiency tests
   b. The categories covered within the Scope of Accreditation

c. The results of the tests

d. Any conclusions drawn from the process

7. Changes in the volume and type of the work:

   a. **Describes** any noticeable changes in work volume or type of exhibits submitted to the laboratory.

   b. **Provides** the strategies employed to handle the changes, and the impact of the changes.

   c. **Evaluates** the effectiveness of the decisions made and the long-term outlook for the laboratory, if the changes are permanent.

8. Customer feedback: **Summarizes** the feedback provided by the laboratory's customers. Was a corrective or preventive action implemented?

9. Complaints: **Details** all customer, personnel, and management complaints in regard to the quality management system. Was a corrective or preventive action implemented?

10. Recommendations for improvement: **Provides** improvement suggestions to the laboratory's quality management system.

11. Other relevant factors: **Provides** additional information impacting the quality management system. This includes, but is not limited to the following:

    a. Quality control activities

    b. Professional development for laboratory personnel

    c. Analytical research

    d. Significant laboratory changes in resources

    e. Staff training

B. Establishing Quality Outputs

1. Findings and actions: **Summarizes** the review "inputs" and "outputs" relative to the prior year. **Discusses** the effectiveness of any earlier actions, changes and/or improvements, and decisions made to the laboratory quality management system. **Describes** new actions that will be integrated, based on the year's review input.

2. Quality objectives for coming year: **Lists** the laboratory's quality objectives for the coming year. Quality objectives are the following: specific, measurable, attainable, realistic, time bound, and representative of the SF's mission and of its quality policy statement.

3. Examples of quality objectives

   a. Improve evidence production from the previous year.

   b. Improve processes on SF deadlines.

   c. Increase the number of hours of training for each employee.

   d. Reduce travel spending from previous years.

C. Finalizing the Review

1. **Submits** the management review report to SF by October of each year.

2. **Retains** all management review documents in accordance with REDACTED.

End of Document

Date Posted: 03/30/2018