See also: LOM 7105.2
TSK-7105.3, Conducting a Management Review

The **Laboratory Quality Assurance Manager (LQAM)** uses the standardized internal audit report format found in the Blank Forms on the Office of Forensic Sciences Document Control Center (SFDCC), and performs the following steps:

A. Preparing for an Internal Audit

1. **Uses** the *DEA Laboratory Assessment Checklist* blank form located on the SFDCC to ensure compliance with documented requirements.

2. **Adds** internal policies and supplemental instructions (e.g., standard operating procedures) to the laboratory's *DEA Laboratory Assessment Checklist*.

3. **Selects** trained and qualified personnel who are independent of the activity to be audited, to assist with the audit. (See LOM 7106.3).

   NOTE: The Office of Forensic Sciences maintains a list of previously qualified personnel on the HQ share drive at: REDACTED.

4. **Schedules** the internal audit.

5. **Documents** the audit objectives and scope. **Includes** the personnel participating in the audit and their assigned areas.

6. **Provides** the information to the Laboratory Director (LD) and to auditors.

B. Conducting an Internal Audit

1. **Provides** the laboratory *DEA Laboratory Assessment Checklist* to the auditors.

2. **Leads** the audit team in conducting a review of all requirements, procedures, processes, internal policies, and supplemental instructions on each module of the *DEA Laboratory Assessment Checklist*.

   a. **Includes** random samplings of records and documents, as well as observations of actual activities and functions, ensuring compliance with laboratory policies and procedures.

   b. **Includes** electronically stored objective evidence to the laboratory's version of the *DEA Laboratory Assessment Checklist*.

   c. **Directs** personnel to the location of hard copy objective evidence where electronic storage is not possible or prohibited.

C. Evaluating the Audit

1. **Compares** observations from each auditor, and **reviews** documented policies and procedures to verify compliance.

2. **Initiates** corrective and preventive actions where audit findings reveal a significant or systemic nonconformance in the quality system.

3. **Continues** to verify and **records** the implementation and effectiveness of the corrective/preventive action(s) taken, until the next scheduled internal audit.

D. Finalizing the Audit Report

1. **Verifies** that laboratory auditors have completed their assigned module, and signed and dated the module signature sheet.

2. **Reviews**, **signs**, and **dates** the module signature sheet to signify concurrence with the audit. The module signature sheet will be electronically stored with the auditors' notes.

3. **Summarizes** and **records** the results, "corrective actions", "preventive actions", and recommendations in a written report for the LD's management review.

4. **Retains** all internal audit records in accordance with REDACTED.

End of Document

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