DRAFT FOR COMMENT

STANDARD FOR A QUALITY ASSURANCE PROGRAM IN FRICTION RIDGE EXAMINATIONS (LATENT/TENPRINT)

Preamble

A quality assurance program (QAP) shall be established for organizations conducting friction ridge examinations. The establishment of a QAP is an important first step in the adoption of International Standards through an accreditation program from a certified accrediting body that includes an external assessment.

A QAP is necessary for the monitoring and evaluation of activities to ensure standards of quality are being met. Written policy and procedures shall be maintained by the agency and reviewed periodically.

1 Scope

This standard applies to comparison, processing, and related activities in latent and tenprint operations.

It addresses the elements of a quality assurance program, which include: quality management, non-conforming work, quality review, and corrective actions.

Other documents, including SWGFAST standards, should be consulted to supplement the requirements of a QAP.

2 Terminology

2.1 Policy must state the overall direction of the organization with regard to the subject activity.

2.2 Procedure must specify a way to perform an activity and generally contains the purpose and scope of the activity, what shall be done and by whom, when, where, and how it shall be done. The procedure must also address what materials, equipment, and documents shall be used and how it shall be controlled and recorded.

3 Quality Assurance Programs Policy and Procedures Shall:

- Establish and maintain a training program, including maintenance of training records [1].
- Ensure competency before beginning independent casework [1].
- Establish, maintain, and control quality assurance documents.

- Document the handling of evidence and examination.
- Maintain documentation [2].
- Document requirements for reporting conclusions [3].
- Document non-conforming work, including non-consensus results.
- Establish and maintain a proficiency testing program [4].
- Establish administrative and technical case review [5].
- Monitor testimony [6].
- Document corrective actions and preventative actions.
- Support professional development and continuing education.
- Require technical and managerial supervision of staff.
- Require periodic audits of the Quality Assurance Program.
- Include a commitment to impartiality and integrity.
- Maintain a safety program.

4 Quality Assurance Documents

4.1 Quality assurance documents shall be periodically reviewed and if necessary, revised. Revisions shall be clearly documented, duly authorized, and made available to staff.

4.2 The following topic areas shall be included within quality assurance documents:

- Training and competency records
- Methods and procedures for friction ridge examination, including documentation and report writing
- Methods and procedures for reagent preparation, testing, storage, and disposal
- Equipment calibration and maintenance logs
- Method validation records
- Methods and procedures for friction ridge impression development, image capture, and storage
- Evidence handling procedures
- Laboratory safety procedures
- Methods and procedures for verification
- Resolution of non-consensus conclusions
- Technical and administrative case review
- Proficiency testing records
- Methods and procedures for electronic fingerprint systems (AFIS)
- Testimony review
- Corrective action
- Code of Ethics

- Customer complaint and feedback procedure
- Preventative action

5 Non-Conforming Work

5.1 Non-conforming work is a failure to comply with the policies and procedures documented in the quality management system and when determined to exist, shall require a quality review.

5.2 Non-conforming work may be identified and brought to the attention of agency management through a variety of avenues including, but not limited to, technical case review, administrative case review, non-consensus decisions, proficiency testing, witness critique, annual performance appraisal, etc.

5.3 Non-consensus decisions as non-conforming work [7]

5.3.1 Non-consensus decisions regarding individualizations or exclusions shall require that a quality review be conducted.

5.3.2 For additional non-consensus decisions, an agency shall adopt a policy to determine under what circumstances a quality review will be conducted [7]. An agency in which repeated "additional non-consensus decisions" occur should include in its policy the need for a quality review in these circumstances.

6 The Quality Review Process

6.1 A quality review shall be documented in writing and may include:

- A review of case documentation.
- Re-examination or retesting, if applicable, by the original examiners, independent internal examiner(s), or independent external examiner(s).
- If after the review of case documentation and re-examination, non-conforming work is determined, then a root cause analysis must be done. The root cause analysis may include, for example, a statement from all parties involved, a review of training records, a review of the training program, a review of prior work performance, organizational process, human factors [8], or equipment. A root cause analysis may identify systemic and individual factors.
- Determination of the seriousness of the non-conforming work.
- Determination of corrective action or preventative actions if deemed appropriate.
- Determination of the appropriate conclusion to be reported, where necessary.

7 Corrective Actions

7.1 The agency is responsible for writing and enforcing policy to handle non-conforming work. When preparing written policy governing non-conforming work, a variety of corrective actions should be included. The corrective actions should be appropriate to the level of non-conforming work, the skill level of the examiner, and the circumstances. A corrective action policy shall include documentation of the quality review and its outcome.

7.2 Corrective action shall be documented in writing.

7.3 Corrective actions shall be based upon the findings of the root cause analysis and include at least one of the following:

- Immediate removal from relevant casework
- A review of prior casework

- Correction of training program deficiencies
- Remedial training and competency testing
- Counseling
- A review of subsequent casework for a period of time
- A review and possible revision of relevant agency policies, practices, and procedures
- A review of human factors issues
- A review of equipment and supplies

7.4 Any action beyond corrective action is outside the scope of SWGFAST. SWGFAST does not construe corrective action to be disciplinary in nature. Disciplinary action is an agency-specific responsibility and should be outlined in the written policies of the agency.

8 References

[1] SWGFAST, *Standards for Minimum Qualifications and Training to Competency for Friction Ridge Examinees*, 2/12/10, ver. 1.0.

[2] SWGFAST, *Standard for Documentation of Analysis, Comparison, Evaluation and Verification (ACE-V),* 2/12/10, ver. 1.0.

[3] SWGFAST, *Standards for Examining Friction Ridge Impressions and Resulting Conclusions*, 9/13/11, ver. 1.0.

[4] SWGFAST, *Standard for Friction Ridge Comparison Proficiency Testing Program*, 5/8/09, ver. 1.0.

[5] SWGFAST, *Standard for the Technical Review of Friction Ridge Examinations*, 9/13/11, ver. 1.0.

[6] SWGFAST, *Standard for a Quality Assurance Program in Friction Ridge Examinations*, 3/9/12, ver. 4.0.

[7] SWGFAST, *Standard for the Definition and Measurement of Rates of Errors and Inappropriate Decisions in Friction Ridge Examination*, 9/16/11, ver. 1.1.

[8] *Latent Print Examination and Human Factors: Improving the Practice through a Systems Approach, NIST Interagency/Internal Report (NISTIR) – 7842.*