

INTRODUCTION

The Crime Laboratory Accreditation Program of the American Society of Crime Laboratory Directors /Laboratory Accreditation Board (ASCLD/LAB), is a voluntary program in which any crime laboratory may participate to demonstrate that its management, operations, personnel, procedures, equipment, physical plant, security, and health and safety procedures meet established standards. The program is managed by a professional staff under the direction of the Board of Directors, elected by the Delegate Assembly, to which it is responsible. The Delegate Assembly is composed of the directors of all accredited laboratories and laboratory systems. The ASCLD/LAB Bylaws (Attachment 1) govern the authority and responsibilities of the Board, the Delegate Assembly and the staff.

Accreditation is a part of a laboratory's quality assurance program which should also include proficiency testing, continuing education, and other programs to help the laboratory give better overall service to the criminal justice system. Accreditation is granted for a period of five years provided that a laboratory continues to meet ASCLD/LAB standards, including completion of the Annual Accreditation Audit Report and participation in prescribed proficiency testing programs. To maintain accreditation, a laboratory must submit a new application for accreditation every fifth year, and undergo another on-site inspection using the version of the accreditation manual which is in effect at the time of the application.

In addition, laboratories may elect, or be required, to undergo interim inspections during the five-year accreditation period.

OBJECTIVES

ASCLD/LAB has adopted four objectives which define the purposes and nature of the program. They are:

- To improve the quality of laboratory services provided to the criminal justice system.
- To develop and maintain criteria which may be used by a laboratory to assess its level of performance and to strengthen its operation.
- To provide an independent, impartial, and objective system by which laboratories can benefit from a total operational review.
- To offer to the general public and to users of laboratory services a means of identifying those laboratories which have demonstrated that they meet established standards.

PROGRAM FORMAT

The program consists of statements of principles, basic standards, criteria for evaluation of the laboratory's compliance with the standards, and a discussion of the meaning of the standards. There are three major divisions of standards which are Laboratory Management and Operations, Personnel Qualifications, and Physical Plant.

Principle - For each major section within the three divisions of these standards, a basic statement of principle is presented. Principle is defined as: a basic rule, assumption or quality; a fixed or predetermined policy or mode of action.

Standards - The standards are statements which describe acceptable levels of performance, excellence, or attainment in that particular activity.

Criteria - The criteria are used to evaluate whether the laboratory activity meets the standard. This is often a restatement of the standard in the form of a question which can be answered "yes", "no", or "not applicable". Criteria are each assigned a number in this manual.

Discussion - The discussion sets forth the rationale used in the adoption of the standards and provides more detailed explanations of some criteria.

GRADING SYSTEM

Each criterion has been assigned a rating of either: essential (E), important (I), or desirable (D). A LABORATORY MUST ACHIEVE NOT LESS THAN 100% OF THE ESSENTIAL, 75% OF THE IMPORTANT, AND 50% OF THE DESIRABLE CRITERIA. Achievement is a "yes" for the criterion. "N/A" answers will not be considered in the grading, but each must be explained in writing. The definitions of the ratings are:

Essential - Standards which directly affect and have fundamental impact on the work product of the laboratory or the integrity of the evidence.

Important - Standards which are considered to be key indicators of the overall quality of the laboratory but may not directly affect the work product nor the integrity of the evidence.

Desirable - Standards which have the least effect on the work product or the integrity of the evidence but which nevertheless enhance the professionalism of the laboratory.

THE PROCESS

PREPARATION FOR INSPECTION

Crime laboratory directors seeking information about laboratory accreditation should direct their inquiries to the Executive Director of ASCLD/LAB. A copy of the ASCLD/LAB accreditation manual can be obtained for a fee. The process need go no further. Directors may elect to evaluate their own laboratories for the purpose of self-improvement without seeking accreditation. This is done without obligation or expense beyond the cost of the manual.

CRITERIA FILE

A required part of the laboratory's preparation for an inspection is the determination and documentation by the laboratory that it meets the applicable standards and criteria. The documentation is defined in this manual as a criteria file. The criteria file includes all applicable documentation of compliance with each criterion or specifically identifies the location of applicable laboratory policies and procedures. For example, the criteria file documentation for criterion 1.4.3.3 "WAS EACH EXAMINER PROFICIENCY TESTED ANNUALLY IN EACH SUBDISCIPLINE IN WHICH CASEWORK WAS PERFORMED?" might either give a listing of all personnel in the laboratory and information concerning the proficiency tests which were completed, or it might indicate that all proficiency testing records are located in the quality manager's office. Although a criteria file may be in hard copy form, an electronic criteria file is preferable. A criteria file submitted with the application is very helpful in expediting the inspection process.

ASCLD/LAB does not engage in pre-accreditation assessments of laboratories considering accreditation. A laboratory director wishing to conduct a pre-accreditation assessment of his/her laboratory may wish to employ consultants with experience as ASCLD/LAB inspectors. The selection of the consultant(s) will be

at the sole discretion of the laboratory director. If the consultant(s) chosen for this task are ASCLD/LAB inspectors, they may not serve as a member of any subsequent accreditation inspection team for the laboratory. ASCLD/LAB is not bound by recommendations made by consultant(s).

FORMAL APPLICATION

Should the director elect to proceed with accreditation, formal application is made by returning to ASCLD/LAB the Application for Accreditation (Appendix 1), along with all supporting documents listed on the application form. It is preferred that the application be submitted in an organized electronic format using software which is approved by the ASCLD/LAB office. Interactive forms are available on the ASCLD/LAB website at www.ascl-d-lab.org. The application may be submitted in a ring binder with tabs marking each of the required documents. When a laboratory system consisting of two (2) or more laboratories elects to apply for accreditation, independent applications must be submitted for each laboratory. Required documents which are common to all laboratories within a system need not be duplicated for each laboratory within the system, when applications are submitted for multiple laboratories.

Unless a laboratory meets the requirement for an exception, a laboratory must apply for accreditation in all disciplines in which ASCLD/LAB provides accreditation and the laboratory provides services, except crime scene. Crime scene is the only discipline for which a laboratory has an option to not apply for accreditation. An exception to the requirement to apply for accreditation in all disciplines in which services are provided may be made only when legislation requires a laboratory to obtain accreditation in a specific discipline. Laboratories may apply for and obtain accreditation in a specific discipline when mandated by legislation. Accreditation granted in single disciplines for this purpose will be granted for a two-year period, during which the laboratory must apply for accreditation in all disciplines in which it provides services.

ASCLD/LAB will accredit any laboratory which provides services in one or more of the disciplines for which accreditation is offered, including Crime Scene. To be accredited in a discipline for which the laboratory only conducts screening or processing within the laboratory, the laboratory must be accredited in at least one additional discipline in which it provides full services. As an example, a laboratory may be accredited in Latent Prints (processing only) if the laboratory becomes accredited in one of the other disciplines.

Operations within a laboratory that generate data input, store and/or compare information for individual characteristic databases (e.g. CODIS, NIBIN, AFIS) will be included in the inspection.

The Grade Computation Sheets/Summation of Criteria Ratings (Appendix 3), completed through self-evaluation utilizing the criteria file, must have a score exceeding the minimum requirements for accreditation. Because ASCLD/LAB recognizes that there may be specific situations in individual laboratories for which certain criteria may not be appropriate, exceptions may be considered by the Board, **but only if** a written request for exception has been made prior to the inspection.

An accredited laboratory seeking to renew its accreditation must submit the required application documents at least six months prior to the expiration of the current accreditation to avoid a lapse in accreditation. Exceptions to this requirement will be considered, upon written justification to the Board. While laboratories seeking accreditation for the first time may be given up to twelve months following the initial inspection to become compliant with the applicable requirements for accreditation, laboratories seeking renewal of accreditation are expected to remain in compliance with the requirements of the accreditation program at all times. When a laboratory, which is seeking renewal of accreditation, is found to not be in compliance with one or more of the Essential requirements of the program, the Board may allow up to 180 days to achieve full compliance if the laboratory has submitted an application for renewal in a timely manner and has

demonstrated appropriate actions to remain compliant with the requirements of the accreditation program. Any extension beyond 180 days may be considered on a case by case basis by the Board.

During the five-year accreditation period, a laboratory may elect to seek interim inspections for various reasons such as the addition of one or more disciplines since the laboratory was originally accredited, laboratory relocation, a DNA external audit requirement or for other management needs. The laboratory must submit a new application which includes all of the required application documents. A fee established by the Board will be charged for an interim inspection which is requested by the laboratory.

ACCREDITATION OF NEW CRIME LABORATORIES

For laboratories required to achieve accreditation prior to providing services in criminal cases, ASCLD/LAB offers a one-year accreditation program. The one-year program will allow a laboratory wishing to provide services in criminal cases the opportunity to demonstrate its capability to satisfy ASCLD/LAB's requirements for accreditation through the processing of mock criminal evidence in lieu of actual evidence collected in criminal investigations.

The only difference in the accreditation process and the on-site inspection under the one-year program is the use of mock or simulated evidence, instead of actual evidence. To achieve the one-year accreditation, a prospective one-year applicant laboratory must comply with all standards and criteria which apply to all accredited laboratories.

Under the one-year accreditation program, it will be the responsibility of the applicant laboratory to arrange for and obtain sufficient mock criminal casework from an external source which will realistically simulate actual evidence normally processed by a laboratory performing casework examinations in all disciplines for which accreditation is sought. Analysts/examiners who will be performing casework in the new laboratory must complete a minimum of five (5) simulated cases in each of their respective disciplines. The completed mock cases will be reviewed during the initial inspection of the new laboratory.

Within nine months of the date that a one-year accreditation is granted, the laboratory must submit an application for a full-term accreditation inspection. A one-year accreditation may be granted only once to a new laboratory. No extensions to the one-year accreditation period may be granted until an on-site inspection has been conducted during which the laboratory's processing of actual criminal evidence is inspected.

APPLICATION FEE FOR NEW APPLICANT LABORATORIES

Laboratories submitting an application for accreditation for the first time must include a non-refundable application fee at the time the application is sent to the ASCLD/LAB office. The application fee is based on the number of positions which the laboratory has for proficiency tested personnel at the time of the application. The current application fee schedule is available at www.asclld-lab.org.

REVIEW OF THE APPLICATION

Upon receipt by ASCLD/LAB, the application documents will be forwarded to an appointed inspection team captain for review to verify that all required documents are included and properly completed. If all required documents are not included and/or properly completed, proper completion will be required before the process proceeds further. When it is determined that the application documents are complete, an inspection team will be selected to conduct the inspection.

APPOINTMENT OF THE INSPECTION TEAM

Based on the information provided in the application, an inspection team captain will be appointed. The team captain will generally be an ASCLD/LAB staff inspector. In consultation with the inspection team captain, ASCLD/LAB will determine the number of inspectors and the number of days required to conduct the inspection. The inspection team will consist of two or more inspectors, one of them being the team captain. Inspectors shall generally come from accredited laboratories and shall have successfully completed an ASCLD/LAB inspector training course. The inspection team will include inspectors knowledgeable in the types of work performed by the laboratory. The appointment of the inspection team is at the sole discretion of ASCLD/LAB. Input from the laboratory to be inspected will be considered. The function of the inspectors is to fairly and objectively evaluate the laboratory's compliance with all ASCLD/LAB standards and criteria which apply to the applicant laboratory. Compliance with the criteria is not negotiable by the inspection team.

The inspection team captain will coordinate with the applicant laboratory director to set an inspection date that is satisfactory to the applicant laboratory, the inspection team and to ASCLD/LAB. It is the responsibility of the applicant laboratory, upon notification, to provide copies of application documents to each member of the inspection team. The inspection team should receive all required documents at least thirty days prior to the inspection. When agreeable to the inspection team, application documents may be provided to the inspection team in electronic format rather than as hard copies.

In addition to the required application documents, the laboratory will be requested, by the inspection team captain, to provide members of the inspection team with technical procedure manuals and training programs in advance of the inspection. When requested, these manuals should be provided to the appropriate inspection team members. The opportunity to review these manuals in advance of the inspection is very important in expediting the on-site inspection process.

INSPECTION FEE

Once the size of the inspection team and the number of days required to conduct the inspection have been determined, ASCLD/LAB will invoice the applicant laboratory for an inspection fee as determined by the Board. The applicant laboratory should forward to ASCLD/LAB the inspection fee or a purchase order in the amount determined prior to the inspection. Laboratories which need to make other arrangements for payment of an inspection fee should coordinate such arrangements with the Executive Director prior to the inspection. Accreditation will not be granted to a laboratory having an unpaid inspection fee.

The inspection fee covers all costs associated with the initial inspection visit. When additional visits to a laboratory are necessary to determine compliance with accreditation criteria, the cost of the subsequent visits will be the responsibility of the applicant laboratory. The applicant laboratory will be invoiced for such visits at a rate established by the Board.

CONFIDENTIALITY OF THE INSPECTION PROCESS

It is the responsibility of all participants in the accreditation process to recognize and respect the confidentiality of applicant laboratories. To ensure confidentiality, Board members, inspectors, Proficiency Review Committee members and other participants in the accreditation process are required to sign a Code of Conduct agreement prior to participating in the process. At the conclusion of the accreditation process for a laboratory, which results in either accreditation or withdrawal of an application, all inspectors and Board members having associated documents will destroy all documents. The ASCLD/LAB office will

maintain the only records associated with the inspection of accredited laboratories, once the process has been completed.

CONFLICT OF INTEREST

In order to ensure public confidence in the impartiality and objectivity with which ASCLD/LAB carries out its mission, and to avoid any actual or perceived conflicts of interest by ASCLD/LAB Board members, Delegate Assembly members, committee members, inspectors, employees, or others acting on behalf of the Board, such individuals shall not participate in a specific action, including the process of, or vote on, the accreditation, compliance, sanctioning, or reinstatement, concerning a laboratory by which he or she is employed, or a laboratory within the same laboratory system or agency as the laboratory by which he or she is employed. The same prohibition shall apply to these individuals with respect to laboratories, laboratory systems, or agencies from which the individual is negotiating for, or has an offer of, employment, or from which the individual has retired or otherwise left employment.

ASCLD/LAB Board members, Delegate Assembly members, committee members, inspectors, employees, and others acting on behalf of the Board, shall not participate in a particular matter in which he or she, or a member of his or her household, has a financial interest, or in which a financial interest of that individual, a member of his or her household, or an employee or owner of the laboratory which employs that individual, is directly and predictably affected by that matter.

When a conflict or an appearance of a conflict becomes apparent to an individual described above, he or she shall immediately report that conflict to the ASCLD/LAB Board through the Executive Director.

CONDUCT OF THE INSPECTION

The applicant laboratory director will make reservations for the inspection team members at a convenient hotel and arrange for all transportation to and from the airport and to and from the laboratory. A laboratory system must provide all in-state transportation for the inspectors so that maximum cost savings may be realized for both ASCLD/LAB and the system. The applicant laboratory will not pay directly any of the inspection team's expenses for air travel, hotel, or meals. These expenses are included in the inspection fee.

A conference room for use by the inspection team must be provided. The laboratory staff will be advised that the inspection team will need various case records including analysts' notes and other information.

An appointment should be made by the applicant laboratory director for a private meeting between the administrator such as a sheriff or chief of police, who is in line of command over the laboratory, and the inspection team. The purpose of this meeting is to elicit the administrator's opinion of the services of the laboratory. This meeting need not be lengthy.

The applicant laboratory director should take the inspection team on a brief tour of the laboratory in order to familiarize the inspectors with the facility and to introduce them to the staff. The team captain will advise staff members that members of the team may meet with them individually. At the conclusion of the tour, the team captain will advise the applicant laboratory director that the team will conduct the rest of the inspection on its own and will arrange meetings at scheduled times during and at the conclusion of the inspection.

A number of administrative records and documents must be reviewed by the inspection team (Appendix 4). These records and documents should be available in a conference room if possible.

An important phase of the inspection is the determination that the laboratory reports are supported by adequate case records and notes as well as by appropriate examinations. This is accomplished by reviewing a sample of case files including all notes and data generated by the analyst. For this reason, a large part of the inspection will consist of examination of case files and interviews of analysts. The inspection team will be careful not to embarrass the analysts, but will expect them to have written procedures and other documentation at hand to support the case files. The inspectors will interview any trainees to evaluate the training program. They will also interview support personnel to evaluate the support capabilities of the laboratory. During the evaluation, any criterion for which there is some question of compliance will be reported by the inspection team as a deficiency with an explanatory note. The issue will be reviewed in the summation conference.

Some parts of the process described above may be limited in scope or not performed for an interim inspection.

SUMMATION CONFERENCE

At the end of the inspection, the inspection team will meet with the laboratory director, and any others the director chooses, to review the findings including all noted deficiencies. The director may have questions about certain criteria or about the interpretation of the findings in the specific context of the laboratory. No reports or other documents will be left with the laboratory at that time.

INSPECTION REPORT AND AUDIT PROCESS

As soon as reasonably possible after conclusion of an inspection, a draft inspection report will be prepared by the inspection team and submitted to ASCLD/LAB. The draft report will be distributed to an audit committee consisting of a member of the Board, the Legacy Program Manager, at least three staff inspectors and the inspection team captain, if the team captain is not a staff inspector. The audit committee will promptly review the draft report, in conference, for consistency with past Board decisions and make appropriate revisions. The audited report will then be forwarded to the applicant laboratory director along with a letter explaining any changes which are made to the findings of the inspection team. The findings and observations, conclusions and recommendations contained in the audited report remain pre-decisional, pending consideration by the Board. Upon receipt of the audited report, the applicant laboratory has the option to either take appropriate steps to remediate any areas of non-compliance with accreditation standards or to appeal to the Board any disagreement with the findings in the audited report.

If there is no appeal concerning findings in the audited report, the Board will take no action until the inspection team and audit committee determine that the required percentage of criteria have been satisfied and a report is referred to the Board to consider accreditation of the laboratory. The applicant laboratory director has the right of appeal at any time during the accreditation process.

After review and acceptance by the Board, a copy of the final inspection report will be provided to the laboratory director.

POST-INSPECTION EVALUATION

The success of the inspection and accreditation program depends largely on the presentation and performance of the inspection team. A Post Inspection Evaluation form (Appendix 5) is provided for the laboratory director to evaluate the inspectors and to comment on the inspection program. While it is not mandatory, the director is urged to complete and submit the form. Constructively critical comments are important for identifying problems in the program and topics for workshops on the inspection procedures. Directors are

also encouraged to submit to ASCLD/LAB written suggestions for improvements in the accreditation process.

ACCREDITATION DECISION

The decision to grant accreditation can be made only by the Board and must be made within 12 months of the date of the laboratory's first notification of an audit committee's consideration of the draft inspection report. This time is allowed to give a laboratory maximum opportunity to correct any deficiencies. A vote of the Board is required, in accordance with the Bylaws, for accreditation to be granted. The Board may limit accreditation in some disciplines to one or two subdisciplines. For example, if a laboratory conducts examinations in only one or two trace evidence subdisciplines, the certificate will indicate the accreditation limitations for that discipline in parenthesis (e.g. Trace Evidence [fire debris only]). A laboratory which only screens or processes evidence will be accredited in that discipline as screening or processing only, if the laboratory has full accreditation in at least one other discipline, other than crime scene.

Laboratories applying for accreditation in the discipline of Biology, may be accredited in the subdisciplines of DNA and/or serology. The Biology subdiscipline DNA includes all types of DNA analysis. The Biology subdiscipline serology includes traditional serological analyses such as identification and phenotyping of stains. Both of the subdisciplines include screening of evidence and stain identification as a fundamental part of the discipline. A laboratory which only screens evidence and identifies stains will be accredited in Biology (stain identification only). Laboratories which apply for accreditation in the Biology subdiscipline of DNA will be inspected under the applicable standards of this manual and the applicable standards of the *FBI's Quality Assurance Standards for Forensic DNA Testing Laboratories and Convicted Offender DNA Databasing Laboratories*. This document is available at www.ascl-d-lab.org.

In all deliberations concerning inspections of applicant laboratories, the Board will receive verbal and written inspection reports while in executive session. No accreditation decision will be made until the written inspection report is received and accepted by the Board. A representative of the applicant laboratory may appear before the Board to make a presentation or to answer questions of the Board without debate. The Chair (or his/her designee) will notify the director of the applicant laboratory of the Board's decision. All proceedings of the Board (except the final decision) are to be kept confidential.

When accreditation of a laboratory has been deferred due to lack of documentation, the laboratory will generally be required to provide 90 days of corrective documentation to the team captain or his/her designee before the Board will consider granting accreditation.

In the case of laboratory systems involving two or more laboratories, it is the policy of ASCLD/LAB to accredit each laboratory separately.

At any time prior to the final Board vote, a laboratory director may withdraw the application without prejudice. In such an event, the Board will make no accreditation decision. All records concerning the withdrawn application will be moved to a withdrawn applicant file.

DELEGATE ASSEMBLY MEMBERSHIP

Directors of laboratories which achieve accreditation also become members of the Delegate Assembly. When all laboratories within a laboratory system become accredited, the system director becomes a member of the Delegate Assembly. Delegate Assembly members are encouraged to attend and participate in the annual meeting of the Delegate Assembly. This meeting is generally held in conjunction with the annual meeting of ASCLD.

Laboratory directors or laboratory system directors may designate someone other than themselves to be the delegate for their respective laboratory or laboratory system. To designate another individual as the delegate, the laboratory or system director must send a letter to the Executive Director confirming the delegation. To appoint an individual as a temporary designee for the purpose of voting at the annual meeting of the Delegate Assembly, the laboratory or system director must send a letter to the Executive Director making this designation. No individual attending the Delegate Assembly meeting may have more than one vote. An individual may not be the delegate or designee for more than one laboratory.

All Delegate Assembly members or their designees are placed on the mailing list for all official correspondence from ASCLD/LAB and are encouraged to vote on all issues brought before the Delegate Assembly and sent out as mail ballots. Members are also invited and encouraged to make themselves and other members of their supervisory staff available for training and participation as inspectors.

A laboratory that does not apply to renew its accreditation prior to the expiration date of its accreditation will no longer be accredited and will relinquish its membership in the Delegate Assembly.

ACCREDITATION CERTIFICATES

Once a laboratory is accredited, the laboratory will be presented a certificate of accreditation. The certificate will bear a unique certificate number and will designate the disciplines in which the laboratory is accredited. The certificate will also indicate when the accreditation was granted and the date of the expiration of accreditation. The Board will present a System Certificate of Accreditation to any laboratory system in which all of its laboratories have been accredited.

Upon renewal of accreditation, a laboratory's certificate shall show a month and day of accreditation that shall be five years from the month and day on the certificate of the previous accreditation, except when an accreditation expires prior to the submission of a new application for accreditation.

Although presented to a laboratory, each accreditation certificate remains the property of ASCLD/LAB. Failure to remain compliant with accreditation standards could result in the revocation of accreditation and the return of the certificate to ASCLD/LAB.

ACCREDITATION CEREMONY

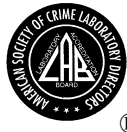
Once a laboratory has been granted accreditation, it is appropriate that this achievement be publicly recognized. Laboratories are encouraged to celebrate their achievement with a ceremony at which the Board Chair or designee will formally present the accreditation certificate. The accreditation ceremony and attendant media coverage serve the dual purposes of demonstrating the capabilities of the laboratory to its users and of publicizing the accreditation program. The invoice for the inspection fee will include an optional fee for an accreditation ceremony to be attended by a member of the Board. If an applicant laboratory opts to not include this fee, they will be invoiced separately if they later elect to request a member of the Board to participate in a ceremony. Ceremony fees for laboratories outside of the U.S. or Canada will be invoiced separately from the inspection fee and will include only the actual transportation, lodging and meals.

ASCLD/LAB LOGO

The American Society of Crime Laboratory Directors/Laboratory Accreditation Board's name, acronym (ASCLD/LAB), and logo are registered trademarks, reserved for the official use of ASCLD/LAB. The

name, acronym, and logo may not be used, reproduced, or displayed for any purpose by any individual or organization, including accredited laboratories and members of the Delegate Assembly, without the express written permission of the Executive Director.

Designation of a laboratory or laboratory system as an ASCLD/LAB accredited laboratory on letterhead, stationary, laboratory reports, business cards, advertisements, signs, or any other object or image, generally will be required to be in the following format:



AN ASCLD/LAB ACCREDITED LABORATORY (*SINCE DATE OF ACCREDITATION*)

Laboratories must be careful not to use the ASCLD/LAB name, acronym, or logo on any document reporting findings in functional areas for which the laboratory is not accredited, or in any other manner that will lead others to reasonably believe that the laboratory has been accredited in functional areas for which it has not been accredited. The ASCLD/LAB Board of Directors considers misrepresentations as to accreditation to be a serious violation of ethics and the Board's policy.

ANNUAL ACCREDITATION FEE

An annual accreditation fee will be assessed to each laboratory accredited by ASCLD/LAB, including any periods of probation or suspension. The annual accreditation fee funds all administrative expenses of the Board, including but not limited to costs for maintaining a full-time Executive Director, essential staff and an office to conduct the affairs of ASCLD/LAB.

The annual accreditation fee will be based upon ASCLD/LAB's approved Annual Administrative Budget. The invoice for the accreditation fee is due and payable by the laboratory within three months of the date of invoice. A late fee of \$100.00 will be imposed upon every laboratory which fails to timely pay the current year's annual accreditation fee. Any payment toward accreditation fees will be applied first to delinquent accreditation fees, second to late fees, and finally to the current year's accreditation fees. No application for renewal of accreditation will be accepted by ASCLD/LAB until all accreditation fee arrearage, including late fees, has been paid in full.

COMPLIANCE MONITORING

To retain accredited status for a full five year term, a laboratory is expected to continue to meet the standards under which it was accredited. The principal means by which ASCLD/LAB monitors compliance are the Annual Accreditation Audit Report filed by the laboratory director, proficiency testing reports submitted by approved test providers and interim inspections. Any information suggesting non-compliance with the standards by an accredited laboratory will be addressed by the Board on a case-by-case basis. Upon receipt of such information, the Board will consider the information and determine if an investigation or an interim inspection should be required. The laboratory director shall be notified of any sanctions under consideration and has the right to make representations in person at any subsequent meeting in which compliance issues concerning that laboratory are considered. The Board will decide what, if any, sanction will be imposed.

DOCUMENTATION OF COMPLIANCE

It is the laboratory's responsibility to generate and maintain documentation of compliance with the standards and criteria of the accreditation program through each accreditation cycle. Once a laboratory becomes accredited, the laboratory must maintain documentation to demonstrate compliance with ASCLD/LAB requirements such as proficiency testing, testimony monitoring, training and competency testing throughout

the period of accreditation. Once the laboratory has been granted renewal of accreditation, the laboratory may, in accordance with the agency's regulations and the prevailing laws, dispose of documentation of compliance which was generated prior to the date of the last inspection.

ANNUAL ACCREDITATION AUDIT REPORT

On or about the laboratory's accreditation anniversary, directors of accredited laboratories are required to submit to the ASCLD/LAB an Annual Accreditation Audit Report (Appendix 6) based on a self-evaluation of the laboratory's status with respect to all criteria during the previous calendar year. Whenever a laboratory finds that an essential criterion should be scored "NO" on the report, a statement must be attached to the report which explains the reason for the score and steps taken to bring the laboratory into compliance with the standard. Separate statements are required for any significant changes made in the laboratory during the previous year or for significant changes that have not been reported since the laboratory was accredited. Changes which must be reported are listed on the report form (Appendix 6).

Laboratories which have been accredited to an earlier version of the manual will not be required to be in compliance with new versions. However, laboratories are required to conduct their annual audit using the standards and criteria from the version of the accreditation manual which is in effect at the time of the audit and report in the Annual Accreditation Audit Report steps that are being taken to come into compliance with the current version of the manual.

PROFICIENCY TESTING

The Board has adopted a comprehensive Proficiency Review Program (PRP) and established a Proficiency Review Committee (PRC) for each of the accredited disciplines. These committees are responsible for reviewing the external proficiency test reports received from approved test providers for each of the accredited laboratories. The PRCs work under the direction of the Board through the ASCLD/LAB Quality Manager and serve as the initial contact with laboratories in evaluating apparent proficiency testing inconsistencies. The Proficiency Review Program is provided with this manual as Attachment 1.

INTERIM INSPECTIONS

When information comes to the Board which indicates that an accredited laboratory has failed to remain compliant with the standards under which the laboratory was accredited, an interim inspection may be initiated by Board action. The scope of the inspection will be determined by the Board, based on the nature of the concerns brought to the Board's attention. A laboratory may be required to provide relevant documentation to the assigned inspection team prior to their visit to the laboratory. The findings of the inspection team will be reported to the Board and the laboratory director and/or parent organization.

DISCLOSURE OF NON-COMPLIANCE

Once accredited, a laboratory is required to remain compliant with the standards of the accreditation program through each accreditation cycle. Accredited laboratories are required to report substantive occurrences of non-compliance with Essential criteria on the Annual Accreditation Audit Report. "Substantive" is defined as potentially having a significant bearing on the quality of the work of the laboratory, even if for a short period of time. As an accrediting body, ASCLD/LAB is obligated to be timely in reviewing instances of significant non-compliance by an accredited laboratory. To further this objective, all accredited laboratories must disclose to ASCLD/LAB all substantive occurrences of non-compliance with any Essential criteria within thirty (30) calendar days of determining that the non-compliance has occurred. Disclosure of such occurrences must be in writing to the Executive Director and must include a summary of the occurrence(s)

and a statement of actions taken or being taken by the laboratory to: (1) determine the root cause of the problem, (2) determine who may have been impacted by the occurrence(s), (3) notify those who are potentially impacted by the occurrence(s), and (4) appropriately correct and/or eliminate the cause of the occurrence(s).

SANCTIONS

Accreditation by ASCLD/LAB is recognized by the criminal justice system as a means of determining that a laboratory has met a set of internationally recognized standards of operation for forensic laboratories. Once accreditation has been granted to a laboratory, it is expected that the laboratory will consistently remain in compliance with the standards under which it was accredited. It is recognized that unforeseen circumstances may cause a laboratory to experience temporary non-compliance with some of the standards. When it is recognized that the laboratory is experiencing or has experienced a period of non-compliance, actions must be taken by the laboratory to bring it back into compliance and to correct any potential miscarriages of justice. Failure to take timely, appropriate and required corrective actions regarding non-compliance may result in any of the following sanctions:

Probation for a specified time during which the laboratory must comply with specified requirements and/or conditions.

Suspension for a specified time during which the laboratory has demonstrated that the problem has been remedied.

Revocation for a specified time after which the laboratory may submit a new application for accreditation.

APPEALS

If the accreditation status of a laboratory is classified by the Board as probationary, suspended, or revoked, the laboratory director may appeal to the Delegate Assembly. Written reasons for appeal must be filed with the Executive Director within thirty days of the Board decision. The Executive Director will provide a copy of the appeal to each member of the delegate assembly at least thirty days prior to its next annual meeting. The laboratory director has the right to appear in person at this meeting to make representations. The Delegate Assembly, at its annual meeting, will make a decision by a majority vote of those in attendance and this decision will be final.

When timing is such that appeal to the Delegate Assembly at its annual meeting will cause an undue hardship due to the delay, the appealing laboratory director may prepare a written appeal and request that the appeal be presented to the Delegate Assembly. The Board shall then prepare a written response and distribute both documents to the Delegate Assembly through the mail for a determination by majority vote of the responding delegates.

REMOVAL OF SANCTIONS

Probation and suspension sanctions will be removed when the laboratory can demonstrate to the satisfaction of the Board of Directors that the deficiencies which resulted in probation or suspension have been corrected. This may require an interim inspection, a successful completion of the next regularly scheduled proficiency test or other measures which the Board may deem appropriate. A laboratory which has had accreditation revoked must submit a new application for accreditation and submit to the accreditation process.