



## Commission on Forensic Science

***March 15, 2024***

***Division of Criminal Justice Services***  
*80 South Swan Street, Room 118, Albany, NY 12210*

***Videoconference Locations:***

*445 Hamilton Ave., Suite 1203, White Plains*  
*The Legal Aid Society, 199 Water St., Room 3023, Manhattan*  
*666 Old Country Road, Suite 700, Garden City*  
*Nassau County Crime Laboratory, 1194 Prospect Ave., Westbury*

***9:07 AM – 1:15 PM***

### **DRAFT MEETING MINUTES**

**Commission Members in Attendance:**

Pasquale Buffolino, Ph.D.  
James Chithalen, Ph.D.<sup>1</sup>  
Lydia de Castro  
Jill Dooley, Ph.D.  
Steven Epstein, Esq.  
William Fitzpatrick, Esq.  
Jessica Goldthwaite, Esq.  
Michael Marciano, Ph.D.  
Hon. Angela Mazzairelli<sup>2</sup>  
Beverly Rauch  
Rossana Rosado  
Michelli Schmitz

**DCJS Staff in Attendance:**

Colleen Glavin, Esq.  
Natasha Harvin-Locklear, Esq.  
Janine Kava

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<sup>1</sup> Representative of Commission Member James V. McDonald, M.D.

<sup>2</sup> In accordance with a resolution and related procedures regarding the use of videoconferencing under extraordinary circumstances, which were adopted by the Commission on Forensic Science on June 9, 2023 and added to its bylaws, Judge Mazzairelli participated by videoconferencing from a private location due to extraordinary circumstances and, thus, shall not count toward quorum, but was able to participate and vote as there was a quorum of members at physical location(s) open to the public.

Katherine Mayberry  
 Shelley Palmer  
 Joseph Popcun  
 Lindsey Rockwell  
 Elizabeth Suparmanto

**Other Attendees:**

Jennifer Alois – New York State DCJS Latent Print Laboratory  
 Bradley Brown – New York State Police Crime Laboratory  
 John Clark – Monroe County Crime Laboratory  
 Eric Freemesser – Monroe County Crime Laboratory  
 Russell Gettig – New York State Police Crime Laboratory  
 Nichole Hurbanek – New York State Police Crime Laboratory  
 Michael Jankowiak – New York State Police Crime Laboratory  
 Andrea Lester - New York State DCJS Latent Print Laboratory  
 Jennifer Limoges – New York State Police Crime Laboratory  
 Christopher McDonough – New York State Police Crime Laboratory  
 Daniel Myers – New York State Police Crime Laboratory  
 Julie Pizziketti – New York State Police Crime Laboratory  
 David Pulikowski – New York State Police Crime Laboratory  
 Kerri Sage – New York State Police Crime Laboratory  
 Ray Wickenheiser – New York State Police Crime Laboratory

*Approximate  
video times*

Chair Rosado opened the meeting by stating that she was attending virtually, and that Dr. Dooley would run the meeting. Dr. Dooley then took a roll call as the members were in attendance in Albany and virtually. A quorum was established with 10 voting members (Buffolino, de Castro, Dooley, Epstein, Fitzpatrick, Goldthwaite, Marciano, Rauch, Rosado, Schmitz); one member participated from a private location due to extraordinary circumstances (Mazzarelli<sup>3</sup>).

00:00:00  
00:01:43

Dr. Dooley requested a motion to approve the March 15, 2024, agenda. The motion to approve the agenda was made by Ms. de Castro, seconded by Mr. Fitzpatrick, and approved unanimously with 11 votes.

00:01:45  
00:02:25

Then, Dr. Dooley requested a motion to approve the minutes of the December 15, 2023, Commission meeting. The motion to approve the minutes was made by Ms. Schmitz. Ms. Rauch seconded the motion, and it was approved with 10 votes (Buffolino, Dooley, Epstein, Fitzpatrick, Goldthwaite, Marciano, Mazzarelli, Rauch, Rosado, and Schmitz) and 1 abstention (de Castro).

00:02:26  
00:03:01

Next, the Commission reviewed the Accreditation/Laboratory Updates. Matters regarding the following laboratories were considered: Monroe County Forensic Toxicology Laboratory, Nassau County Medical Examiner Division of Forensic Toxicology, New York City OCME Department of Forensic Biology, New York City OCME Forensic Anthropology

00:03:02  
01:17:30

<sup>3</sup> See FN. 2 above.

Unit, New York State Police Crime Laboratory and, Niagara County Sheriff's Office Forensic Laboratory. Representatives from the laboratories were available in person or via WebEx to respond to members' questions.

*Approximate  
video times*

The Commission reviewed the New York City OCME Department of Forensic Biology ANAB re-accreditation assessment documentation and the binding recommendation of the DNA Subcommittee. Ms. Goldthwaite made a motion to postpone the vote for the New York State Accreditation until after discussing laboratory disclosures information regarding the laboratory. The motion was seconded by Mr. Epstein. The motion did not pass with 8 nays (Buffolino, de Castro, Dooley, Fitzpatrick, Marciano, Mazzarelli, Rosado, and Schmitz), 2 approval (Goldthwaite and Epstein), and 1 abstention (Rauch). Dr. Marciano made a motion to accept the binding recommendation to renew the New York State Accreditation of the New York City OCME Department of Forensic Biology in the discipline of Biology and issue full renewal of New York State Accreditation concurrent with their ANAB accreditation to expire February 28, 2028. Ms. Schmitz seconded the motion, and it was approved with 9 votes (Buffolino, de Castro, Dooley, Fitzpatrick Marciano, Mazzarelli, Rosado, Rauch, and Schmitz) and 2 abstentions (Epstein and Goldthwaite).

00:04:19  
00:08:46

The next agenda item was Old Business. Dr. Dooley provided the Commission members with a verbal update on the Familial Search Program and the Crime Gun Index. Direction Wickenheiser was available to comment on the Crime Gun Index.

01:17:33  
01:25:41

The Commission then discussed matters regarding a memo sent by Dr. Marciano. Dr. Marciano is requesting an outline of the authority of the commission. Ms. Harvin-Locklear will be sending out a memo with the information to all Commission members.

01:18:57  
01:20:24  
01:25:12  
01:25:36

Next agenda item was New Business with Dr. Dooley providing an update on the 2023 Annual Lab Summaries. A complaint was sent to the Commission regarding New York State Police Crime Laboratory. Representatives from the New York State Police Crime Laboratory were available for comment.

01:25:47  
02:02:48

A break was taken at 11:10 am and returned to the meeting at 11:23 am.

02:02:49  
02:15:21

The next agenda item was Laboratory Disclosures and matters from the Erie County Central Police Services Forensic Laboratory, Monroe County Crime Laboratory, Monroe County Office of the Medical Examiner Forensic Toxicology Laboratory, Nassau County Office of the Medical Examiner Toxicology Laboratory, New York City OCME Department of Forensic Biology, New York City OCME Department of Forensic Toxicology, New York City Police Department Latent Print Section, New York City Police Department Police Laboratory, New York State Police Crime Laboratory, Niagara County Sheriff's Office Forensic Laboratory, Onondaga County Health Department Center for Forensic Sciences, Suffolk County Office of the Chief Medical Examiner Toxicology Laboratory, Westchester County Department of Laboratories and Research Division of Forensic Sciences, Westchester County Department of Laboratories and Research Division of Forensic Toxicology, and Yonkers City Police Department Forensic Science Laboratory were reviewed. Representatives from the laboratories were available in person or via WebEx to respond to members' questions.

02:15:35  
03:39:23

Chair Rosado then requested a motion to enter Executive Session to discuss matters relating to a current investigation or matters that may lead to the appointment, promotion, demotion, discipline, or suspension of a particular person. The motion was made by Judge Mazzarelli, seconded by Ms. de Castro. The motion was approved with 8 votes (Buffolino, de Castro, Dooley, Fitzpatrick, Marciano, Mazzarelli, Rauch, Rosado and Schmitz) and 2 abstentions (Epstein, Goldthwaite).

*Approximate  
video times*  
03:39:24  
03:40:56

The Commission took a 5-minute break and adjourned into Executive Session at 12:53 pm.

The Commission reconvened the open meeting at 1:13 pm and Dr. Dooley indicated that the Commission took no formal action during Executive Session. Mr. Fitzpatrick noted that he would like to encourage all his colleagues and laboratory directors to re-review hair cases.

03:41:33  
03:42:18

Chair Rosado stated that the next meeting of the Commission will take place on June 14, 2024. Mr. Fitzpatrick made a motion to adjourn the meeting, seconded by Mr. Epstein and approved unanimously.

03:42:19  
03:43:14

**Note:**

***Video of the open meeting is available on YouTube.***



May 20, 2024

Rebecca Hartman  
Monroe County Office of the Medical Examiner  
Forensic Toxicology Laboratory  
740 E. Henrietta Road  
Rochester, NY 14623

Dear Director Hartman,

Congratulations! On May 20, 2024, ANAB granted your organization's accreditation in the Field of Forensic Testing. This decision was based upon the documentation provided in the assessment report and in accordance with the recommendation of the Team Leader. ANAB is satisfied that your organization has met or exceeded the accreditation requirements and requirements of your own documented management system.

Accredited forensic service providers are expected to maintain the standards which were required to achieve accreditation and conform to [ANAB Terms and Conditions for Accreditation](#). The principal means by which ANAB monitors the CAB's on-going conformance are Program dependent and may include surveillance activities, CAB and personnel performance in proficiency testing and other monitoring activities, and CAB self-disclosure of significant events and nonconformities. The results of these monitoring activities will be considered when confirming the continuation of accreditation between assessments.

The planned surveillance activity and reassessment schedule is listed below:

- |              |                              |
|--------------|------------------------------|
| • March 2025 | Surveillance Document Review |
| • March 2026 | Surveillance Assessment      |
| • March 2027 | Surveillance Document Review |
| • March 2028 | Reassessment                 |

The provided ANAB accreditation symbol ([Testing](#)) may be used to convey your accredited status. An accreditation symbol must not be used in any way which implies accreditation in any area outside of the scope of accreditation. If appropriate, the accreditation symbol may be used on your organization's website, reports, letterhead, business cards, and other official documents. Please refer to [PR 1018 Policy on Use of ANAB Accreditation Symbols and Claims of Accreditation Status](#) for all required information. This policy also provides information on your ability to use a combined mark that contains the ANAB accreditation symbol and the International Laboratory Accreditation Cooperation (ILAC) mark.

The report and an electronic version of accreditation documents are included with this letter.

Achieving accreditation is the result of an extensive commitment of resources and much preparation by the management and personnel of the entire organization. I commend the efforts of all who were involved in this achievement. On behalf of ANAB, I extend my sincere congratulations to you. If you have any questions or if ANAB might assist you in any way, please feel free to get in touch with us at [qualitymatters@anab.org](mailto:qualitymatters@anab.org).

Sincerely,



Jami St.Clair  
Senior Manager of Accreditation  
ANSI National Accreditation Board

cc: ANAB Office



# CERTIFICATE OF ACCREDITATION

The ANSI National Accreditation Board

Hereby attests that

**Monroe County Office of the Medical Examiner  
Forensic Toxicology Laboratory**  
740 E. Henrietta Road, Rochester, New York 14623 USA

Fulfills the requirements of

**ISO/IEC 17025:2017**

**Accreditation Requirements for Forensic Testing and Calibration (2023)**

In the field of

**Forensic Testing**

This certificate is valid only when accompanied by a current scope of accreditation document.  
The current scope of accreditation can be verified at [www.anab.org](http://www.anab.org).

[Redacted Signature] \_\_\_\_\_  
ensics

Expiry Date: 31 July 2028  
Certificate Number: FT-0408







**ANSI National Accreditation Board**

**SCOPE OF ACCREDITATION TO:  
ISO/IEC 17025:2017  
Accreditation Requirements for Forensic Testing and Calibration (2023)**

**Monroe County Office of the Medical Examiner  
Forensic Toxicology Laboratory**  
740 E. Henrietta Road  
Rochester, New York 14623 USA

**FORENSIC TESTING**

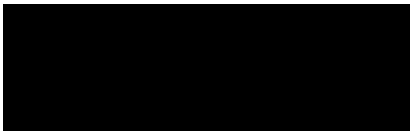
Expiry Date: 31 July 2028

Certificate Number: FT-0408

<b>Discipline: Toxicology – General Testing</b>		
<b>Component/Parameter</b>	<b>Item</b>	<b>Key Equipment/Technology</b>
Qualitative Determination	Ante-Mortem Biological Item Post-Mortem Biological Item	Diode Array Ultraviolet Spectrophotometry Gas Chromatography Immunoassay Liquid Chromatography Mass Spectrometry Ultraviolet Spectroscopy Visible Spectroscopy
Qualitative Determination (Volatiles)	Ante-Mortem Biological Item Liquid Post-Mortem Biological Item	Gas Chromatography Mass Spectrometry
Quantitative Measurement	Ante-Mortem Biological Item Post-Mortem Biological Item	Diode-Array Ultraviolet Spectrophotometry Gas Chromatography Liquid Chromatography Mass Spectrometry Ultraviolet Spectroscopy Visible Spectroscopy
Quantitative Measurement (Volatiles)	Ante-Mortem Biological Item Liquid Post-Mortem Biological Item	Gas Chromatography Mass Spectrometry

When published on a forensic service provider's Scope of Accreditation, ANAB has confirmed the competence required to develop and validate methods and perform on-going quality assurance for accredited activities. For a listed component/parameter, the forensic service provider may add or modify methods for activities without formal notice to ANAB for items and key equipment/technology listed. Contact the forensic service provider for information on the method utilized for accredited work.





Pamela L. Sale  
Vice President, Forensics



**Monroe County Office of the Medical Examiner - Forensic  
Toxicology Laboratory**

2024 - 17025T - Accreditation Assessment

Prepared by Pamela Mikulcik

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Data collected on 2024-03-25

ANSI National Accreditation Board

United States

## Description

This assessment report summarizes the outcome of the recent accreditation activity. A separate document, the assessment plan, provides information on the type of activity (*e.g.*, reassessment, surveillance activity, scope extension), the date(s) of the activity, the assessment team members, the requirement documents and refers to the scope of the discipline(s) assessed for each location. The assessment plan, together with this report, provide a complete picture of the accreditation activity.

The ANSI National Accreditation Board (ANAB) evaluated the competence of the laboratory and conformance with all applicable accreditation requirements for the scope of accreditation referenced in the assessment plan. Objective evidence of implementation was assessed. The results of an assessment activity are based on a sample of records, locations, and personnel that were available at the time of the activity. Witnessing is an additional technique used in most activities.

### REQUIREMENTS:

ISO/IEC 17025:2017 General requirements for the competence of testing and calibration laboratories & ANAB Accreditation Requirements for Forensic Testing and Calibration (AR 3125) evaluated over the accreditation cycle are summarized in the following broad categories:

General requirements related to the laboratory's commitment to impartiality and confidentiality in its activities.

Structural requirements related to the range of activities, management structure, the authority, roles and responsibilities of personnel. Documented procedures which ensure a consistent application of activities and the validity of results.

Resource requirements related to the impartiality of personnel. Requirements for a training program, competency testing, authorizations, and ongoing monitoring to ensure the competence of personnel. Facility and security suitability for activities. Records and procedures for equipment to ensure proper functioning and where applicable, establishment of metrological traceability. Requirements for externally provided products and services.

Process requirements related to the handling of test and calibration items in a manner to maintain the integrity of the item. Requirements for chain-of-custody of items to be tested and appropriate methods and procedures. Ensuring the required performance of the methods along with monitoring the validity of the results. Requirements to ensure results are supported by sufficient technical records and are reported accurately, clearly, unambiguously, and objectively. Procedures for nonconforming work and a documented process for handling complaints. Requirements related to the laboratory information management system protection and integrity of data and information.

Management system requirements related to policies and objectives appropriate for the scope of activities. Requirements to control internal and external documents and records. Requirements to address risks and opportunities and timely, well-documented corrective actions. Requirements for an internal audit program and management reviews.

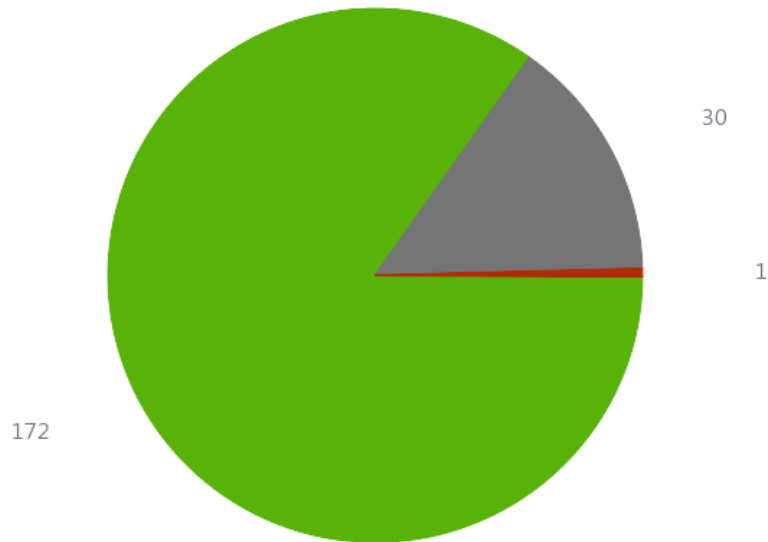
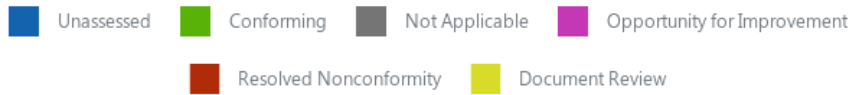
The accreditation activity also evaluates the laboratory's conformance with their own management system requirements.

### ASSESSMENT RESULT:

Based on the assessment techniques and a sample of the objective evidence reviewed during the assessment activity, the assessment team found that the laboratory demonstrated competence to operate a management system that fulfills all applicable accreditation requirements, including those specified within their management system.

Any opportunities for improvement or nonconformities identified during this assessment activity are noted below. All nonconformities will be resolved prior to an accreditation decision by ANAB and a summary provided in a subsequent assessment activity report.

## Summary of Comments



## Audit Comments

### 8.7 Corrective actions (Option A)

#### 8.7.1 ISO/IEC 17025:2017

Resolved Nonconformity

#### Requirement

When a nonconformity occurs, does the laboratory:

a) react to the nonconformity and, as applicable:

- take action to control and correct it?
- address the consequences?

b) evaluate the need for action to eliminate the cause(s) of the nonconformity, in order that it does not recur or occur elsewhere, by:

- reviewing and analysing the nonconformity?
- determining the causes of the nonconformity?
- determining if similar nonconformities exist, or could potentially occur?

c) implement any action needed?

d) review the effectiveness of any corrective action taken?

e) update risks and opportunities determined during planning, if necessary?

f) make changes to the management system, if necessary?

#### Nonconformity Resolution Workflow

This nonconformity pertains to letters c and f only.

The laboratory identified an issue that could recur regarding an incorrect test method that was used on an instrument. Actions required to fully address the issue were not documented, so there was no objective evidence of implementation. The technical review procedure was not updated, nor were notations made in the case file to indicate that the test method was now being verified by the technical reviewer. Additionally, staff meeting minutes did not indicate that the issue was discussed.

**Corrective Action Closure Note:** The laboratory initiated a Corrective Action workflow and updated the technical review procedure. Past casework was re-reviewed to confirm that the correct instrument analytical methods were being employed and this review was documented. Additionally, all recent Corrective Actions were reviewed to determine if any others were in need of corresponding procedural updates; none were identified. An additional reminder step was added to the laboratory's general Corrective Action workflow to signal to the Quality Manager to update procedures for future Corrective Actions, if necessary. Staff were informed of the procedural updates. This nonconformity is resolved.



April 26, 2024

Michael Lehrer  
Suffolk County Medical Examiner  
Toxicology Laboratory  
725 Veterans Memorial Highway, Bldg 487  
William J Lindsay Complex  
Hauppauge NY 11788

Dear Director Lehrer,

Congratulations! On April 26, 2024, ANAB granted your organization's accreditation in the Field of Forensic Testing. This decision was based upon the documentation provided in the assessment report and in accordance with the recommendation of the Team Leader. ANAB is satisfied that your organization has met or exceeded the accreditation requirements and requirements of your own documented management system.

Accredited forensic service providers are expected to maintain the standards which were required to achieve accreditation and conform to [ANAB Terms and Conditions for Accreditation](#). The principal means by which ANAB monitors the CAB's on-going conformance are Program dependent and may include surveillance activities, CAB and personnel performance in proficiency testing and other monitoring activities, and CAB self-disclosure of significant events and nonconformities. The results of these monitoring activities will be considered when confirming the continuation of accreditation between assessments.

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| • March 2027 | Surveillance Document Review |
| • March 2028 | Reassessment                 |

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The report and an electronic version of accreditation documents are included with this letter.

Achieving accreditation is the result of an extensive commitment of resources and much preparation by the management and personnel of the entire organization. I commend the efforts of all who were involved in this achievement. On behalf of ANAB, I extend my sincere congratulations to you. If you have any questions or if ANAB might assist you in any way, please feel free to get in touch with us at [qualitymatters@anab.org](mailto:qualitymatters@anab.org).

Sincerely,



Nita Bolz  
Senior Manager of Accreditation  
ANSI National Accreditation Board

cc: Edward Minden, Quality Assurance Manager  
Michael Katz, Assist Chief Toxicologist  
ANAB Office





# CERTIFICATE OF ACCREDITATION

The ANSI National Accreditation Board

Hereby attests that

**Suffolk County Medical Examiner  
Toxicology Laboratory**

725 Veterans Memorial Highway, Building 487  
William J Lindsay Complex, Hauppauge, New York 11788 USA

Fulfills the requirements of

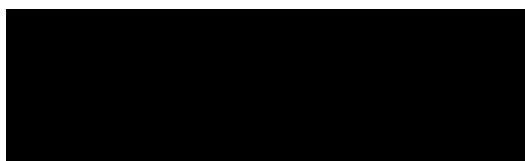
**ISO/IEC 17025:2017**

**Accreditation Requirements for Forensic Testing and Calibration (2023)**

In the field of

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Pamela L. Sale, Vice President, Forensics

Expiry Date: 31 July 2028  
Certificate Number: FT-0407





**ANSI National Accreditation Board**



**SCOPE OF ACCREDITATION TO:  
ISO/IEC 17025:2017  
Accreditation Requirements for Forensic Testing and Calibration (2023)**

**Suffolk County Medical Examiner - Toxicology Laboratory**

725 Veterans Memorial Highway, Building 487, William J Lindsay Complex  
Hauppauge, New York 11788 USA

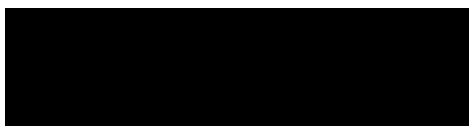
**FORENSIC TESTING**

Expiry Date: 31 July 2028

Certificate Number: FT-0407

<b>Discipline: Toxicology - General Testing</b>		
<b>Component/Parameter</b>	<b>Item</b>	<b>Key Equipment/Technology</b>
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Pamela L. Sale  
Vice President, Forensics





**Suffolk County Medical Examiner - Toxicology Laboratory**  
2024 - 17025T - Accreditation Assessment  
Prepared by Elizabeth Ziolkowski

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Data collected on 2024-03-19

ANSI National Accreditation Board

United States

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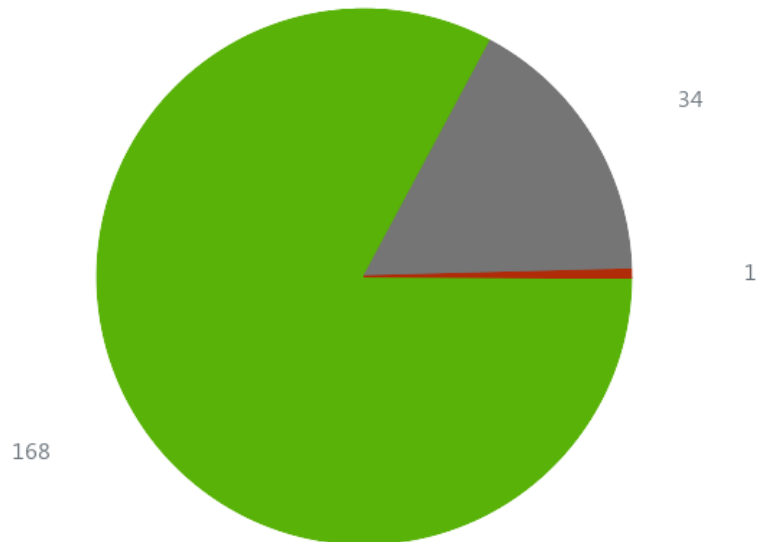
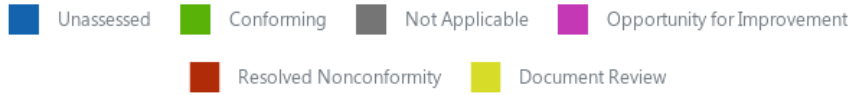
The accreditation activity also evaluates the laboratory's conformance with their own management system requirements.

### ASSESSMENT RESULT:

Based on the assessment techniques and a sample of the objective evidence reviewed during the assessment activity, the assessment team found that the laboratory demonstrated competence to operate a management system that fulfills all applicable accreditation requirements, including those specified within their management system.

Any opportunities for improvement or nonconformities identified during this assessment activity are noted below. All nonconformities will be resolved prior to an accreditation decision by ANAB and a summary provided in a subsequent assessment activity report.

## Summary of Comments



## Audit Comments

### 7.8.7 Reporting opinions and interpretations

7.8.7.3 ISO/IEC 17025:2017

Resolved Nonconformity

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#### Requirement

When opinions and interpretations are directly communicated by dialogue with the customer, is a record of the dialogue retained?

#### Nonconformity Resolution Workflow

When opinions and interpretations are directly communicated by dialogue with the customer, a record of the dialogue is not retained.

**Corrective Action Closure Note:** The laboratory performed a cause analysis, revised a quality document, and implemented the plan to retain summary records of opinions and interpretations that are directly communicated by dialogue with the customer. The objective evidence reviewed included the corrective action plan, the revised document, email correspondence, and multiple case records containing records of dialogues in which opinions and interpretations were directly communicated. The nonconformity is resolved.



June 6, 2024

Michelli Schmitz  
Erie County Central Police Services  
Forensic Laboratory  
45 Elm Street  
Buffalo, New York 14203

Dear Director Schmitz,

Congratulations! On June 5, 2024, ANAB approved the continuation of your organization's accreditation based upon the results of your recent surveillance activity. Continuation of accreditation is a formal acknowledgement that your organization continues to operate in conformance with accreditation requirements. The report is included with this letter.

The provided ANAB accreditation symbol ([Testing](#)) may be used to convey your accredited status. An accreditation symbol must not be used in any way which implies accreditation in any area outside of the scope of accreditation. If appropriate, the accreditation symbol may be used on your organization's website, reports, letterhead, business cards, and other official documents. Please refer to [PR 1018 Policy on Use of ANAB Accreditation Symbols and Claims of Accreditation Status](#) for all required information. This policy also provides information on your ability to use a combined mark that contains the ANAB accreditation symbol and the International Laboratory Accreditation Cooperation (ILAC) mark.

The next assessment activity is a Surveillance Document Review scheduled for April, 2025.

Thank you for your ongoing commitment to quality and the accreditation process.

Sincerely,



Janet M. Girten  
Sr. Manager of Accreditation  
ANSI National Accreditation Board

cc: Maria Orsino, Coordinator  
ANAB Office



**ANSI National Accreditation Board**



**SCOPE OF ACCREDITATION TO:  
ISO/IEC 17025:2017  
Accreditation Requirements for Forensic Testing and Calibration (2023)  
FBI Quality Assurance Standards for Forensic DNA Testing Laboratories: 2020**

**Erie County Central Police Services  
Forensic Laboratory  
45 Elm Street  
Buffalo, New York 14203 USA**

**FORENSIC TESTING**

Expiry Date: 31 August 2026

Certificate Number: FT-0037

<b>Discipline: Biology</b>		
<b>Component/Parameter</b>	<b>Item</b>	<b>Key Equipment/Technology</b>
DNA Profile Determination	Short Tandem Repeat (STR) Y-Short Tandem Repeat (Y-STR)	Capillary Electrophoresis
Individual Characteristic Database	DNA Profile	National DNA Index System (NDIS)
Physical Comparison	DNA Profile	Software Program
Qualitative Determination	Body Fluid Feces	Chemical Fluorescence Spectroscopy General Microscopy Immunoassay

<b>Discipline: Fire Debris and Explosives</b>		
<b>Component/Parameter</b>	<b>Item</b>	<b>Key Equipment/Technology</b>
Qualitative Determination	Fire Debris	Gas Chromatography Mass Spectrometry





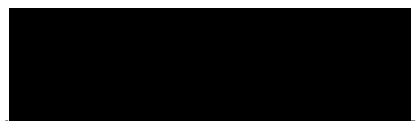
<b>Discipline: Firearms and Toolmarks</b>		
<b>Component/Parameter</b>	<b>Item</b>	<b>Key Equipment/Technology</b>
Function Evaluation	Firearm	Measuring Equipment Visual
Individual Characteristic Database	Ammunition	National Integrated Ballistic Information Network (NIBIN)
Physical Comparison	Ammunition	General Microscopy
Qualitative Determination	Ammunition Firearm	General Microscopy Measuring Equipment Reference Collection
Serial Number Restoration	Physical Item	Chemical General Microscopy Magnetic Visual

<b>Discipline: Impressions</b>		
<b>Component/Parameter</b>	<b>Item</b>	<b>Key Equipment/Technology</b>
Enhancement	Footwear Physical Item Tire	Physical
Physical Comparison	Footwear Tire	Visual

<b>Discipline: Materials (Trace)</b>		
<b>Component/Parameter</b>	<b>Item</b>	<b>Key Equipment/Technology</b>
Chemical/Physical Comparison	Coating Fractured Item General Unknown Ink Polymer Tape	Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Microspectrophotometry Thin Layer Chromatography Visual
Qualitative Determination	Coating General Unknown Polymer Tape	Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Microspectrophotometry Visual

Discipline: Seized Drugs		
Component/Parameter	Item	Key Equipment/Technology
Qualitative Determination	Botanical Liquid Solid	Chemical Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Thin-Layer Chromatography
Quantitative Measurement	Solid	Gas Chromatography Mass Spectrometry
Weight Measurement	Botanical Liquid Solid	Balance

When published on a forensic service provider's Scope of Accreditation, ANAB has confirmed the competence required to develop and validate methods and perform on-going quality assurance for accredited activities. For a listed component/parameter, the forensic service provider may add or modify methods for activities without formal notice to ANAB for items and key equipment/technology listed. Contact the forensic service provider for information on the method utilized for accredited work.



Pamela L. Sale  
Vice President, Forensics



## **Erie County Central Police Services - Forensic Laboratory**

2024 - 17025T - Surveillance Assessment

Prepared by Pamela Mikulcik

---

Data collected on 2024-04-11

ANSI National Accreditation Board

United States

## Description

This assessment report summarizes the outcome of the recent accreditation activity. A separate document, the assessment plan, provides information on the type of activity (*e.g.*, reassessment, surveillance activity, scope extension), the date(s) of the activity, the assessment team members, the requirement documents and refers to the scope of the discipline(s) assessed for each location. The assessment plan, together with this report, provide a complete picture of the accreditation activity.

The ANSI National Accreditation Board (ANAB) evaluated the competence of the laboratory and conformance with all applicable accreditation requirements for the scope of accreditation referenced in the assessment plan. Objective evidence of implementation was assessed. The results of an assessment activity are based on a sample of records, locations, and personnel that were available at the time of the activity. Witnessing is an additional technique used in most activities.

### REQUIREMENTS:

ISO/IEC 17025:2017 General requirements for the competence of testing and calibration laboratories & ANAB Accreditation Requirements for Forensic Testing and Calibration (AR 3125) evaluated over the accreditation cycle are summarized in the following broad categories:

General requirements related to the laboratory's commitment to impartiality and confidentiality in its activities.

Structural requirements related to the range of activities, management structure, the authority, roles and responsibilities of personnel. Documented procedures which ensure a consistent application of activities and the validity of results.

Resource requirements related to the impartiality of personnel. Requirements for a training program, competency testing, authorizations, and ongoing monitoring to ensure the competence of personnel. Facility and security suitability for activities. Records and procedures for equipment to ensure proper functioning and where applicable, establishment of metrological traceability. Requirements for externally provided products and services.

Process requirements related to the handling of test and calibration items in a manner to maintain the integrity of the item. Requirements for chain-of-custody of items to be tested and appropriate methods and procedures. Ensuring the required performance of the methods along with monitoring the validity of the results. Requirements to ensure results are supported by sufficient technical records and are reported accurately, clearly, unambiguously, and objectively. Procedures for nonconforming work and a documented process for handling complaints. Requirements related to the laboratory information management system protection and integrity of data and information.

Management system requirements related to policies and objectives appropriate for the scope of activities. Requirements to control internal and external documents and records. Requirements to address risks and opportunities and timely, well-documented corrective actions. Requirements for an internal audit program and management reviews.

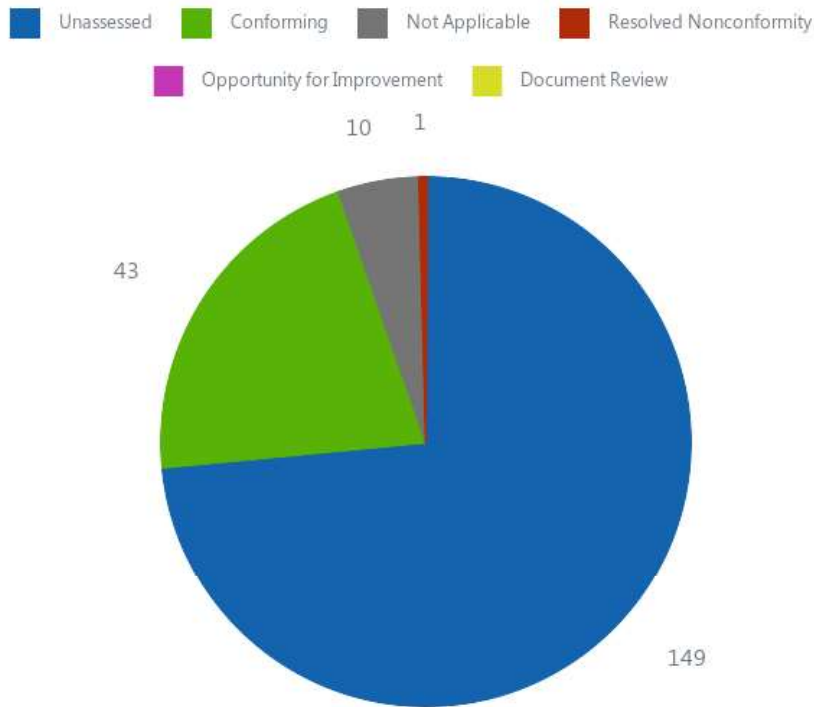
The accreditation activity also evaluates the laboratory's conformance with their own management system requirements.

### ASSESSMENT RESULT:

Based on the assessment techniques and a sample of the objective evidence reviewed during the assessment activity, the assessment team found that the laboratory demonstrated competence to operate a management system that fulfills all applicable accreditation requirements, including those specified within their management system.

Any opportunities for improvement or nonconformities identified during this assessment activity are noted below. All nonconformities will be resolved prior to an accreditation decision by ANAB and a summary provided in a subsequent assessment activity report.

## Summary of Comments



## Audit Comments

### 5. Structural requirements

5.4 ISO/IEC 17025:2017

Resolved Nonconformity

#### Requirement

Are laboratory activities carried out in such a way as to meet the requirements of this document, the laboratory's customers, regulatory authorities and organizations providing recognition? Does this include laboratory activities performed in all its permanent facilities, at sites away from its permanent facilities, in associated temporary or mobile facilities or at a customer's facility?

ANAB NOTE: Example of regulatory authorities are the Federal Bureau of Investigation for laboratories participating in the National DNA Index System (NDIS) and state forensic science commissions providing accreditation.

#### Nonconformity Resolution Workflow

FBI QAS Testing Document

13.1.6 Have newly qualified individuals undergone semi-annual external proficiency testing within 8 months of the date of their authorization?

Standard 13.1.6 was marked No because two individuals who were recently qualified in Casework Direct Y Screening did not undergo semi-annual external proficiency testing within eight months of their dates of authorization.

Due Date & Responsible Party : until 2024-06-11 (Nonconformity Resolution Workflow completed)

Corrective Action Closure Note: The laboratory initiated a Corrective Action workflow and determined that impact on casework was minimal due to other monitoring activities. Cause analysis indicated that a process change created the issue. Procedures were updated accordingly. The analysts will complete recently-ordered external tests as soon as possible and then enter into the normal PT cycle. This nonconformity is resolved.



May 22, 2024

Melissa Boler  
Erie County Medical Examiner's Office  
Forensic Toxicology Laboratory  
501 Kensington Avenue  
Buffalo, NY 14214

Dear Director Boler,

Congratulations! On May 22, 2024, ANAB approved the continuation of your organization's accreditation based upon the results of your recent surveillance activity. Continuation of accreditation is a formal acknowledgement that your organization continues to operate in conformance with accreditation requirements. The report was provided to you during the assessment activity.

The provided ANAB accreditation symbol ([Testing](#)) may be used to convey your accredited status. An accreditation symbol must not be used in any way which implies accreditation in any area outside of the scope of accreditation. If appropriate, the accreditation symbol may be used on your organization's website, reports, letterhead, business cards, and other official documents. Please refer to [PR 1018 Policy on Use of ANAB Accreditation Symbols and Claims of Accreditation Status](#) for all required information. This policy also provides information on your ability to use a combined mark that contains the ANAB accreditation symbol and the International Laboratory Accreditation Cooperation (ILAC) mark.

The next assessment activity is a Surveillance Assessment scheduled to occur in April 2025.

Thank you for your ongoing commitment to quality and the accreditation process.

Sincerely,



Jami St.Clair  
Senior Manager of Accreditation  
ANSI National Accreditation Board

cc: Colleen Corcoran, Quality Assurance Specialist  
ANAB Office





**Erie County Medical Examiner's Office Forensic Toxicology  
Laboratory**

2024 - 17025T - Surveillance Document Review

Prepared by Lynn Langford

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Data collected on 2024-04-01

ANSI National Accreditation Board

United States

## Description

This assessment report summarizes the outcome of the recent accreditation activity. A separate document, the assessment plan, provides information on the type of activity (*e.g.*, reassessment, surveillance activity, scope extension), the date(s) of the activity, the assessment team members, the requirement documents and refers to the scope of the discipline(s) assessed for each location. The assessment plan, together with this report, provide a complete picture of the accreditation activity.

The ANSI National Accreditation Board (ANAB) evaluated the competence of the laboratory and conformance with all applicable accreditation requirements for the scope of accreditation referenced in the assessment plan. Objective evidence of implementation was assessed. The results of an assessment activity are based on a sample of records, locations, and personnel that were available at the time of the activity. Witnessing is an additional technique used in most activities.

### REQUIREMENTS:

ISO/IEC 17025:2017 General requirements for the competence of testing and calibration laboratories & ANAB Accreditation Requirements for Forensic Testing and Calibration (AR 3125) evaluated over the accreditation cycle are summarized in the following broad categories:

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Process requirements related to the handling of test and calibration items in a manner to maintain the integrity of the item. Requirements for chain-of-custody of items to be tested and appropriate methods and procedures. Ensuring the required performance of the methods along with monitoring the validity of the results. Requirements to ensure results are supported by sufficient technical records and are reported accurately, clearly, unambiguously, and objectively. Procedures for nonconforming work and a documented process for handling complaints. Requirements related to the laboratory information management system protection and integrity of data and information.

Management system requirements related to policies and objectives appropriate for the scope of activities. Requirements to control internal and external documents and records. Requirements to address risks and opportunities and timely, well-documented corrective actions. Requirements for an internal audit program and management reviews.

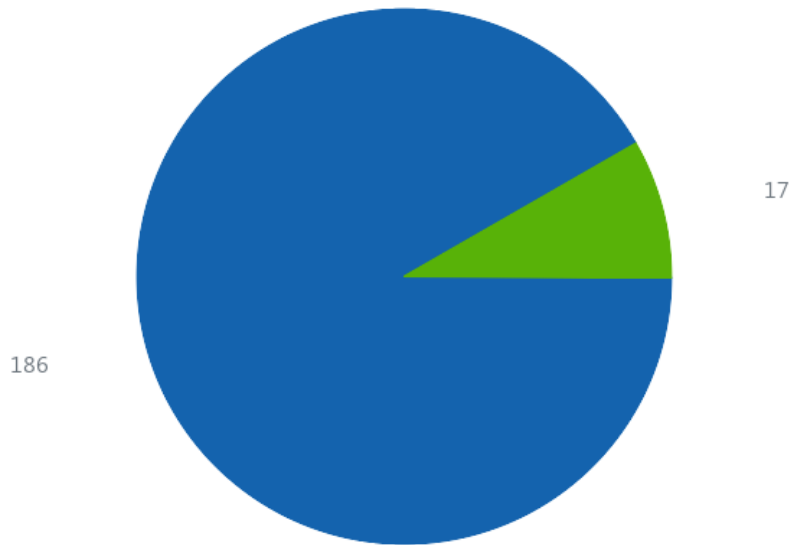
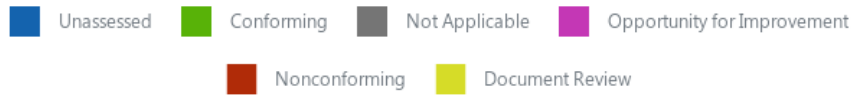
The accreditation activity also evaluates the laboratory's conformance with their own management system requirements.

### ASSESSMENT RESULT:

Based on the assessment techniques and a sample of the objective evidence reviewed during the assessment activity, the assessment team found that the laboratory demonstrated competence to operate a management system that fulfills all applicable accreditation requirements, including those specified within their management system.

Any opportunities for improvement or nonconformities identified during this assessment activity are noted below. All nonconformities will be resolved prior to an accreditation decision by ANAB and a summary provided in a subsequent assessment activity report.

## Summary of Comments



## Audit Comments

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May 9, 2024

John R. Clark  
Monroe County Crime Laboratory  
85 West Broad Street  
Rochester, NY 14614

Dear Director Clark,

Congratulations! On May 7<sup>th</sup>, 2024, ANAB approved the continuation of your organization's accreditation based upon the results of your recent surveillance activity. Continuation of accreditation is a formal acknowledgement that your organization continues to operate in conformance with accreditation requirements. The report is included with this letter.

The provided ANAB accreditation symbol ([Testing](#)) may be used to convey your accredited status. An accreditation symbol must not be used in any way which implies accreditation in any area outside of the scope of accreditation. If appropriate, the accreditation symbol may be used on your organization's website, reports, letterhead, business cards, and other official documents. Please refer to [PR 1018 Policy on Use of ANAB Accreditation Symbols and Claims of Accreditation Status](#) for all required information.

The next assessment activity is a Surveillance Document Review scheduled for April 2025.

Thank you for your ongoing commitment to quality and the accreditation process.

Sincerely,



Brad Putnam  
Director of Accreditation  
ANSI National Accreditation Board

cc: Marcia Bledsoe, Quality Assurance Coordinator  
ANAB Office



**ANSI National Accreditation Board**



**SCOPE OF ACCREDITATION TO:  
ISO/IEC 17025:2017  
Accreditation Requirements for Forensic Testing and Calibration (2023)  
FBI Quality Assurance Standards for Forensic DNA Testing Laboratories:2020**

**Monroe County Crime Laboratory**

85 West Broad Street  
Rochester, New York 14614 USA

**FORENSIC TESTING**

Expiry Date: 31 August 2026      Certificate Number: FT-0312

<b>Discipline: Biology</b>		
<b>Component/Parameter</b>	<b>Item</b>	<b>Key Equipment/Technology</b>
DNA Profile Determination	Short Tandem Repeat (STR) Y-Short Tandem Repeat (Y-STR)	Capillary Electrophoresis
Individual Characteristic Database	DNA Profile	National DNA Index System (NDIS)
Physical Comparison	DNA Profile	Software Program
Qualitative Determination	Body Fluid	Chemical Fluorescence Spectroscopy General Microscopy Immunoassay

<b>Discipline: Fire Debris and Explosives</b>		
<b>Component/Parameter</b>	<b>Item</b>	<b>Key Equipment/Technology</b>
Qualitative Determination	Explosive	Chemical Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Microcrystalline X-Ray Fluorescence Spectroscopy
Qualitative Determination	Fire Debris	Gas Chromatography Mass Spectrometry



<b>Discipline: Firearms and Toolmarks</b>		
<b>Component/Parameter</b>	<b>Item</b>	<b>Key Equipment/Technology</b>
Distance Determination	Firearm Physical Item	Chemical General Microscopy Measuring Equipment
Function Evaluation	Air Gun Firearm Silencer	Dead Weight Measuring Equipment Visual
Individual Characteristic Database	Ammunition	National Integrated Ballistic Information Network (NIBIN)
Physical Comparison	Ammunition Tool/Toolmark	General Microscopy Measuring Equipment Visual
Qualitative Determination	Ammunition Firearm Metal Nitrate/Nitrite Tool	Chemical General Microscopy Measuring Equipment Reference Collection
Serial Number Restoration	Physical Item	Chemical General Microscopy Magnetic Visual

<b>Discipline: Impressions</b>		
<b>Component/Parameter</b>	<b>Item</b>	<b>Key Equipment/Technology</b>
Enhancement	Footwear Physical Item Tire	Chemical Software Program
Physical Comparison	Footwear Physical Item Tire	Software Program Visual
Qualitative Determination	Footwear Tire	Reference Collection

<b>Discipline: Materials (Trace)</b>		
<b>Component/Parameter</b>	<b>Item</b>	<b>Key Equipment/Technology</b>
Chemical/Physical Comparison	Coating Fiber/Textile Fractured Item General Unknown Glass Hair Tape	Chemical Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Microspectrophotometry Refractometry Thin-Layer Chromatography Visual X-Ray Fluorescence Spectroscopy

<p>Qualitative Determination</p>	<p>Coating Fiber/Textile General Unknown Glass Hair Tape</p>	<p>Chemical Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Microspectrophotometry Reference Collection Refractometry Thin-Layer Chromatography Visual X-Ray Fluorescence Spectroscopy</p>
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<p><b>Discipline: Seized Drugs</b></p>		
<p><b>Component/Parameter</b></p>	<p><b>Item</b></p>	<p><b>Key Equipment/Technology</b></p>
<p>Qualitative Determination</p>	<p>Botanical Liquid Solid</p>	<p>Chemical Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Microcrystalline Thin-Layer Chromatography Visual</p>
<p>Quantitative Measurement</p>	<p>Solid</p>	<p>Gas Chromatography</p>
<p>Weight Measurement</p>	<p>Botanical Liquid Solid</p>	<p>Balance</p>

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Pamela L. Sale  
Vice President, Forensics





**Monroe County Crime Laboratory**  
2024 - 17025T - Surveillance Assessment  
Prepared by Terry Mills

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Data collected on 2024-04-15

ANSI National Accreditation Board

United States

## Description

This assessment report summarizes the outcome of the recent accreditation activity. A separate document, the assessment plan, provides information on the type of activity (*e.g.*, reassessment, surveillance activity, scope extension), the date(s) of the activity, the assessment team members, the requirement documents and refers to the scope of the discipline(s) assessed for each location. The assessment plan, together with this report, provide a complete picture of the accreditation activity.

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### REQUIREMENTS:

ISO/IEC 17025:2017 General requirements for the competence of testing and calibration laboratories & ANAB Accreditation Requirements for Forensic Testing and Calibration (AR 3125) evaluated over the accreditation cycle are summarized in the following broad categories:

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Process requirements related to the handling of test and calibration items in a manner to maintain the integrity of the item. Requirements for chain-of-custody of items to be tested and appropriate methods and procedures. Ensuring the required performance of the methods along with monitoring the validity of the results. Requirements to ensure results are supported by sufficient technical records and are reported accurately, clearly, unambiguously, and objectively. Procedures for nonconforming work and a documented process for handling complaints. Requirements related to the laboratory information management system protection and integrity of data and information.

Management system requirements related to policies and objectives appropriate for the scope of activities. Requirements to control internal and external documents and records. Requirements to address risks and opportunities and timely, well-documented corrective actions. Requirements for an internal audit program and management reviews.

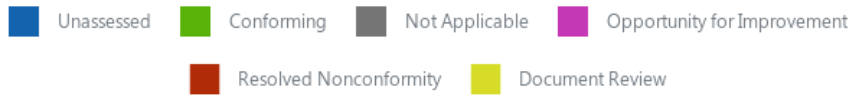
The accreditation activity also evaluates the laboratory's conformance with their own management system requirements.

### ASSESSMENT RESULT:

Based on the assessment techniques and a sample of the objective evidence reviewed during the assessment activity, the assessment team found that the laboratory demonstrated competence to operate a management system that fulfills all applicable accreditation requirements, including those specified within their management system.

Any opportunities for improvement or nonconformities identified during this assessment activity are noted below. All nonconformities will be resolved prior to an accreditation decision by ANAB and a summary provided in a subsequent assessment activity report.

## Summary of Comments



## Audit Comments

### 7.8.1 General

#### 7.8.1.2.2 ANAB Accreditation Requirement

Resolved Nonconformity

#### Requirement

Is there a procedure for reporting of results that:

- a) identifies what will be reported for all items received, including items on which no work was performed, items collected or created and preserved for future testing, and for partial work performed?
- b) requires qualifying the significance of associations in the report whether by a statistic or a qualitative statement?
- c) requires communicating the reason(s) in the report when the reported results are inconclusive? and
- d) requires reporting of the initial database entry (e.g., DNA profiles, friction ridge, ballistics, biometrics)?

NOTE b) Associations for multiple results may be qualified by a single statistic or qualitative statement if the statistics are identical or, where applicable, meet or exceed a defined minimum threshold.

#### Nonconformity Resolution Workflow

- a) Biology procedures for reporting results are not being followed because reports do not always include items received where no work was performed

Due Date & Responsible Party : Terry Mills until 2024-06-17 (Nonconformity Resolution Workflow completed)

**From:** QualityMatters <qualitymatters@anab.org>  
**Sent:** Monday, March 25, 2024 12:17 PM  
**To:** Hahn, Timothy (NASSAU); dcjs.sm.forensiclabs  
**Cc:** Avella, Joseph (NASSAU); [REDACTED]  
**Subject:** RE: NCME Tox - Additional Update - Change in Lab Management  
**Attachments:** II. Organizational Chart-1051-11-1.pdf

*ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.*

Good afternoon.

Thank you for the notification. Our records have been updated accordingly.

Have a nice day!

*Caprice*

Caprice Fowler | ANAB  
Senior Coordinator, Forensics  
ANSI National Accreditation Board  
D.C. | Fort Wayne  
414-501-5375 (direct)  
414-501-5494 (main)  
[www.anab.org](http://www.anab.org)  
[qualitymatters@anab.org](mailto:qualitymatters@anab.org)



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**From:** Hahn, Timothy <thahn@nassaucountyny.gov>  
**Sent:** Monday, March 25, 2024 11:17 AM  
**To:** dcjs.sm.forensiclabs <dcjsforensiclabs@dcjs.ny.gov>; QualityMatters <qualitymatters@anab.org>  
**Cc:** Avella, Joseph <JAvella@nassaucountyny.gov>  
**Subject:** [EXTERNAL] RE: NCME Tox - Additional Update - Change in Lab Management

The following additional update is being provided regarding recent management changes within the Nassau County Toxicology Lab.

(Reference email notifications dated 2/23/24 & 2/27/24)

Effective 3/22/24:

- Dr. Joseph Avella, Ph.D., has been re-appointed as Chief Toxicologist on a part-time basis.
- This appointment will no longer require the role of Acting Lab Director.
- Timothy Hahn will continue to perform the role of Assistant Director of Forensic Laboratories-Toxicology. Current responsibilities will include the role of QA/QC Coordinator.

Please reference the attached Lab Organizational Chart for further information.

Thank You,



**Timothy Hahn**  
Nassau County Medical Examiner's Office  
Asst. Dir. of Forensic Labs -Toxicology  
2251 Hempstead Tpk, Bldg R.  
East Meadow, NY 11790  
516-572-5183 | thahn@nassaucountyny.gov

---

**From:** Hahn, Timothy

**Sent:** Tuesday, February 27, 2024 1:51 PM

**To:** dcjs.sm.forensiclabs <[dcjsforensiclabs@dcjs.ny.gov](mailto:dcjsforensiclabs@dcjs.ny.gov)>; QualityMatters <[qualitymatters@anab.org](mailto:qualitymatters@anab.org)>

**Subject:** NCME Tox - Additional Update - Change in Lab Management

The following update is being provided regarding recent management changes within the Nassau County Toxicology Lab following the retirement of the Chief Toxicologist .

(Reference email notification dated 2/23/24)

Effective 2/23/24:

- Timothy Hahn has been appointed Assistant Director of Forensic Laboratories-Toxicology. Current responsibilities will include the role of QA/QC Coordinator.
- As notified previously, Timothy Hahn will assume the role of Acting Lab Director in the interim absence of the Chief Toxicologist.
- Nicole DeSantis (FS-IV Lab Supervisor) has been re-classified as Top Management of the lab.

Please reference the attached Lab Organizational Chart for further information.

Thank You,



**Timothy Hahn**

Nassau County Medical Examiner's Office

Asst. Dir. of Forensic Labs -Toxicology

2251 Hempstead Tpk, Bldg R.

East Meadow, NY 11790

516-572-5183 | [thahn@nassaucountyny.gov](mailto:thahn@nassaucountyny.gov)



April 18, 2024

Timothy Hahn  
Nassau County Office of the Medical Examiner  
Division of Forensic Toxicology  
2251 Hempstead Tpk., Bldg. R  
East Meadow, NY 11554

Dear Director Hahn,

Congratulations! On April 15, 2024, ANAB approved the continuation of your organization's accreditation based upon the results of your recent surveillance activity. Continuation of accreditation is a formal acknowledgement that your organization continues to operate in conformance with accreditation requirements. The report was provided to you during the assessment activity.

The provided ANAB accreditation symbol ([Testing](#)) may be used to convey your accredited status. An accreditation symbol must not be used in any way which implies accreditation in any area outside of the scope of accreditation. If appropriate, the accreditation symbol may be used on your organization's website, reports, letterhead, business cards, and other official documents. Please refer to [PR 1018 Policy on Use of ANAB Accreditation Symbols and Claims of Accreditation Status](#) for all required information. This policy also provides information on your ability to use a combined mark that contains the ANAB accreditation symbol and the International Laboratory Accreditation Cooperation (ILAC) mark.

The next assessment activity is a Surveillance Assessment scheduled to occur in March 2025.

Thank you for your ongoing commitment to quality and the accreditation process.

Sincerely,

  
Jami St.Clair  
Senior Manager of Accreditation  
ANSI National Accreditation Board

cc: Joseph Avella, Chief Toxicologist  
ANAB Office



**Nassau County Office of the Medical Examiner Division of  
Forensic Toxicology**

2024 - 17025T - Surveillance Document Review

Prepared by Lori Nix

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Data collected on 2024-03-01

ANSI National Accreditation Board

United States



## Description

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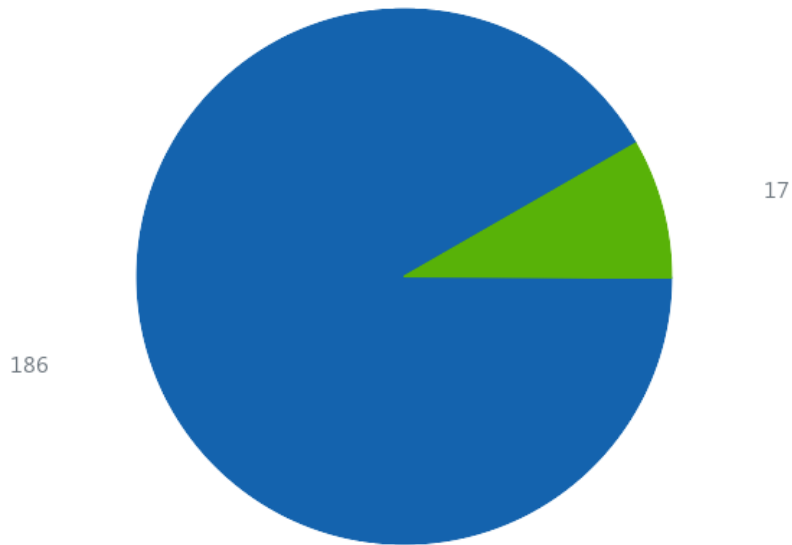
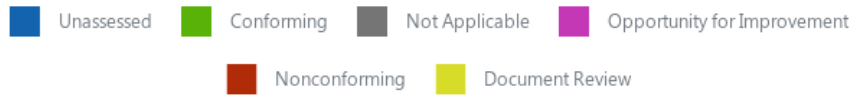
The accreditation activity also evaluates the laboratory's conformance with their own management system requirements.

### ASSESSMENT RESULT:

Based on the assessment techniques and a sample of the objective evidence reviewed during the assessment activity, the assessment team found that the laboratory demonstrated competence to operate a management system that fulfills all applicable accreditation requirements, including those specified within their management system.

Any opportunities for improvement or nonconformities identified during this assessment activity are noted below. All nonconformities will be resolved prior to an accreditation decision by ANAB and a summary provided in a subsequent assessment activity report.

## Summary of Comments



## Audit Comments

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May 13, 2024

Dr. Gail Cooper  
New York City Office of Chief Medical Examiner  
Department of Forensic Toxicology  
520 First Avenue  
New York, NY 10016

Dear Director Cooper,

Congratulations! On May 10, 2024, ANAB approved the continuation of your organization's accreditation based upon the results of your recent surveillance activity. Continuation of accreditation is a formal acknowledgement that your organization continues to operate in conformance with accreditation requirements. The report was provided to you during the assessment activity.

The provided ANAB accreditation symbol ([Testing](#)) may be used to convey your accredited status. An accreditation symbol must not be used in any way which implies accreditation in any area outside of the scope of accreditation. If appropriate, the accreditation symbol may be used on your organization's website, reports, letterhead, business cards, and other official documents. Please refer to [PR 1018 Policy on Use of ANAB Accreditation Symbols and Claims of Accreditation Status](#) for all required information. This policy also provides information on your ability to use a combined mark that contains the ANAB accreditation symbol and the International Laboratory Accreditation Cooperation (ILAC) mark.

The next assessment activity is a Surveillance Assessment scheduled for April 2025.

Thank you for your ongoing commitment to quality and the accreditation process.

Sincerely,



Patti Williams  
Associate Director of Accreditation  
ANSI National Accreditation Board

cc: Elba Arango, Assistant Director of Forensic Toxicology  
ANAB Office



**New York City Office of Chief Medical Examiner - Department of  
Forensic Toxicology**

2024 - 17025T - Surveillance Document Review

Prepared by Sara Walker

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Data collected on 2024-04-01

ANSI National Accreditation Board

United States

## Description

This assessment report summarizes the outcome of the recent accreditation activity. A separate document, the assessment plan, provides information on the type of activity (*e.g.*, reassessment, surveillance activity, scope extension), the date(s) of the activity, the assessment team members, the requirement documents and refers to the scope of the discipline(s) assessed for each location. The assessment plan, together with this report, provide a complete picture of the accreditation activity.

The ANSI National Accreditation Board (ANAB) evaluated the competence of the laboratory and conformance with all applicable accreditation requirements for the scope of accreditation referenced in the assessment plan. Objective evidence of implementation was assessed. The results of an assessment activity are based on a sample of records, locations, and personnel that were available at the time of the activity. Witnessing is an additional technique used in most activities.

### REQUIREMENTS:

ISO/IEC 17025:2017 General requirements for the competence of testing and calibration laboratories & ANAB Accreditation Requirements for Forensic Testing and Calibration (AR 3125) evaluated over the accreditation cycle are summarized in the following broad categories:

General requirements related to the laboratory's commitment to impartiality and confidentiality in its activities.

Structural requirements related to the range of activities, management structure, the authority, roles and responsibilities of personnel. Documented procedures which ensure a consistent application of activities and the validity of results.

Resource requirements related to the impartiality of personnel. Requirements for a training program, competency testing, authorizations, and ongoing monitoring to ensure the competence of personnel. Facility and security suitability for activities. Records and procedures for equipment to ensure proper functioning and where applicable, establishment of metrological traceability. Requirements for externally provided products and services.

Process requirements related to the handling of test and calibration items in a manner to maintain the integrity of the item. Requirements for chain-of-custody of items to be tested and appropriate methods and procedures. Ensuring the required performance of the methods along with monitoring the validity of the results. Requirements to ensure results are supported by sufficient technical records and are reported accurately, clearly, unambiguously, and objectively. Procedures for nonconforming work and a documented process for handling complaints. Requirements related to the laboratory information management system protection and integrity of data and information.

Management system requirements related to policies and objectives appropriate for the scope of activities. Requirements to control internal and external documents and records. Requirements to address risks and opportunities and timely, well-documented corrective actions. Requirements for an internal audit program and management reviews.

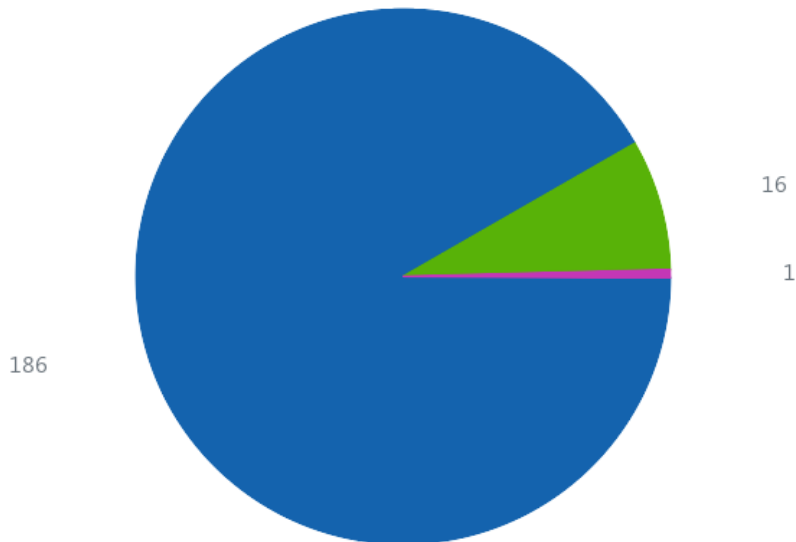
The accreditation activity also evaluates the laboratory's conformance with their own management system requirements.

### ASSESSMENT RESULT:

Based on the assessment techniques and a sample of the objective evidence reviewed during the assessment activity, the assessment team found that the laboratory demonstrated competence to operate a management system that fulfills all applicable accreditation requirements, including those specified within their management system.

Any opportunities for improvement or nonconformities identified during this assessment activity are noted below. All nonconformities will be resolved prior to an accreditation decision by ANAB and a summary provided in a subsequent assessment activity report.

## Summary of Comments



## Audit Comments

### 8.7 Corrective actions (Option A)

8.7.1 ISO/IEC 17025:2017

Opportunity for Improvement : 0

#### Requirement

When a nonconformity occurs, does the laboratory:

- a) react to the nonconformity and, as applicable:
  - take action to control and correct it?
  - address the consequences?
- b) evaluate the need for action to eliminate the cause(s) of the nonconformity, in order that it does not recur or occur elsewhere, by:
  - reviewing and analysing the nonconformity?
  - determining the causes of the nonconformity?
  - determining if similar nonconformities exist, or could potentially occur?
- c) implement any action needed?
- d) review the effectiveness of any corrective action taken?
- e) update risks and opportunities determined during planning, if necessary?
- f) make changes to the management system, if necessary?

#### Comments

The laboratory would benefit from evaluating the process and required documentation associated with reviewing the effectiveness of corrective actions.



**State  
Police**

**Forensic  
Investigation  
Center**

**KATHY HOCHUL**  
Governor

**STEVEN G. JAMES**  
Superintendent

**DR. RAY A. WICKENHEISER**  
Director

May 28, 2024

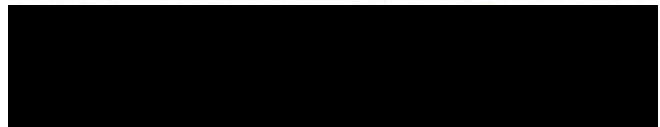
Pamela Sale,  
Vice President, Forensics  
ANSI National Accreditation Board  
2000 Regency Parkway, Suite 430  
Cary, North Carolina 27518

**RE: Change in Management: Director of Quality Assurance (FT-0025)**

Ms. Sale:

Please be advised that on May 23, 2024, David Pulikowski retired as the Director of Quality Assurance. Julia Becker will assume the role of the Director of Quality Assurance until her permanent appointment on June 6, 2024.

Sincerely,



Dr. Ray A. Wickenheiser DPS MBA FAFS

RAW/jdb  
cc: Jill Dooley  
File

**From:** Michael J Filicetti <Michael.Filicetti@niagaracounty.com>  
**Sent:** Friday, March 22, 2024 3:25 PM  
**To:** dcjs.sm.forensiclabs  
**Cc:** Kevin R. Condel  
**Subject:** Director of Forensic Laboratory

*ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.*

To whom it may concern,

Effective March 22, 2024 Christine Giffin has been removed as the director of the Niagara County Forensic Laboratory. She is no longer employed at the Niagara County Sheriff's Office. Effective today's date QAM Kevin Condel will be the interim lab director. Notification will be made when a permanent lab director is appointed.

Notice: This electronic transmission is intended for the sole use of the individual or entity to which it is addressed and may contain confidential, privileged or otherwise legally protected information. If you are not the intended recipient, or if you believe you are not the intended recipient, you are hereby notified that any use, disclosure, copying, distribution, or the taking of any action in reliance on the contents of this information, is strictly prohibited. Niagara County is not responsible for the content of any external hyperlink referenced in this email or any email. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE NOTIFY THE SENDER IMMEDIATELY BY EMAIL AND DELETE THE ORIGINAL MESSAGE ALONG WITH ANY PAPER OR ELECTRONIC COPIES. Thank you for your cooperation.





April 25, 2024

Kristie Barba  
Onondaga County Medical Examiner's Office  
Forensic Toxicology Laboratory  
100 Elizabeth Blackwell Street  
Syracuse, NY 13210

Dear Director Barba,

Congratulations! On April 24, 2024, ANAB approved the continuation of your organization's accreditation based upon the results of your recent surveillance activity. Continuation of accreditation is a formal acknowledgement that your organization continues to operate in conformance with accreditation requirements. The report was provided to you during the assessment activity.

The provided ANAB accreditation symbol ([Testing](#)) may be used to convey your accredited status. An accreditation symbol must not be used in any way which implies accreditation in any area outside of the scope of accreditation. If appropriate, the accreditation symbol may be used on your organization's website, reports, letterhead, business cards, and other official documents. Please refer to [PR 1018 Policy on Use of ANAB Accreditation Symbols and Claims of Accreditation Status](#) for all required information. This policy also provides information on your ability to use a combined mark that contains the ANAB accreditation symbol and the International Laboratory Accreditation Cooperation (ILAC) mark.

The next assessment activity will be a Surveillance Assessment scheduled to occur in March 2025.

Thank you for your ongoing commitment to quality and the accreditation process.

Sincerely,



Jill Spriggs  
Senior Manager of Accreditation  
ANSI National Accreditation Board

cc: Erin Vandee, Quality Assurance Officer  
ANAB Office



# **Onondaga County Medical Examiner's Office Forensic Toxicology Laboratory**

**2024 - 17025T - Surveillance Document Review**

Prepared by Albert Elian

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Data collected on 2024-03-01

ANSI National Accreditation Board

United States

## Description

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### REQUIREMENTS:

ISO/IEC 17025:2017 General requirements for the competence of testing and calibration laboratories & ANAB Accreditation Requirements for Forensic Testing and Calibration (AR 3125) evaluated over the accreditation cycle are summarized in the following broad categories:

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Management system requirements related to policies and objectives appropriate for the scope of activities. Requirements to control internal and external documents and records. Requirements to address risks and opportunities and timely, well-documented corrective actions. Requirements for an internal audit program and management reviews.

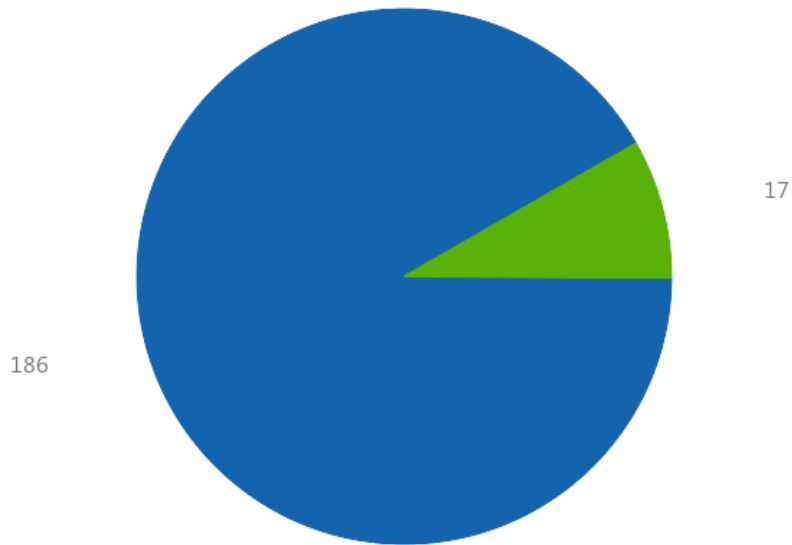
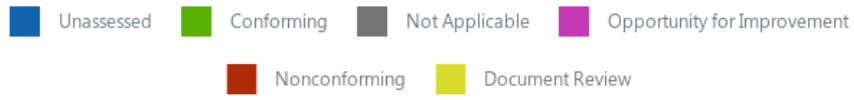
The accreditation activity also evaluates the laboratory's conformance with their own management system requirements.

### ASSESSMENT RESULT:

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## Summary of Comments



## Audit Comments

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March 20, 2024

Christopher Cording  
Westchester County Department of Laboratories & Research  
Division of Forensic Toxicology  
10 Dana Road  
Valhalla, New York 10595

Dear Director Cording,

Congratulations! On March 20, 2024, ANAB approved the continuation of your organization's accreditation based upon the results of your recent surveillance activity. Continuation of accreditation is a formal acknowledgement that your organization continues to operate in conformance with accreditation requirements. The report was provided to you during the assessment activity.

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Thank you for your ongoing commitment to quality and the accreditation process.

Sincerely,



Jami St.Clair  
Senior Manager of Accreditation  
ANSI National Accreditation Board

cc: Mary Jane Masih, Quality Manager  
ANAB Office



**Westchester County Department of Laboratories & Research -  
Division of Forensic Toxicology**

2024 - 17025T - Surveillance Assessment

Prepared by Deedra Hughes

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Data collected on 2024-03-14

ANSI National Accreditation Board

United States

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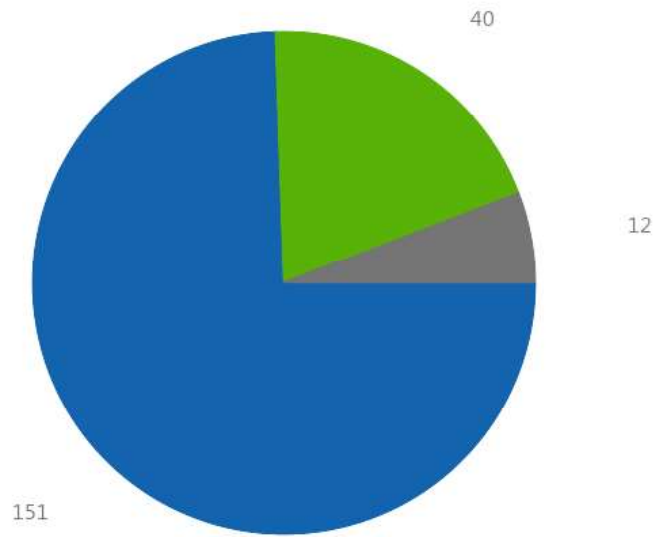
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## Summary of Comments



## Audit Comments

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