



DNA Subcommittee

August 9, 2024

Alfred E Smith State Office Building
80 South Swan Street
Albany, NY 12210

Videoconference Locations:

100 Bureau Drive, Building 227, Room B230, Gaithersburg, MD
9040 Town Center Parkway, Lakewood Ranch, FL
Shapiro Building, Room 5044, 70 Francis Street, Boston, MA

9:01 AM – 10:38 AM

DRAFT MEETING MINUTES

DNA Subcommittee Members in Attendance:

Frederick Bieber, Ph.D.
Michael Coble, Ph.D.
Kathleen Corrado, Ph.D.
Katherine Gettings, Ph.D.
Kenneth Kidd, Ph.D.
Jenifer Smith, Ph.D.
Amanda Sozer, Ph.D.

DCJS Staff in Attendance:

Taylor Aaron
Dean DeFruscio
Colleen Glavin, Esq.
Natasha Harvin-Locklear, Esq.
Katherine Mayberry
Shelley Palmer
Brianna Robinson
Lindsey Rockwell
Matthew Schrantz, Esq.
Elizabeth Suparmanto
Christine Sweet

Other Attendees:

Jill Dooley- New York State Police Crime Laboratory
 Russell Gettig – New York State Police Crime Laboratory
 Thomas Leach – New York State Police Crime Laboratory
 Daniel Myers- New York State Police Crime Laboratory
 Julie Pizziketti – New York State Police Crime Laboratory

*Approximate
Video Times*

The Chair, Dr. Coble, opened the meeting by stating that the DNA Subcommittee was conducting its meeting in hybrid with members present both in Albany and virtually. Dr. Coble then conducted a roll call to take attendance and a quorum was established with seven members present (Bieber, Coble, Corrado, Gettings, Kidd, Smith, and Sozer).

00:00:00 –
00:01:13

Dr. Coble then asked for a motion to approve the August 9, 2024, agenda. A motion to approve the agenda was made by Dr. Smith, seconded by Dr. Kidd, and approved with seven votes (Bieber, Coble, Corrado, Gettings, Kidd, Smith, and Sozer).

00:01:14 –
00:02:10

The Chair then asked Subcommittee members for questions or comments on the minutes from the May 10, 2024, meeting of the Subcommittee. Dr. Corrado made a motion to approve the minutes, seconded by Dr. Smith, and approved with six votes (Bieber, Coble, Corrado, Gettings, Smith, Sozer) and 1 abstention (Kidd).

00:02:13 –
00:03:10

Next, the Subcommittee reviewed Accreditation/Laboratory updates from the Erie County Central Police Services Forensic Laboratory, Monroe County Crime Laboratory, New York State Police Crime Laboratory, Onondaga County Center for Forensic Sciences Laboratory and Westchester County Department of Laboratories & Research Division of Forensic Science. Representatives from the laboratories were available to answer questions as needed.

00:03:11 –
00:18:08

The Chair then moved to Old Business. Ms. Shelley Palmer announced she is the Interim Director of the Office of Forensic Services following the departure of Dr. Jill Dooley. A verbal update was provided by Ms. Palmer on the Partial Match and Familial Search programs. Following a discussion, no updates to the Partial Match and Familial Search policies were recommended at this time. There were no updates regarding CODIS Bulletins. A representative from the Biology Technical Working Group (BIOTWG), co-chair Dr. Craig O'Connor, provided a summary of the findings made by the BIOTWG regarding the *Forensic DNA Interpretation and Human Factors: Improving Practice Through a Systems Approach* report. Following their next meeting, the BIOTWG will provide additional feedback to the Subcommittee.

00:18:09–
00:47:36

The Chair then moved to New Business. Ms. Palmer acknowledged the FBI Quality Assurance Standards are being updated to include the use of Rapid DNA and notified the Subcommittee that a letter will be going out to all stakeholders to reiterate the requirements for use of Rapid DNA in New York State.

00:47:38–
00:49:04

The Subcommittee then reviewed disclosures from the Nassau County Office of the Medical Examiner Division of Forensic Services, New York City OCME Department of

00:49:07–
01:07:49

Forensic Biology, Suffolk County Crime Laboratory and Westchester County Department of Laboratories & Research Division of Forensic Science. Representatives from the laboratories were available to respond to members' questions.

Next, Dr. Coble requested a motion to enter into 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 Dr. Smith, seconded by Dr. Corrado. The motion was approved unanimously.

01:07:50 –
01:09:00

The Subcommittee adjourned into Executive Session with all present members in attendance. Executive Session commenced at 10:14 AM and concluded at 10:33 AM. The Subcommittee reconvened the Open Meeting and Dr. Coble stated no action was taken in Executive Session.

01:09:41 –
01:09:53

Ms. Palmer noted that a document submitted by the New York State Police Crime Laboratory for informational purposes was inadvertently not provided to the members in their materials, and OFS would send the document via email to Subcommittee members after the meeting.

01:09:54-
01:10:23

Dr. Coble asked that the Biology Technical Working Group (BIOTWG) provide information regarding the implementation or use of SNPs in the state of New York. While no formal vote was taken, no objections were raised.

01:10:34 –
01:12:09

The Chair then stated that the next meeting of the Subcommittee will take place on November 15, 2024, with the location to be determined. A motion to adjourn was made by Dr. Smith, seconded by Dr. Gettings, and approved unanimously.

01:12:10-
01:13:04

Note: Video of the meeting is available at <https://www.youtube.com/user/nyspublicsafety>



U.S. Department of Justice
Federal Bureau of Investigation

Washington, D. C. 20535-0001

September 12, 2024

Maria Orsino
Erie County Central Police Services
Forensic Laboratory
45 Elm Street
Buffalo, NY 14203

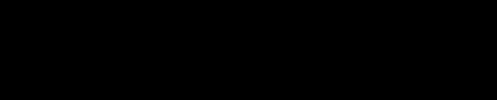
Dear Maria:

This is in response to the external Quality Assurance Standards (QAS) audit conducted for the Erie County Central Police Services Forensic Laboratory in Buffalo, New York, from April 10 to 12, 2024.

A review of your audit documentation found the laboratory to be in compliance with the external audit requirement and the FBI Director's Quality Assurance Standards.

Thank you for your assistance in this matter.

Sincerely,


Lisa L. Grossweiler
NDIS Custodian
CODIS Unit
Laboratory Division

1 – Kerri Sage (information only)



October 18, 2024

Ranee Ho
Onondaga County Center for
Forensic Sciences Laboratory
100 Elizabeth Blackwell Street
Syracuse, New York 13210

Dear Director Ho,

Congratulations! On October 17, 2024, ANAB renewed 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:

- | | |
|------------------|------------------------------|
| • September 2025 | Surveillance Document Review |
| • September 2026 | Surveillance Assessment |
| • September 2027 | Surveillance Document Review |
| • September 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 was provided to you during the assessment activity.

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.

Sincerely,



Nita Bolz
Senior Manager of Accreditation
ANSI National Accreditation Board

cc: Kathleen Hum, Quality Assurance Manager
ANAB Office



CERTIFICATE OF ACCREDITATION

The ANSI National Accreditation Board

Hereby attests that

**Onondaga County Center for
Forensic Sciences Laboratory**
100 Elizabeth Blackwell Street, Syracuse, New York 13210 USA

Fulfills the requirements of

ISO/IEC 17025:2017

Accreditation Requirements for Forensic Testing and Calibration (2023)

FBI Quality Assurance Standards for Forensic DNA Testing Laboratories:2020

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.



Pamela L. Sale, Vice President, Forensics

Expiry Date: 31 January 2029
Certificate Number: FT-0229





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**

Onondaga County Center for Forensic Sciences Laboratory

100 Elizabeth Blackwell Street
Syracuse, New York 13210 USA

FORENSIC TESTING

Expiry Date: 31 January 2029

Certificate Number: FT-0229

Discipline: Biology		
Component/Parameter	Item	Key Equipment/Technology
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 Epithelial Cell	Chemical General Microscopy Immunoassay

Discipline: Digital and Video/Imaging Technology and Analysis		
Component/Parameter	Item	Key Equipment/Technology
Acquisition/Extraction	Digital Data	Software Program
Content Analysis	Digital Data	Software Program Visual

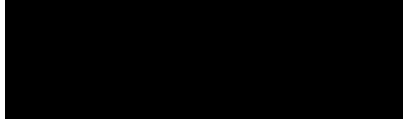
Discipline: Fire Debris and Explosives		
Component/Parameter	Item	Key Equipment/Technology
Qualitative Determination	Fire Debris	Gas Chromatography Mass Spectrometry

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

Discipline: Friction Ridge		
Component/Parameter	Item	Key Equipment/Technology
Enhancement	Ridge Detail	Chemical Physical Software Program
Individual Characteristic Database	Ridge Detail	Next Generation Identification System (NGI)
Physical Comparison	Ridge Detail	Software Program Visual

Discipline: Seized Drugs		
Component/Parameter	Item	Key Equipment/Technology
Qualitative Determination	Botanical Liquid Solid	Chemical Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Raman Spectroscopy Visual
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



Onondaga County Center for Forensic Sciences Laboratory

2024 - 17025T - Reassessment

Prepared by Lori Nix

Data collected on 2024-09-16

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.

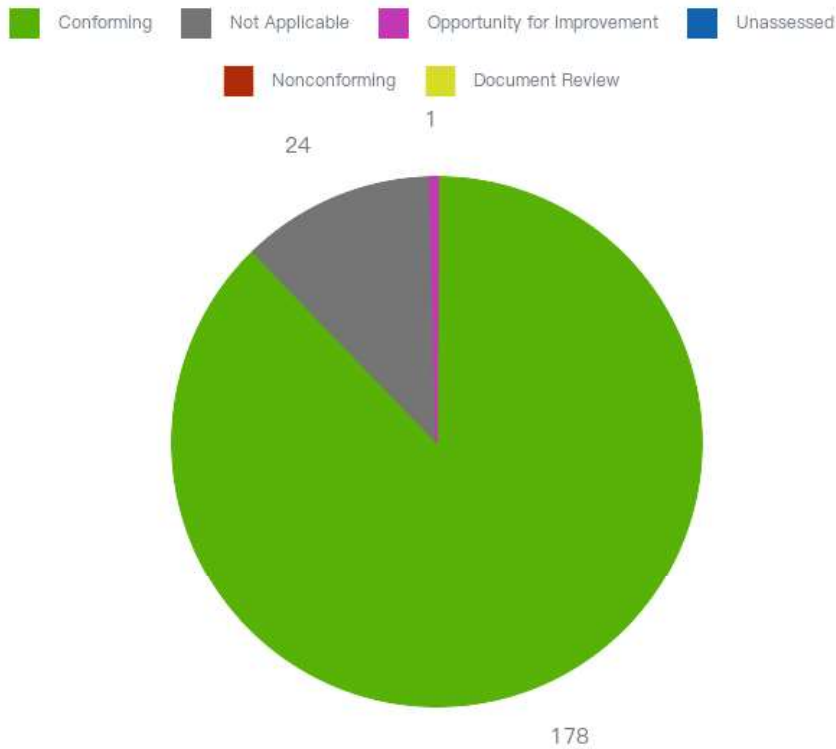
The accreditation activity also evaluates the laboratory's conformance with their own management system requirements.

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.g) ANAB Accreditation Requirement

Opportunity for Improvement : 0

Requirement

g) Does the process for corrective action establish a reasonable timeframe for completion for each corrective action?

Comments

The laboratory may benefit from standardizing the process for establishing a timeframe for completion of each corrective action.

dcjs.sm.forensiclabs

From: QualityMatters <qualitymatters@anab.org>
Sent: Wednesday, September 4, 2024 3:30 PM
To: Kathleen Hum; dcjs.sm.forensiclabs
Cc: lori@forensicqms.com; Rane Ho
Subject: RE: Onondaga County Center for Forensic Sciences - Laboratories - QA Manager Update

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

Welcome back Kathy! Thank you for the notification. Our records have been updated to reflect your return and point of contact for your September 16-18, 2024 reassessment

Have a nice afternoon!

Mary

**Mary Kiella | ANAB
Coordinator, Forensics**

ANSI National Accreditation Board
D.C. | Fort Wayne
Tel: 414.501.5364 | mkiella@anab.org
www.anab.org
ANAB Training - <https://anab.ansi.org/training/>

From: Kathleen Hum <KathleenHum@ongov.net>
Sent: Wednesday, September 4, 2024 2:25 PM
To: dcjs.sm.forensiclabs <dcjsforensiclabs@dcjs.ny.gov>; QualityMatters <qualitymatters@anab.org>
Cc: lori@forensicqms.com; Rane Ho <RaneHo@ongov.net>
Subject: [EXTERNAL] Onondaga County Center for Forensic Sciences - Laboratories - QA Manager Update

Good afternoon,

I am writing to inform ANAB and DCJS that I returned to the laboratory and resumed the role of the Quality Assurance Manager as of August 27, 2024. I will also resume being the primary point of contact for our laboratory's ANAB reassessment during the week of September 16, 2024.

Please contact me or the Director of Laboratories, Rane Ho, if you have any questions.

Regards,
Kathy

Kathleen Hum, M.Sc.

Quality Assurance Manager
Onondaga County Center for Forensic Sciences
100 Elizabeth Blackwell Street; Syracuse, NY 13210
Tel: (315) 435-3800; Fax: (315) 435-5048

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September 4, 2024

Constance Dinkel
Suffolk County Crime Laboratory
725 Veterans Memorial Highway
Hauppauge, New York 11788

Dear Chief Dinkel,

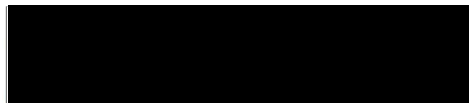
Congratulations! On August 29, 2024, ANAB approved the continuation of your organization's accreditation based upon the results of your recent surveillance activity. Continuation of accreditation is a formal acknowledgement that your organization continues to operate in conformance with accreditation 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 Reassessment scheduled for the week of August 10, 2025.

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

Sincerely,



Jami StClair
Senior Manager of Accreditation
ANSI National Accreditation Board

cc: Inga Dorfman, Quality Manager
ANAB Office



Suffolk County Crime Laboratory

2024 - 17025T - Surveillance Document Review

Prepared by Meghan Clement

Contract LA

Data collected on 2024-08-01

ANSI National Accreditation Board

United States

Description

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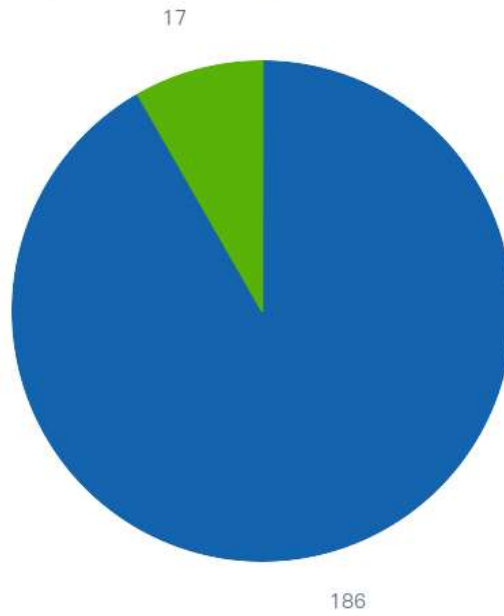
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ASSESSMENT RESULT:

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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

From: [QualityMatters](#)
To: [Dorfman, Inga](#)
Cc: [dcjs.sm.forensiclabs](#)
Subject: RE: FT-0219: change in TL
Date: Friday, September 6, 2024 9:49:25 AM

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

Good morning Inga,

Thank you for the updated information.

Have a great Friday!

Mary

Mary Kiella | ANAB

Coordinator, Forensics

ANSI National Accreditation Board

D.C. | Fort Wayne

Tel: 414.501.5364 | mkiella@anab.org

www.anab.org

ANAB Training - <https://anab.ansi.org/training/>

From: Dorfman, Inga <Inga.Dorfman@suffolkcountyny.gov>

Sent: Tuesday, September 3, 2024 9:41 AM

To: QualityMatters <qualitymatters@anab.org>

Cc: dcjsforensiclabs@dcjs.ny.gov

Subject: [EXTERNAL] FT-0219: change in TL

Good morning,

Please see below email about change in DNA Technical Leader.

Please let me know if you have any questions.

Thank you.

Inga Dorfman

Quality Manager

Suffolk County Crime Laboratory

631-853-5969

We value your feedback. Please complete our survey at the following link:

<https://forms.office.com/g/ShQ6xNFwqp>

From: Dinkel, Constance <Constance.Dinkel@suffolkcountyny.gov>
Sent: Tuesday, September 3, 2024 9:15 AM
To: Dorfman, Inga <Inga.Dorfman@suffolkcountyny.gov>
Subject: Fw: change in TL

Constance Dinkel
Chief
Suffolk County Crime Laboratory
631-853-5325

We value your feedback. Please complete our survey at the following link:
<https://forms.office.com/g/ShQ6xNFWqp>

From: Sepulveda, Elizabeth <elizabeth.sepulveda@suffolkcountyny.gov>
Sent: Tuesday, September 3, 2024 6:51 AM
To: Dinkel, Constance <Constance.Dinkel@suffolkcountyny.gov>
Cc: Wong, Helen <Helen.Wong@suffolkcountyny.gov>; Annitto, Kerry <Kerry.Annitto@suffolkcountyny.gov>
Subject: Fwd: change in TL

Get [Outlook for iOS](#)

From: Robert Gemme <RMGEMME@fbi.gov>
Sent: Friday, August 30, 2024 12:50:48 PM
To: Sepulveda, Elizabeth <elizabeth.sepulveda@suffolkcountyny.gov>
Cc: troopers.sm.NYSP.CODIS <NYSPCODIS-Databank@troopers.ny.gov>; Barry, Christina <Christina.Barry@suffolkcountyny.gov>
Subject: Re: change in TL

Hi Liz,

Thanks so much for the updated CUIFs regarding the change in the TL role at your lab. I will submit a SAR in a couple of minutes requesting the information be updated on the CODIS website and follow-up with you when it has been approved. There is no further action required by you.

Have a great Labor Day weekend,

Bob

Regards,

Robert M. Gemme

Management and Program Analyst (MAPA)

FBI Laboratory

FBI CODIS Unit

703-632-8312 (Office)



From: Sepulveda, Elizabeth <elizabeth.sepulveda@suffolkcountyny.gov>

Sent: Friday, August 30, 2024 12:41 PM

To: Gemme, Robert M. (LD) (FBI) <RMGEMME@fbi.gov>

Cc: troopers.sm.NYSP.CODIS <NYSPCODIS-Databank@troopers.ny.gov>; Barry, Christina <Christina.Barry@suffolkcountyny.gov>

Subject: [EXTERNAL EMAIL] - change in TL

Hi Bob,

We will have a change in the Technical Leader position effective Tuesday 9/3/24. I will be on vacation next week, so I hope it is ok to send today with the effective date of Tuesday.

Attached are 2 CUIFs to remove Helen Wong as the TL and add Kerry Annitto.

Please let me know if you have any questions or need anything else.

Thank you,

Liz

Elizabeth Sepulveda
Suffolk County Crime Laboratory
Forensic Scientist III
Local CODIS Administrator
631-853-5585

We value your feedback. Please complete our survey at the following link:
<https://forms.office.com/g/ShO6xNFwqp>

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August 15, 2024

Lydia De Castro
Westchester County Department
of Laboratories & Research Division
of Forensic Science
10 Dana Road
Vallhalla, New York 10595

Dear Director De Castro,

Congratulations! On August 15, 2024 ANAB renewed 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.

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| • June 2027 | Surveillance Document Review |
| • June 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.

Sincerely,



Jami St Clair
Senior Manager of Accreditation
ANSI National Accreditation Board

cc: Jennifer Reilly, Quality Manager
ANAB Office



CERTIFICATE OF ACCREDITATION

The ANSI National Accreditation Board

Hereby attests that

**Westchester County Department of
Laboratories & Research
Division of Forensic Science
10 Dana Road, Valhalla, New York 10595 USA**

Fulfills the requirements of

ISO/IEC 17025:2017

**Accreditation Requirements for Forensic Testing and Calibration (2023)
FBI Quality Assurance Standards for Forensic DNA Testing Laboratories:2020**

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.



Pamela L. Sale, Vice President, Forensics

Expiry Date: 31 October 2028
Certificate Number: FT-0155





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**

**Westchester County Department of Laboratories & Research
Division of Forensic Science**

10 Dana Road
Valhalla, New York 10595 USA

FORENSIC TESTING

Expiry Date: 31 October 2028

Certificate Number: FT-0155

Discipline: Biology		
Component/Parameter	Item	Key Equipment/Technology
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 General Microscopy Immunoassay

Discipline: Digital and Video/Imaging Technology and Analysis		
Component/Parameter	Item	Key Equipment/Technology
Field Sampling	Physical Item	Not Applicable
Acquisition/Extraction	Image Multimedia Recording Video	Software Program
Authentication	Image Multimedia Recording Video	Software Program

Content Analysis	Image Multimedia Recording Video	Software Program Visual
Enhancement	Image Multimedia Recording Video	Software Program
Physical Comparison	Image Multimedia Recording Video	Software Program Visual
Reconstruction	Inspection/Test Result Other Information Physical Item	Software Program
Transcoding	Image Multimedia Recording Video	Software Program

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

Discipline: Firearms and Toolmarks		
Component/Parameter	Item	Key Equipment/Technology
Distance Determination	Physical Item	Chemical General Microscopy Measuring Equipment
Qualitative Determination	Metal Nitrate/Nitrite	Chemical General Microscopy

Discipline: Impressions		
Component/Parameter	Item	Key Equipment/Technology
Field Sampling	Physical Item	Not Applicable
Enhancement	Footwear Physical Item Tire	Chemical Physical Software Program

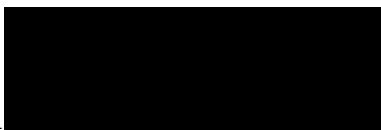
Physical Comparison	Footwear Physical Item Tire	General Microscopy Software Program Visual
Qualitative Determination	Footwear Physical Item Tire	Reference Collection

Discipline: Materials (Trace)		
Component/Parameter	Item	Key Equipment/Technology
Field Sampling	Physical Item	Not Applicable
Chemical/ Physical Comparison	Adhesive Coating Fiber/Textile Fractured Item Polymer Tape	Chemical Energy Dispersive Spectroscopy Fluorescence Spectroscopy Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Microspectrophotometry Scanning Electron Microscopy Visual
Qualitative Determination	Adhesive Coating Fiber/Textile Glass Gunshot Residue Hair Polymer Tape	Chemical Energy Dispersive Spectroscopy Fluorescence Spectroscopy Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Microspectrophotometry Reference Collection Scanning Electron Microscopy Visual

Discipline: Seized Drugs		
Component/Parameter	Item	Key Equipment/Technology
Qualitative Determination	Botanical Liquid Solid	Chemical Gas Chromatography General Microscopy Mass Spectrometry Thin-Layer Chromatography Visual

Quantitative Measurement	Botanical Liquid 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



Westchester County Department of Laboratories & Research
Division of Forensic Science

2024 - 17025T - Reassessment

Prepared by Deedra Hughes

Data collected on 2024-06-10

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.

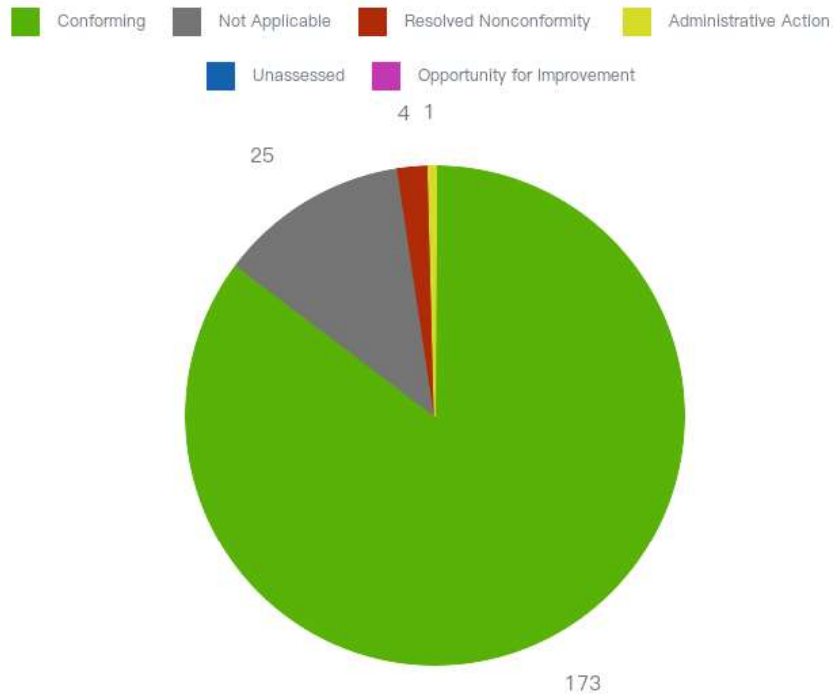
The accreditation activity also evaluates the laboratory's conformance with their own management system requirements.

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

6.4 Equipment

6.4.1 ISO/IEC 17025:2017

Resolved Nonconformity

Requirement

Does the laboratory have access to equipment (including, but not limited to, measuring instruments, software, measurement standards, reference materials, reference data, reagents, consumables or auxiliary apparatus) that is required for the correct performance of laboratory activities and that can influence the results?

NOTE 1 A multitude of names exist for reference materials and certified reference materials, including reference standards, calibration standards, standard reference materials and quality control materials. ISO 17034 contains additional information on reference material producers (RMPs). RMPs that meet the requirements of ISO 17034 are considered to be competent. Reference materials from RMPs meeting the requirements of ISO 17034 are provided with a product information sheet/certificate that specifies, amongst other characteristics, homogeneity and stability for specified properties and, for certified reference materials, specified properties with certified values, their associated measurement uncertainty and metrological traceability.

NOTE 2 ISO Guide 33 provides guidance on the selection and use of reference materials. ISO Guide 80 provides guidance to produce in-house quality control materials.

Nonconformity Resolution Workflow

In Digital Evidence, the laboratory does not have access to WriteBlocker equipment that functions reliably, that is required for the correct

performance of laboratory activities and can influence the results.

Corrective Action Closure Note: An evaluation of the nonconformity to determine the extent and cause was conducted. The cause determined to be inconsistent functionality of the laboratory's WriteBlocker. A new WriteBlocker was purchased. The validation was completed on 7/24/24. Reviewed TableauForensic USB 3.0 Bridge (Write-blocker) Validation Summary. The Imaging-001 procedure Manual, section 12, was updated to include new procedures for the use of the Write Blocker. Reviewed the Imaging-001 procedure Manual, section 12. The Write Blocker device and new procedure was used for one case. Reviewed QC spreadsheet which shows the QC was performance checked before use on 7/24/24. This nonconformity has been resolved.

6.4.9 ISO/IEC 17025:2017

Resolved Nonconformity

Requirement

Is equipment that has been subjected to overloading or mishandling, gives questionable results, or has been shown to be defective or outside specified requirements, taken out of service? Is it isolated to prevent its use or clearly labelled or marked as being out of service until it has been verified to perform correctly? Does the laboratory examine the effect of the defect or deviation from specified requirements and initiate the management of nonconforming work procedure (see 7.10)?

Nonconformity Resolution Workflow

In Digital Evidence, WriteBlocker equipment that has given questionable results, or has shown to be defective or outside specified requirements, was not taken out of service, isolated to prevent its use or clearly labelled or marked as being out of service until it was verified to perform correctly. The laboratory did not examine the effect of the defect or deviation from specified requirements nor initiate the management of nonconforming work procedure.

Corrective Action Closure Note: An evaluation of the nonconformity to determine the extent and cause was conducted. The cause determined to be inconsistent functionality of the laboratory's WriteBlocker and no procedure for performance checking the WriteBlocker. The Imaging-001 procedure Manual was updated. Section 5.3.2 added a policy regarding performance verification. Section 5.3.7 added a policy for marking out of service equipment. Reviewed Imaging-001 procedure Manual sections 5.3.2 and 5.3.7. Reviewed QC spreadsheet which shows the performance check was conducted before use on 7/24/24. This nonconformity has been resolved.

6.4.10 ISO/IEC 17025:2017

Administrative Action

Requirement

When intermediate checks are necessary to maintain confidence in the performance of the equipment, are these checks carried out according to a procedure?

ANAB NOTE When evaluating the need for intermediate checks, topics to consider include, but are not limited to: the calibration interval, the use of the equipment, the stability of the equipment, the method specifications, and risk associated with a failed check.

Comments

This nonconformity was challenged and the challenge was upheld, therefore this nonconformity was removed.

7.2.1 Selection and verification of methods

7.2.1.1 ISO/IEC 17025:2017

Resolved Nonconformity

Requirement

Does the laboratory use appropriate methods and procedures for all laboratory activities and, where appropriate, for evaluation of the measurement uncertainty as well as statistical techniques for analysis of data?

NOTE "Method" as used in this document can be considered synonymous with the term "measurement procedure" as defined in ISO/IEC Guide 99.

Nonconformity Resolution Workflow

In Impressions, the physical comparison methodology does not include a verification procedure.

Corrective Action Closure Note: An evaluation of the nonconformity to determine the extent and cause was conducted. The cause determined to be a misunderstanding of the requirement. A verification procedure has been added to the Trace QAQC manual under 7.2.1.1. Reviewed section 7.2.1.1 of the Trace QAQC manual. A Trace form was created to document the verification. Reviewed Form TRAF092- Verification worksheet. Mock case documentation reviewed showing that the worksheet was used and the verification procedure was followed. This nonconformity has been resolved.

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

In Impressions and Materials, the laboratory could not provide a procedure that requires qualifying the significance of associations in the report whether by a statistic or a qualitative statement nor that requires communicating the reason(s) in the report when the reported results are inconclusive.

Corrective Action Closure Note: An evaluation of the nonconformity to determine the extent and cause was conducted. The cause determined to be that the wording was not consistent between manuals as they were authored by different individuals. Report writing sections in all Impressions and Materials manuals were revised to mandate the use of the qualifying statements. Report writing sections for inconclusive statements were revised to include "shall" when stating that the reason must be included in the report. Reviewed the following updated manuals - TRA-M004- Procedure Manual: Trace Evidence Fiber Examination, TRA-M001- Procedure Manual: Impression Evidence, TRA-M005- Procedure Manual: Paint and Polymer Examination and TRA-M009- Procedure Manual: Trace Evidence Miscellaneous Procedures This nonconformity has been resolved.