

# Washington State Patrol

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## TOXICOLOGY LABORATORY DIVISION

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### Operations Manual

Revision June 9, 2014

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## INTRODUCTION

This manual covers the operational responsibilities of the Washington State Patrol (WSP) Toxicology Laboratory Division (TLD) Testing and Calibration Laboratories. The TLD is part of the Forensic Laboratory Services Bureau (FLSB), which also includes the Impaired Driving Section (IDS), the Breath Test Program (BTP) and the Standards and Accountability Section (SAS). Testing Laboratory functions include toxicological testing of biological specimens and non-biological samples for the presence of alcohol and other drugs, with case submissions from law enforcement agencies, medical examiners and coroners, and other state agencies. Calibration Laboratory functions include the preparation and certification of simulator solutions for use with evidential breath test instruments throughout the state of Washington.

The purpose of this manual is to provide the responsible personnel with written policies and procedures that will:

- Promote efficient and effective operation
- Assist personnel in performing assigned duties and tasks
- Ensure that the work product and services are fit-for-purpose and of the highest quality

This manual applies to all Testing and Calibration Laboratory functions within the TLD, and the policies and procedures are binding on all personnel and shall be followed. This manual covers all work done by responsible personnel, to include but not be limited to work done within the Laboratory, in addition to duties outside the Laboratory, whether in court, training venues, or anywhere else the duties of responsible personnel might be employed. Any adjustments or deviations from the policies and procedures detailed in this manual must be approved by TLD Management, and appropriately documented.

The official version of this manual is the electronic version as it appears on the FLSB SharePoint site (FLSB Portal).

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# 1 SCOPE

The TLD provides toxicological testing services to law enforcement agencies, medical examiners, coroners, and other state agencies. The TLD also prepares and certifies two types of simulator solutions: the Quality Assurance Procedure (QAP) solutions and the External Standard solution (ESS). These solutions are provided to the WSP Breath Test Program (BTP) for use in the Program's breath alcohol calibration activities.

## 1.1 MISSION STATEMENT

The TLD will provide forensic services to its customers in the discipline of toxicology, to include analysis of biological specimens for alcohol and drugs, the production and certification of certified breath alcohol reference materials, training, expert court testimony, legal discovery, and data analysis. The TLD is committed to providing the highest quality forensic services which ultimately enhances public safety for the citizens of Washington.

## 1.2 GOALS AND OBJECTIVES

The goals and objectives of the TLD will be reviewed annually, as part of the WSP Strategic Plan and the Management System Review (MSR), and are based upon the needs of its customers; those agencies served by the TLD and the Criminal Justice System.

## 1.3 LEGAL DIRECTION

The TLD is a publicly funded, legal entity that is responsible for its legislatively mandated actions. The TLD provides scientific and technical assistance for all coroners, medical examiners and prosecuting attorneys, as mandated by Revised Code of Washington (RCW) 46.61.506 and 68.50.107; and the Washington Administrative Code (WAC) 448-14, 448-15 and 448-16, and statewide criminal justice agencies.

## 1.4 DEFINITIONS

### 1.4.1 Policy

The guiding principles by which the TLD operates. Policies influence, direct and determine the decisions and actions of TLD employees.

### 1.4.2 Procedure

A defined and established method for implementing a policy.

## 1.5 SERVICES AND FUNCTIONS

The TLD will provide toxicological testing of biological specimens or samples submitted by law enforcement agencies, medical examiners, coroners, and other state agencies. The TLD will also provide certified breath alcohol reference materials to the WSP BTP for their use with evidential breath test instruments throughout the state of Washington. In addition,

services will be provided regarding training, expert court testimony, legal discovery, and data analysis.

The primary operational functions within the Division include:

#### 1.5.1 Toxicological Testing of Biological Specimens or Non-biological Samples

Certified Forensic Scientists will perform toxicological examination of blood, urine and or/other biological fluids/tissues collected during a death investigation; or from living individuals who were either the victim of a crime or were suspected of committing a crime in which drugs and/or alcohol may have played a role. This includes driving under the influence (DUI) of intoxicating liquors and/or drugs, victims of suspected drug-facilitated sexual assault (DFSA), and miscellaneous drug-related incidents or crimes, and other miscellaneous testing at the request of submitting agencies. Testing may also be performed on non-biological samples, as in the case of samples submitted by the Liquor Control Board. TLD personnel will maintain records of these activities and analytical test results.

#### 1.5.2 Simulator Solution Preparation and Certification

Certified Forensic Scientists will prepare, certify, document, package and distribute simulator solutions to be used by BTP Technicians in the calibration and verification of evidentiary breath test instruments throughout the state. TLD personnel will maintain records of these activities and analytical test results.

#### 1.5.3 Consultation/Interpretation

Forensic Scientists will provide consultation and interpretation for medical examiners and coroners on the results of toxicology analyses performed by the Laboratory in death investigation cases, and for law enforcement agencies and attorneys on the results of toxicology analyses in driving-related cases or other criminal investigation cases as requested (e.g., sexual assault, drug investigation).

#### 1.5.4 Expert Court Testimony

Forensic Scientists will provide factual and expert testimony regarding their responsibilities, results and/or records for courts and other legal proceedings.

#### 1.5.5 Records Custodian, Discovery and Public Records Requests

Qualified TLD personnel will be considered custodians of the records for the Laboratory's testing and calibration functions. Trained TLD personnel will respond to, and provide documents for, requests pertaining to official testing and calibration documents (e.g., subpoena duces tecum, public records requests).

### 1.6 ORGANIZATION AND MANAGEMENT STRUCTURE

The TLD is part of the Forensic Laboratory Services Bureau (FLSB) and is located with the Seattle Crime Laboratory.

The TLD Commander is responsible for ensuring that all policies, rules, procedures, directives, goals and guidelines are written in a clear manner, are consistent with department policy, State and Federal Law, and are made available to the all TLD personnel.

Examples of documents containing policies, procedures and guidelines include:

- WSP Regulation Manual
- Collective Bargaining Agreements
- TLD Calibration Quality Manual
- TLD Testing Quality Manual
- TLD Operations Manual
- TLD Calibration Technical Manual
- TLD Training Manuals
- Standard Operating Procedures (SOP's)
- TLD Safety Manual

TLD management have the responsibility to ensure that policies, procedures, directives, goals and guidelines are understood and practiced by all employees.

## 1.7 CHAIN OF COMMAND/PERSONNEL RESPONSIBILITIES

When a supervisor or manager is unavailable, a person will be designated as the acting supervisor or manager. If no one is available or has been designated, to take this responsibility, the next level up in the chain of command will be responsible.

### 1.7.1 State Toxicologist / TLD Commander

By statutory authority, the State Toxicologist (also known as the TLD Commander) has final operational and technical authority over the TLD (RCW 68.50.107). This position is responsible for managing and approving all operational, technical, policy and fiscal aspects of the TLD and reports to the FLSB Director.

The TLD Commander:

- Has overall Appointing Authority within the TLD
- Approves/authorizes analytical methods and equipment
- Authorizes personnel to perform calibration and testing work and/or review associated documentation
- Directly supervises the Toxicology Laboratory Manager and QA Manager
- Prepares the Legislative budget
- Promulgates revisions to the Washington Administrative Code (WAC)
- Ensures the Division's operational objectives are achieved
- Approves analytical methods and instrumentation
- Ensures resources are utilized to their maximum effectiveness
- Ensures that all programs are providing the most effective and timely services
- Ensures that all employees support the Division's QA Program

- Provides factual and expert court testimony where required

#### 1.7.2 Toxicology Laboratory Manager

The Toxicology Laboratory Manager has primary responsibility for the daily operations of the Laboratory, and for supervising and monitoring the compliance with policies and procedures for all personnel within the Laboratory. This position reports to the TLD Commander.

The Toxicology Laboratory Manager:

- Directly supervises the Toxicology Laboratory Supervisors and the Office Manager
- Assists with the preparation of the Toxicology Laboratory budget
- Assists the State Toxicologist in developing and implementing program policy, procedures and practice
- Exercises control over discretionary funds for laboratory supplies, overtime, and training
- Gives input to the Division's QA Program
- Ensures the effective application of the Division's QA Program
- Assists the QA Manager with the annual review of the quality management system
- Authorizes, monitors and tracks training and professional development requests
- Monitors compliance with accreditation and audit criteria
- Provides factual and expert court testimony where required

#### 1.7.3 Quality Assurance (QA) Manager

The QA Manager implements and maintains the QA Program, and monitors the quality of the work product and the personnel of the TLD. This position reports to the TLD Commander.

The QA Manager:

- Works to maintain and improve the quality program of the TLD
- Coordinates the proficiency testing program
- Directs the technical review program
- Assists with the training (and retraining) program for the Division
- Directs annual technical and quality audits of the Laboratory
- Maintains and revises technical and training manuals for the TLD
- Organizes and schedules QA meetings
- Makes recommendations to the TLD Commander regarding issues of nonconformity
- Provides factual and expert court testimony where required

#### 1.7.4 Toxicology Laboratory Supervisor

The Toxicology Laboratory Supervisors have primary responsibility for the supervision of Forensic Scientists. This position reports to the Toxicology Laboratory Manager.

The Toxicology Laboratory Supervisor (Forensic Scientist 5; FS5):



- Is responsible for the general supervision of Forensic Scientists assigned to them
- Is responsible for training (and retraining) of Forensic Scientists assigned to them
- Ensures their subordinates comply with program policy and procedures regarding testing and calibration work
- Reviews technical and administrative documentation for testing and calibration work prepared by Forensic Scientists
- Ensures the personnel under their supervision receive appropriate training
- Organizes and conducts periodic meetings of subordinates
- Observes subordinates periodically as they testify in court
- Observes subordinates periodically as they teach classes
- Provides factual and expert court testimony where required

#### 1.7.5 Forensic Technical Lead

The Toxicology Laboratory Forensic Technical Lead works with the QA Manager to implement and monitor the QA Program. This position reports to the QA Manager.

The Toxicology Laboratory Forensic Technical Lead (Forensic Scientist 4; FS4):

- Works with the QA Manager to maintain and improve the quality program of the TLD
- Performs internal audits of policies/procedures and documentation of Testing and Calibration work performed by the Laboratory
- Assists with proficiency test assignment and tracking
- Coordinates calibration of laboratory equipment
- Participates in method development and validation
- Assists with training of new scientists
- Performs review of technical and administrative documents
- Assists the QA Manager in preparation for external audits
- Provides factual and expert court testimony where required

#### 1.7.6 Forensic Scientist

This person is trained by, and assigned to, the Toxicology Laboratory to perform testing and calibration functions. Each Forensic Scientist is accountable to one Toxicology Laboratory Supervisor.

The Forensic Scientist:

- Is responsible for the testing of biological and non-biological specimens submitted to the Laboratory
- Prepares and maintains documentation for testing performed, including final toxicology reports for dissemination to submitting agencies
- Is responsible for review of their supporting documentation and data related to both calibration and testing activities
- Is responsible for the maintenance of instruments used in the Laboratory
- Is responsible for the preparation and certification of simulator solutions
- Prepares and maintains documentation regarding the preparation and certification of simulator solutions

- Completes an affidavit regarding their preparation and certification of simulator solutions
- Provides factual and expert court testimony where required
- Provides training to internal and external agencies

#### 1.7.7 Office Manager

This person oversees the administrative, evidential and clerical functions of the TLD, and is the Supervisor for the Property and Evidence Custodians (PEC) and Office Assistant. Responsibilities include generation and maintenance of records, reports and responses to public information requests, and other requests by internal and external customers. This position reports to the Toxicology Laboratory Manager.

#### 1.7.8 Office Assistant

This person performs a variety of routine clerical duties in support of office or Division operations. This position reports to the Office Manager.

#### 1.7.9 Property and Evidence Custodian (PEC)

The person with responsibility for the receipt, storage, and disposition of evidence, the transfer of evidence between laboratories and the transfer of evidence to and from the secured evidence vault. Provides factual and expert testimony where required. This position reports to the Office Manager.

### 1.8 TRAINING

TLD Supervisors will ensure that employee training meets or maintains competency requirements, and/or provides continuing education opportunities or career development. Training or retraining of Forensic Scientists in testing work must follow the training programs outlined in the TLD Testing Quality Manual. Training or retraining of Forensic Scientists in calibration work must follow the training programs outlined in the TLD Calibration Quality Manual and TLD Calibration Training Manual, including the timely submission of any training evaluations.

### 1.9 COMMUNICATIONS

#### 1.9.1 Policy

TLD Management will establish a proper flow of communication internally throughout the TLD, and externally with its customers. Management will ensure that employees are well informed, and employees at each level have input into the system. In addition, management will ensure that communication with relevant customers is effective and responsive to their needs.

TLD employees will follow the chain of command for all internal written communications as required by WSP Regulation 8.00.290. The chain of command, in ascending order, will normally be the employee's Supervisor, the Laboratory Manager,

the TLD Commander, the FLSB Director, the Deputy Chief and Chief of the Washington State Patrol.

### 1.9.2 Procedures

Examples of various forms of communication to be used by the TLD include:

- Agency meetings
- Managers meetings
- Supervisors meeting
- Conference calls
- Written direction from Bureau Headquarters for review by all members
- Interoffice Communication (IOC) or e-mail

Examples of external communication are as follows:

- Personal contact by telephone, e-mail, letter, or in person
- Attendance at meetings of local law enforcement, attorneys, traffic safety groups, and other customer and/or community groups
- Customer newsletters
- Training provided to law enforcement, attorneys, traffic safety groups, and other customer and/or community groups
- Membership and participation in WSP or State committees
- Customer surveys

Every employee has the responsibility to safeguard all confidential information obtained in his or her official capacity from unauthorized distribution. In addition, employees will not access or disclose any confidential information except where legally authorized.

### 1.9.3 Customer Feedback

Customer feedback from a selection of customer agencies, will be solicited at least annually. This may be in the form of an annual customer survey submitted to customers via mail, e-mail or phone. Feedback may also be solicited through direct interaction with customers. For example, attendance at conferences, training events or annual meetings held by customer agencies, such as Washington Association of Prosecuting Attorneys (WAPA) or Washington Association of Coroners and Medical Examiners (WACME), presents opportunity for TLD Management to discuss the current needs of customers and request feedback.

Once feedback has been received, a review will be conducted by TLD Management, and issues will be identified. Laboratory-specific issues will be addressed by the Laboratory Manager, with responses to the impacted agency, the TLD Commander, and the FLSB Director. Systemic, division-wide issues will be addressed in managers meetings, with responses prepared by TLD Management and submitted to the impacted agency and the Forensic Investigation Council. New feedback or survey responses will be compared to the previous year's results as a measure of how the TLD is progressing.

## 1.10 COMPLAINTS

### 1.10.1 Bureau Policy

A complaint is an allegation of conduct or omission that is contrary to state statute, Washington Administrative Code, Civil Service Rules, WSP Agency rules and regulations, and the TLD/FLSB policies and procedures. They may include an allegation of conduct or omission that could amount to misconduct, exercise of poor judgment, or failure to meet established standards. A complaint may be made against an individual, a laboratory, a procedure or the TLD/FLSB.

Complaints regarding program personnel, policies or procedures may come from internal or external (e.g., officers, prosecutors, defense attorneys, the public) sources. Complaints could be written or communicated orally. Personnel that become aware of a complaint either from an internal or external source have the responsibility to communicate the complaint either to their management staff or up through the chain of command. Management has the responsibility to ensure that complaints are resolved appropriately, using one of the three procedures outlined below.

### 1.10.2 Procedure

1) Non-Quality System complaints follow the WSP Agency Complaint Procedures (see *WSP Regulation Manual*). Investigation and resolution of the complaint may follow several courses of action depending upon the severity of the allegation.

2) Complaints regarding any aspect of forensic analysis that do not conform to quality policies and/or procedures shall be directed through the chain of command (see *TLD Calibration Quality Manual* or *TLD Testing Quality Manual*). Procedures outlined in the appropriate Quality Manual will be followed in these cases.

3) Any complaints regarding other areas of the employee's responsibility shall be directed to that employee's immediate supervisor.

Management may respond directly to the complainant and attempt to resolve the issue by discussing existing policies. As necessary, corrective or preventative actions may be initiated in response.

Any changes or revisions to controlled documents resulting from complaints will follow the Document Control and Document Revision policy and procedure section of the TLD Calibration Quality Manual or TLD Testing Quality Manual.

## 1.11 ETHICS AND PROFESSIONAL RESPONSIBILITY

1.11.1 All Laboratory employees are required to review guidelines for ethics and professional responsibility, relevant to the field of forensic toxicology, on an annual basis. TLD Management will provide references to guidelines or statements [e.g., Society of Forensic Toxicologists (SOFT), American Academy of Forensic Sciences (AAFS), and American Society of Crime Laboratory Directors (ASCLD)] and employee review will be documented. In addition, TLD Management may draft internal policies/guidelines for ethics and professional responsibility, to be included in this annual review.

## 1.12 UNDUE INFLUENCE ON ANALYSIS

### 1.12.1 Division Policy

TLD management will strive to ensure there is no influence on the professional judgments of employees, including any undue internal and external commercial, financial or other pressures and influences that may adversely affect the quality of their work. Personnel shall not engage in activities that may diminish confidence in the Laboratory's competence, impartiality, judgment, or operational integrity. All conflict of interest concerns and situations that could cause undue pressure that adversely affect the quality of the work shall be brought to the attention of management.

Managers have the responsibility and authority to receive and take action on employee concerns within their section. Serious instances of undue influence on analytical findings or conflict of interest will be reported to immediate supervisors and escalated through the chain of command.

### 1.12.2 External Divisions, Agencies and Entities

The TLD interacts on a regular basis with external divisions, agencies and other entities, in relation to its testing and/or calibration activities. Any requests, suggestions and/or directives given by any of these interest groups must be approved by the TLD Commander before being implemented.

The following summarizes the roles of several of these interest groups:

### 1.12.3 Forensic Investigations Council

The Forensic Investigations Council (FIC) is an oversight group, appointed by the Governor, whose purpose it is to oversee the operations and budget of the FLSB and, in consultation with the Chief of the Washington State Patrol or designee, assists the FLSB and TLD in devising policies to promote the most efficient use of laboratory services (RCW 43.43.670, 43.88.030). The FIC meets on a monthly basis, during which the FLSB Director, TLD Commander or designee provides policy, operational and budgetary updates.

#### 1.12.4 Allied Law Enforcement/Other Agencies

Allied agencies include Sheriff and Police offices throughout the state, which are overseen by the Washington Association of Sheriff and Police Chiefs (WASPC). Certified breath test Operators and Solution Changers assigned to these agencies receive and use External Standard Solutions which are prepared and certified by the TLD. The TLD performs alcohol and drug testing for driving under the influence (DUI), driving under the influence of drugs (DUID) and other investigations at the request of these agencies. The Laboratory also performs alcohol and/or drug analysis on samples submitted by the Liquor Control Board (LCB).

#### 1.12.5 Medical Examiners/Coroners

Medical examiners and coroners throughout the state submit samples from death investigations to the Laboratory for toxicological testing.

#### 1.12.6 Office of the Attorney General

An assistant attorney general (AG) is assigned to the WSP and assists with tort claims, lawsuits and discovery requests. Changes to the RCW and WAC, pertaining to testing and calibration activities, are reviewed by the AG.

#### 1.12.7 Prosecuting Attorneys

The TLD provide expert testimony services to prosecuting attorneys throughout the state. The Washington Association of Prosecuting Attorneys is one oversight group.

#### 1.12.8 Councils, Commissions and Committees

Examples include the Washington Traffic Safety Commissions (WTSC) and the Washington Impaired Driving Advisory Council (WIDAC). Such groups interact with the TLD/FLSB to support their own goals and objectives of reducing the incidence of impaired driving accidents and fatalities within the State of Washington.

### 1.13 PUBLICATIONS AND PRESENTATIONS

All original research or presentations given to peers at conferences, professional meetings or for publication must receive a technical peer review and be approved through the chain of command to the TLD Commander prior to presentation or submission for publication. Refer to the TLD Calibration Quality Manual or TLD Testing Quality Manual for review and approval procedure.

#### 1.13.1 Publications

Final drafts of prospective publications shall be submitted to TLD Management for review, through the analyst's supervisor, approximately 14 days prior to being submitted to the journal.

### 1.13.2 Presentations

Presentations shall be submitted to TLD Management for review, through the analyst's supervisor, approximately five working days prior to the scheduled presentation.

Presentations to attorneys, law enforcement agencies and other personnel for training purposes must be peer reviewed, and approved through the chain of command.

Informational presentations to the public (e.g., schools, Rotary, etc.) do not need peer review, but do require supervisor notification and approval.

PowerPoint presentations which have been approved in the past will be posted on the FLSB Portal for use by TLD personnel in preparing other similar presentations.

Presentations previously reviewed and approved do not have to be reviewed again when presented in a different venue, or when they do not differ significantly in content.

Review of the publication/presentation will focus on the following topics.

- Accuracy of the conclusions. Does the data in the manuscript/presentation support the conclusions?
- Proofing of mathematics, spelling, grammar and punctuation

Feedback will be given to the author within approximately seven days from receipt of the publication, or three working days from receipt of the presentation. The author must address the reviewer's comments, and any differences of opinion will be resolved by consensus.

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## 2 LABORATORY SPACE AND SECURITY

The security of equipment, supplies, records and personnel are of high priority to the WSP. Effort will be made to ensure the security of all offices and facilities used by employees within the TLD. Security of facilities helps to enhance the credibility and confidence that can be placed in services provided by the TLD.

The Laboratory shall maintain secure facilities into which only authorized personnel are allowed access. The manner in which security is maintained, either by lock and key or security codes, shall be determined and ensured by the Laboratory Manager.

### 2.1 SPACE

In order for the personnel within the TLD to efficiently carry out their goals and objectives, adequate and proper space should be allocated for each laboratory activity and function.

Each employee should have enough working space to efficiently accomplish assigned tasks without the risk of mishandling or contaminating materials and/or equipment. All employee and general laboratory working areas should have sufficient storage space for proper storage and handling of individual and general laboratory supplies, equipment and tools. In addition to the space needed for technical work, there should be sufficient space for writing reports, reviewing documentation, working at the computer, filing cabinet storage, water supply, etc.

The laboratory will have space designated for the safekeeping of official records and reports as well as space for reference material, books, and other documents necessary for carrying out the functions of the laboratory. In addition, proper and sufficient space will be provided for long-term storage of any volatile and hazardous materials.

The TLD will take measures to ensure good housekeeping in the laboratory.

### 2.2 SECURITY

Security at the laboratory shall be ensured through a lock and key, proximity card or combination lock system that ensures only authorized personnel have access.

### 2.3 PROCEDURE

The Laboratory shall define their areas of accessibility and have guidelines that govern accessibility to those areas. Some areas may, out of necessity, be used for several purposes. The Laboratory's security measures must account for multi-use areas and develop procedures to ensure proper security. In general, guidelines should consider the following types of areas:

#### 2.3.1 Public Area

An area such as a lobby, common hallway, conference room, or restroom which may be accessed by members of the public during business hours without escort.



### 2.3.2 Work Area

An area designated for responsible employees to perform their assigned duties.

### 2.3.3 Securing the Laboratory

TLD exterior laboratory doors will be kept secure at all times.

### 2.3.4 Keys, Proximity Cards, and Combinations

Where applicable, the Laboratory Manager or Supervisors will issue laboratory door and alarm keys or proximity cards, and combinations or codes to employees. Key and proximity card logs will be maintained in accordance with departmental regulations by appropriate personnel, and combinations will be changed as needed to ensure that only authorized individuals have laboratory access. Keys and proximity cards may not be duplicated or loaned, and combinations or codes may not be divulged to unauthorized personnel.

The Supervisor or designee shall maintain an inventory of keys, proximity cards and combinations for the laboratory facility. Audits of these inventories will be conducted each calendar year by a supervisor or manager (not the person responsible for maintaining the inventory). The original audit documentation will be maintained by the QA Manager or designee, with a copy provided to the Laboratory Manager.

Entrance/exit points and internal areas requiring additional limited/controlled access will have a separate lock system. Access to these areas will be restricted to certain employees, on a routine or limited basis, and such access will be determined and documented by the Laboratory Manager or designee.

### 2.3.5 Opening and Closing Procedures

The general opening/closing procedures and secured access for the Forensic Laboratory Services Bureau Headquarters facility (Crime Laboratory (CLD) – Seattle, TLD) are described below.

#### 2.3.5.1 Exterior

The main floor exterior (2) double doors on the north side of the building require proximity card access prior to 6 am (all day on weekends and holidays).

- The City of Seattle's security computer unlocks these doors automatically at 6 am on work days. The doors are locked automatically at 6 pm, with proximity card access required after that time.

The main floor exterior (2) south double doors require a mechanical key to gain access prior to 6 am, all day on weekends and holidays). Note: WSP employees do not possess a key to these doors.

- The security company unlocks these doors 6 am on work days. The doors are locked at 6 pm, with mechanical key access required after that time.

- A single door near the south loading dock area requires proximity card access at all times.

At 6 pm (all day on weekends and holidays), all detection and alarm functions on exterior proximity card doors are unmasked.

#### 2.3.5.2 Interior

At 5 am on work days, the City of Seattle's security computer masks motion detectors and "door held" alarms in the CLD functional area evidence vaults and firearms reference library. "Door forced" alarms are always active on all evidence vault and reference library doors.

At 5:30 am on work days, the computer masks motion detectors and "door held" alarms in the TLD evidence vault and CLD main evidence vault. "Door forced" alarms are always active on all evidence vault doors.

At 5:30 am on work days, the computer masks "door held" and "door forced" alarms on all non-vault doors not previously mentioned.

- "Door held" refers to a proximity card door held open for more than 60 seconds.
- "Door forced" refers to using a mechanical key to override the proximity card.
- When "door held" detectors, "door forced" detectors, and motion detectors are masked, the system does not activate.

At 6 pm (all day on weekends and holidays), all detection and alarm functions on interior proximity card doors are unmasked.

#### 2.3.6 Fire Alarms

The Laboratory will have smoke and fire detection systems.

#### 2.3.7 Visitors

All visitors (non-departmental) to the Laboratory will sign in and be escorted by authorized personnel while within secured work areas.

Approved, non-departmental janitorial personnel will not be required to sign in and will not require an escort. They will work only during normal business hours, and only in areas occupied by laboratory personnel.

### 2.4 SECURITY OF VOLATILE CHEMICALS

Responsibilities of employees within the TLD involve the use of various chemicals, including organic solvents, acids, bases and other hazardous reagents. Chemicals will be

stored within the secured Laboratory, according to National Fire Protection Association (NFPA) and manufacturer recommendations.

Supervisors shall ensure that the security of all chemicals and their documentation are maintained by all subordinates.

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### 3 DOCUMENT MANAGEMENT

The following procedures describe the filing, retention and destruction of pertinent documents within the TLD. These procedures will direct the activities of personnel within the TLD who maintain documentation relative to the TLD's testing and calibration functions, with the intent of ensuring proper documentation. Records may be kept in electronic format, capable of producing a paper copy where appropriate.

All administrative and technical documentation received or generated by the Laboratory (e.g., testing or calibration batch files or records) will be maintained. The TLD will maintain all original documentation in files or records bearing unique identifiers (e.g., case number, SIM batch number). Upon completion, all testing and calibration files and records will be stored and retained in designated areas in such a way that they are readily retrievable in facilities that provide a suitable environment to prevent damage, deterioration or loss.

Additional details on document management can be found within the TLD Testing Quality Manual, testing laboratory standard operating procedures (SOP's), the TLD Calibration Technical Manual and the TLD Calibration Quality Manual.

#### 3.1 TESTING AND CALIBRATION FILES

Testing files and records to be maintained include:

- Batch File – Personnel will prepare and maintain this file for testing performed by the Laboratory. Contents of the Batch File may include, but are not limited to, data analysis reports, quality control results and traceability information.
- Case File – Personnel will prepare and maintain this file for cases submitted to the Laboratory. Contents of the Case File may include, but are not limited to, agency submission forms, chain of custody, data analysis reports and toxicology report.

Contents of testing files are detailed in the TLD Testing Quality Manual.

Breath alcohol calibration files to be maintained include:

- Batch File – The TLD will prepare and maintain this file following the preparation and certification of simulator solutions.

Contents of the Batch File are detailed in the TLD Calibration Technical Manual.

#### 3.2 TESTING AND CALIBRATION RECORDS

The TLD will prepare and maintain all original documentation related to the testing of samples submitted to the Laboratory and calibration work performed by the Laboratory. Each component of the Batch Record may be maintained in a separate, but designated place (e.g., instrument maintenance records, standard preparation forms).

The contents of the testing Batch Record are detailed in the TLD Testing Quality Manual.

The contents of the breath alcohol calibration Batch Record are detailed in the TLD Calibration Technical Manual.

### 3.3 RETENTION TIME OF DOCUMENTATION

All documentation addressed in this policy is to be retained in accordance with the WSP Records Retention Schedule which is found on the FLSB Portal.

### 3.4 STORAGE OF DOCUMENTATION

All documentation covered by this chapter will be stored in a manner that is readily retrievable and protected from damage, deterioration or loss. Back-ups of documentation stored electronically will be accomplished and stored in such a manner to allow efficient access and security from unauthorized access to or amendment of these records.

All testing and calibration documentation will be maintained under the control of the TLD until they are archived. The Laboratory will maintain at least the most recent three years of testing and calibration documentation on-site, with up to five years of documentation readily accessible from the State Records Center secured storage facility. The State Records Center also serves as the long-term storage facility for all laboratory documentation.

### 3.5 CUSTODIAN OF RECORDS

For the TLD, the Laboratory Manager or Office Manager will be the official custodian of Division records. Individual TLD personnel will be considered custodians of records for any calibration/testing documentation and/or regular business records at the Laboratory.

### 3.6 WEB BASED ACCESS TO DOCUMENTATION

The FLSB maintains the WSP BTP Discovery Material Website (WebDMS, <http://breathtest.wsp.wa.gov/>), where calibration work-related records, and select testing work-related records, generated and maintained by the TLD and IDS are available. Records are provided to ITD Web Support for installation on the web site.

### 3.7 EXPUNGEMENT AND DESTRUCTION OF DOCUMENTATION

On receipt of a court order for expungement, the TLD Commander should be contacted. TLD personnel will make any appropriate contacts with the WSP Risk Management Division and/or the Attorney General's Office, who will provide guidance to the Laboratory for compliance with the order.

Documentation will be destroyed in accordance with the WSP Records Retention Schedule.

## 4 DISCLOSURE AND RELEASE OF INFORMATION

### 4.1 POLICY

The TLD is required by law to disclose documentation and information when it is requested by the media, attorneys, insurance companies, the public or other parties designated by the Public Records Act, as allowable by State/Agency policy.

### 4.2 RELEASE OF RESULTS

The release of results, through Toxicology Case Reports (testing) or Test Reports (calibration), will only be authorized after completion of any mandatory reviews of technical and administrative content.

Original, printed and signed Toxicology Case Reports are considered the official issued versions. Original Reports are sent to the primary submitting agency, with a copy of the Report maintained in the case file. Secondary submitting agencies (e.g., DRE coordinator, pathologist) may receive a copy of the Report. Agencies requesting electronic dissemination of results (in lieu of the original Report by mail), may receive Reports via e-mail or secure file transfer protocol (FTP) site, with the original Report maintained in the case file.

Original, printed and signed Test Reports are considered the official issued versions, and will be maintained in their respective batch files at the Laboratory, as well as duplicated in electronic format on the web-based legal discovery website, WebDMS. Copies of Test Reports will accompany the delivery of simulator solutions as detailed in the TLD Calibration Technical Manual. There will be no electronic issuance of Test Reports. This does not preclude the release of copies for public disclosure or legal discovery purposes.

Material amendments to Test Reports or Toxicology Case Reports will be made only in the form of a further document (See *TLD Calibration Quality Manual* or *TLD Testing Quality Manual*). The amended document will be titled in either of the following ways:

- Supplement to Test Report for Solution Batch # [insert batch #]
- Amended Toxicology Report

### 4.3 PROCEDURE FOR PUBLIC DISCLOSURE

Public disclosure requests will be handled according to procedures established by WSP (see *WSP Regulation Manual* and *Public Disclosure Manual*).

Any request for information under Public Disclosure will be directed to the appropriate public records coordinator. Routine discovery requests or other requests for specific information can be provided directly to the requesting party by the responsible personnel handling the request.

Court orders for discovery of documentation, records and other related testing or calibration materials will typically be fulfilled by routing discovery documents through the prosecuting

attorney, unless specifically ordered otherwise by the court or authorized by the prosecuting attorney.

Parties requesting information or documentation from the TLD may also be directed to the WebDMS web site (<http://breathtest.wsp.wa.gov/>). Most relevant materials will be found there.

The prosecuting attorney and/or defense counsel may request a pre-trial conference with a scientist to discuss findings in a particular case. Scientists should participate in trial preparation with attorneys, whether in face-to-face meetings or by teleconference. The prosecuting attorney may request to be present for any interviews involving defense counsel or their representative(s). All communication regarding a particular case will be documented in the case file.

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## 5 COURTROOM TESTIMONY

Providing testimony in a legal context is one of the most important responsibilities for TLD personnel. Employees must approach this responsibility with sincerity, honesty and diligence. Testimony is a significant part of the employee's responsibility and will be subject to the same quality assurance standards as other aspects of their work.

TLD personnel will not be advocates for either side but rather advocates for the evidence and/or scientific work. Testifying in a court, telephonically or for a deposition will be limited to the policies, procedures, results, training and expertise of the employee. Most often requests for appearance will be through a subpoena. All legal subpoenas will be honored for appearance as directed, regardless of the party issuing the subpoena. Reasonable effort should be made to comply with requests for appearance regardless of whether a subpoena is received or not, as this is the legal culmination of the program responsibilities.

Subpoenas received that pose a scheduling conflict with the employee must be resolved. Resolution is generally done via conversations between the employee and the person issuing the subpoena.

### 5.1 COURT TESTIMONY MONITORING

The testimony of each Forensic Scientist must be monitored by their immediate Supervisor or designee at least once during the year. Documentation will be completed and maintained.

### 5.2 PROCEDURE

#### 5.2.1 Employee Requirements

Ideally, prior to going to court to testify, it is the responsibility of the employee to inform their Supervisor. This may be done by personal contact, phone or email.

#### 5.2.2 Supervisor Requirements

If the employee's testimony was directly observed, the employee should be given feedback through their Supervisor on the positive aspects of the testimony as well as the areas that need improvement. If a court testimony was not directly observed, the Supervisor may consult with an officer of the court who was present for feedback on the employee's participation. Alternatively, a transcript of the employee's testimony may be obtained for review. Information received in this manner will be shared with the employee.

Written evaluations will be provided to employees and discussed and signed as soon as practical. Records of testimony monitoring shall be retained not less than one full accreditation cycle.

It is the responsibility of the Supervisors to ensure that testimony of all scientists they supervise be evaluated and documented yearly, provided that they testified during that year.



### 5.2.3 Evaluation Criteria

Evaluation criteria may include:

- Communication Skills
  - Maintains eye contact with the judge or jury
  - Speech is clear, concise, and understandable
  - Posture is open and approachable
- Demeanor
  - Demeanor is polite, professional, and non-argumentative
- Objectivity
  - Answers questions directly
  - Does not speculate
  - Does not show any bias
  - Impartial and not an advocate
- Appearance
  - Demonstrates a clean and well-groomed appearance
  - Clothing is appropriate for a formal appearance in court
- Technical knowledge
  - Limits answers to area of expertise
  - Demonstrates knowledge of the subject matter
  - Is able to translate complex scientific principles into lay terms
- Other relevant comments

### 5.3 TESTIMONY REVIEW AND JOB PERFORMANCE

Any problems identified from the review of testimony will be addressed by the Supervisor and documented in the employee's supervisory file.

The nature of any corrective actions taken should be consistent with the severity of the problem and aimed at the professional development of the employee. Job Performance Improvement (JPIP) plans should include remedial training, and progress must be measured at frequent intervals. Progress, as well as any continued problems, must be documented in the employee's supervisory file.

Employees experiencing significant problems in providing competent testimony based upon deficiencies in technical training, errors in testing or calibration work, or other major difficulties shall be removed from testing and/or calibration work until the matter is resolved.

#### 5.4 INTERVIEWING EMPLOYEES

Interviews of employees by media, attorneys, or others as deemed appropriate, are allowed only insofar as the employee agrees to be interviewed and the interview process does not have a deleterious effect on the Laboratory's efficiency and resources. Interviews will conform to the following standards:

- Interviews of employees will be prescheduled and conducted with minimum impact to employees' work assignments
- All interviews will be conducted in a courteous and professional manner
- A maximum of two hours will be allowed for any interview. If additional time is needed, a second interview may be scheduled or additional time may be arranged
- Employees have the authority to stop or pause an interview for a rest break, or if they become uncomfortable for any other reason
- Employees may consult with their Supervisor or Laboratory Manager at any time, and may opt to terminate an interview if appropriate
- The employee may request that the prosecuting attorney be present
- The employee may request legal representation (assistant AG) to be present

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## 6 ADMINISTRATIVE PROCEDURES

This chapter describes the Laboratory's administrative procedures, including guidelines for testing performed, and the administrative review of case files and final reports prior to dissemination of results. Policies and procedures specific to the breath alcohol calibration activities performed by the TLD are found in the TLD Calibration Quality Manual and TLD Calibration Technical Manual.

### 6.1 REQUESTS FOR ANALYSIS

6.1.1 Specimens submitted to the TLD for testing will include one of the following Laboratory Request for Analysis forms:

- A. Driving under the Influence (DUI)/Drug Recognition Expert (DRE)
- B. Death Investigation
- C. Liquor Control Board (LCB)/Drug Investigation
- D. Drug Facilitated Sexual Assault (DFSA)

### 6.2 TESTING GUIDELINES

#### 6.2.1 DUI/DRE Requests

All DUI/DRE case sample submissions will be tested for ethanol/volatiles by headspace gas chromatography (HSGC) and will undergo drug screening by enzyme-multiplied immunoassay technique (EMIT), unless the submitting agency specifically requests ethanol/volatiles testing only on the Request for Analysis form. Additional screening or confirmation testing is performed as necessary.

All Vehicular Homicide and Vehicular Assault case sample submissions will have the following testing performed:

- A. Ethanol/volatiles analysis by HSGC
- B. Drug screening by EMIT
- C. Basic drug screening by gas chromatography-mass spectrometry (GC-MS)
- D. Additional screening or confirmation testing performed as necessary

#### 6.2.2 Death Investigation Requests

All Death Investigation case sample submissions will be tested for ethanol/volatiles by HSGC and will undergo drug screening by EMIT, unless the submitting agency requests ethanol/volatiles testing only or the case is a Traffic Fatality. Additional testing is performed based on individual case history and other information recorded on the Request for Analysis form.

A. Traffic Fatalities

- All causing/unknown driver case sample submissions will have the following testing performed:
  - i. Ethanol/volatiles analysis by HSGC
  - ii. Drug screening by EMIT
  - iii. Basic drug screening by GC-MS
  - iv. Additional screening or confirmation testing performed as necessary
- All non-causing driver and passenger case sample submissions will have the following testing performed:
  - i. Ethanol/volatiles analysis by HSGC
  - ii. Drug screening by EMIT
  - iii. Additional screening or confirmation testing performed as necessary
- Pedestrian fatality case sample submissions will have the following testing performed:
  - i. Ethanol/volatiles analysis by HSGC
  - ii. Drug screening by EMIT
  - iii. Additional screening or confirmation testing performed as necessary

6.2.3 DFSA Request

All DFSA case sample submissions will have the following testing performed:

- A. Ethanol/volatiles analysis by HSGC
- B. Drug screening by EMIT
- C. Basic drug screening by GC-MS
- D. Benzodiazepine testing by LC/MS-MS
- E. Additional screening performed dependent on time elapsed between the incident and specimen collection
- F. Confirmation testing performed as necessary

#### 6.2.4 Drug Investigation Requests

All drug investigation cases will be tested for the following, unless the submitting agency specifically requests specific testing only on the Request for Analysis form:

- A. Ethanol/volatiles analysis by HSGC
- B. Drug screening by GC-MS
- C. Basic drug screening by GC-MS
- D. Additional screening or confirmation testing performed as necessary

#### 6.2.5 Liquor Control Board Requests

All Liquor Control Board case sample submissions will have the following testing performed:

- A. Ethanol/volatiles analysis by HSGC
- B. Additional testing performed at the request of submitting agency

#### 6.2.6 Testing Performed by an External Laboratory

Should a customer request a specific analysis not within the scope of testing of the Laboratory (e.g., heavy metals, "snice"), or the Laboratory is capable of screening, but not confirming/quantifying a specific compound present in a case specimen, a sampling of the specimen may be sent to an external testing laboratory for analysis.

- A. Supervisor approval is required prior to sending a sample to an external testing laboratory for analysis. In some cases, it may be appropriate to consult with the customer regarding testing that must be performed by an external laboratory.
- B. All testing performed by an external testing laboratory must be documented in the case file, with the external test report included as part of the final results released to the submitting agency.

### 6.3 ADMINISTRATIVE CASE REVIEW

#### 6.3.1 Authorization

A comprehensive administrative review of the case file is conducted by authorized individuals prior to the release of any reports or results. The purpose of the review is to ensure the appropriate testing was performed, results are accurate and supported by the technical documentation, and that the Laboratory's policies and procedures have been followed. Forensic Scientist Supervisors and TLD Management are authorized to perform case review.

Analysts will conduct a thorough review of their own work, including the review of batch files and case files prior to submission to authorized personnel for technical and administrative review.

### 6.3.2 Contents

The case file should contain the following:

- A. Toxicology report
- B. Laboratory Request for Analysis
- C. Technical documentation
  - Data reports (however named) and related chromatograms and/or spectral data for each test performed, including documentation of technical review
  - Other documents as appropriate, such as external test reports, correspondence letters, and communication logs

### 6.3.3 Administrative Review

Personnel performing the administrative review of the case file will verify the following:

- A. Submitting agency case information (e.g., case number, address) on the Toxicology Report corresponds to the information on the Request for Analysis.
- B. The external chain of custody has been documented.
- C. Data reports (however named) and related documentation (e.g., chromatograms, mass spectral data, traceability information) for each test performed, including documentation of technical review.
- D. Data reports and related documentation support results recorded on the Toxicology Report, and are technically accurate.
- E. The Laboratory's unique identification number (ST-YY-xxxxx) assigned to the case, appears on all data reports and supporting documents.
- F. Appropriate testing has been performed based on the type of case submission and any supporting information described on the Request for Analysis form.
- G. All testing performed conforms to the Laboratory's documented policies and procedures.
- H. The file contains other documents as appropriate, such as external test reports, correspondence letters, and communication logs.

- The final report is an accurate reflection of the specific testing performed, the results obtained, the date of each test, and the correct analyst is indicated.
- The analyst has signed and dated the Toxicology Report.

#### 6.3.4 Case Completion

- A. Upon completion of the administrative review, the reviewer will:
- B. Sign and date the Toxicology Report.
- C. Set the milestone as “Admin. Review” in LIMS, releasing the Toxicology Report

#### 6.3.5 Distribution of Reports

- Upon release of the Toxicology Report in LIMS, the final report is distributed to the submitting agency by authorized personnel
- In LIMS, select the “Mark Requests as Distributed” icon
- Scan the barcodes of those cases set for distribution
- Toxicology Reports are then disseminated to submitting agencies via mail, e-mail, or FTP

### 6.4 OTHER ADMINISTRATIVE PROCEDURES

- 6.4.1 All Laboratory personnel are responsible for following those policies and procedures described in agency-wide documents, including the WSP Regulation Manual.

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## 7 EVIDENCE MANAGEMENT

This chapter describes the Laboratory's evidence-handling procedures and guidelines including receipt, accessioning, storage, transfer and disposal of evidence.

### 7.1 DEFINITIONS

#### 7.1.1 Back-up Property & Evidence Custodian

The individual(s) with access to the evidence vault, as designated by the State Toxicologist or Laboratory Manager. The back-up PEC may be a Toxicology Supervisor or an Office Assistant 3 (OA3).

#### 7.1.2 Chain of custody

Written record of all evidence transfers. Includes entrance to the laboratory, within laboratory transfers, and disposition from the Laboratory.

#### 7.1.3 Evidence

Materials submitted with regard to a DUI/DRE, Death Investigation, LCB, DFSA or Drug Investigation case.

#### 7.1.4 Evidence Vault

The primary storage area for evidence. Access is limited and granted using Prox-cards.

#### 7.1.5 Laboratory Information Management System (LIMS)

The evidence-management database utilized by the WSP TLD, which tracks evidence movement into, within, and out of the laboratory.

#### 7.1.6 Property & Evidence Custodian (PEC)

Handles evidence entering and leaving the WSP TLD and maintains primary responsibility for the evidence vault and all evidence contained therein.

### 7.2 EVIDENCE RESPONSIBILITIES

#### 7.2.1 Property & Evidence Custodians (PECs)

PECs have primary responsibility for the receipt, storage, and disposition of evidence. PECs also have primary responsibility for transfers of evidence between laboratories and in and out of the evidence vault.



- 7.2.2 Forensic Scientists (also referred to as toxicologists) are responsible for intra-laboratory transfers and security of evidence during analysis.

Each toxicologist will be assigned an evidence refrigerator equipped with a padlock. Toxicologists are responsible to secure evidence in assigned evidence refrigerators or return the evidence to the vault when testing is not in progress. A toxicology supervisor maintains a key-log and extra keys to each evidence refrigerator.

### 7.3 EVIDENCE VAULT ACCESS

- 7.3.1 Access to the evidence vault is limited to PECs and back-up PECs, and the Laboratory Manager.
- 7.3.2 Any other individual requiring access to the vault (including but not limited to maintenance workers, auditors, etc.) must be escorted by a PEC or back-up PEC and signed in on the Property Room Access Record in the vault.

### 7.4 EVIDENCE SUBMISSION AND KITS

- 7.4.1 The TLD provides evidence collection kits to user agencies, upon request. Kit requests may be made via e-mail, fax, or telephone call.

NOTE: It is not necessary for all items provided in the collection kit(s) to be submitted to the Laboratory. Miscellaneous evidence containers may also be submitted (e.g., assorted collection tubes for hospital samples, glass or plastic containers).

NOTE: Syringes with needles will not be accepted.

#### A. DUI/DRE Kit Contents

- Two (2) gray-top vacuum-collection tubes
- Absorbent pad
- Plastic bag
- Styrofoam mailing container
- Cardboard mailing sleeve with toxicology lab address label

#### B. Death Investigation Kit Contents

- Two (2) gray-top vacuum-collection tubes
- Two (2) red-top vacuum-collection tubes
- Absorbent pad

- Plastic bag
- Styrofoam mailing container
- Cardboard mailing sleeve with toxicology lab address label

C. DFSA Kit Contents

- Two (2) gray-top vacuum-collection tubes
- Plastic Urine Cup
- Absorbent pad
- Plastic bag
- Styrofoam mailing container
- Cardboard mailing sleeve with toxicology lab address label

7.4.2 Evidence Request for Analysis forms

All evidence must be submitted with one of the following Request for Analysis forms (available on WSP SharePoint portal)

- A. DUI/DRE
- B. Death Investigation
- C. DFSA
- D. LCB/Drug Investigation

7.5 **RECEIPT OF EVIDENCE**

- 7.5.1 Evidence is received into the laboratory by a PEC or back-up PEC.
- 7.5.2 The initials of the individual receiving the package and the date received shall be noted on the outer packaging.
- 7.5.3 Evidence will be stored in the designated evidence vault refrigerator upon receipt. Evidence may be removed from refrigeration for accessioning, then returned to the evidence vault refrigerator.

The PEC who originally received the evidence will accession the evidence, whenever possible. If the original PEC is not available when the evidence is accessioned, another PEC is permitted to note who originally received the package (based on the initials and date on the package).

The chain of custody should be signed immediately when evidence is received by hand delivery.

## 7.6 ACCESSIONING EVIDENCE

- 7.6.1 All evidence should be handled as bio-hazardous and Universal Precautions should be maintained.
- 7.6.2 Photographs are taken of all evidence items submitted, at time of accessioning, with the exception of death investigation cases. Photographs are stored in LIMS in electronic form.
- 7.6.3 The following information is documented on the Request for Analysis form.
- A. The ST (State Toxicology) number
    - ST numbers begin with the two-digit year and are marked in succession (e.g., the first sample received in 2014 will be marked as ST-14-00001).
  - B. The chain of custody
    - Signed and dated with the date the package was received in the laboratory, by the individual who received the evidence.
  - C. Any discrepancies noted upon sample receipt (e.g., leaking sample, improperly completed form)
    - These are also noted on the Discrepant Evidence form, which is placed in the case file.
  - D. Method of shipping
    - Check boxes are available in the Lab Use Only section for most methods of shipping.
    - The condition of the shipping containers and any discrepancies (e.g., suggestion of damage or tampering in transit) are documented.
  - E. Any evidence seals are annotated by marking the appropriate boxes on the request form in the Lab Use Only section.
    - Packages are considered “evidence sealed” if the evidence inside is protected from loss or contamination and an attempt to enter the package would be noticed.
    - Examples of proper seals are non-removable tape, evidence tape, or heat seals that have been initialed. The initials must be written across the tape and onto the container surface.

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F. A description of evidence is documented, with the following information:

- Type of evidence (e.g., blood, vitreous, liver)
- Sample container
  - i. The following is a list of commonly encountered containers and the applicable abbreviations (this list is not all-inclusive):
    - V – vacuum-collection tube
    - T – Snap top tube
    - C – Cup
    - P – Plastic
    - B – Bag
    - BTL – Bottle
    - SST – Serum Separator Tube
    - Tub – Tub
  - ii. The following is a list of commonly encountered vacuum-collection tubes and the applicable abbreviations (this list is not all-inclusive):
    - G – Grey top tube
    - R – Red top tube
    - Grn – Green top tube
    - Lav – Lavender top tube
    - Blu – Blue top tube
    - Orng – Orange top tube
    - Yel – Yellow top tube
- Estimated amount of sample received
- Whether or not the evidence is labeled
  - i. Samples are considered labeled if they include at least one of the following and is indicated by a “Y”:
    - Subject’s name
    - Agency case number
  - ii. If the name on the evidence does not match the name on Request for Analysis form, the samples are considered labeled. However, the Discrepant Evidence form is marked as “names do not match.” The name on the evidence is the name of the subject in LIMS.
    - One exception is a death case where the subject is unidentified at the time of collection and is marked “John Doe” or equivalent. In this instance, both names provided will be recorded in the database.

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- iii. Samples are considered unlabeled if i or ii above are not met, and is indicated by an "N".
- iv. In the event of ii or iii above, photographs are taken of the evidence, stored in LIMS, and two copies are printed. One copy is sent with the Toxicology Lab Report to the requesting agency and one remains as part of the physical case file.

NOTE: As described in 7.6.2, photographs of evidence submitted in death cases will not be taken automatically at time of accessioning, and will need to be taken if discrepancies are identified.

- Unique Suffix
  - i. Each piece of evidence receives a unique suffix (-A, -B, -C, etc.) that will be added to the end of the ST number assigned to the case.
  - ii. If hospital evidence is received, suffix assignment occurs in the order of sample draw (based on date and time from the hospital labels).

7.6.4 A new case is generated in LIMS. The following information is included:

- A. Agency name and case number
- B. Subject's name and information
- C. Traffic or incident information
- D. Evidence information including lot numbers of containers (when available)

NOTE: Lot numbers are not entered for death investigation cases, with the exception of police-submitted death-investigation cases.

- E. Discrepancies
- F. Evidence submission and chain of custody including shipment tracking numbers
- G. Additional information as needed or given

7.6.5 Once the data has been entered, LIMS will generate evidence labels. Labels are then affixed appropriately.

- A. A large ST label is affixed to the case file
- B. The request barcode label is placed vertically on the folder tab
- C. The appropriate labels, with suffixes, are affixed to the evidence as noted on the Request for Analysis form
  - A non-barcode label is affixed horizontally to the top of the tube.

- The bar-code label is affixed vertically to the side of the tube or cup, with care taken not to cover up any identifying information on the tube.
  - i. A small ST label is affixed to the Request for Analysis form.

7.6.6 The labeled evidence is placed in accession order in a rack and is secured by the PEC until assigned to a Forensic Scientist. When evidence is not being analyzed, it is secured in either a designated evidence vault refrigerator or the Forensic Scientists' secured temporary refrigerators.

7.6.7 Case files are maintained by the PEC until assigned to a Forensic Scientist. The following additional information is marked on case files.

- A. A red "T" is marked on Death Investigation cases where the cause of death is a traffic accident.
- B. A black "DRE" is marked on cases in which a DRE performed an evaluation and rendered an opinion.

## 7.7 SUPPLEMENTAL EVIDENCE

7.7.1 When supplemental evidence is received it will be processed as outlined in 7.6 Accessioning Evidence and will be labeled with the same ST# as the original case number. The appropriate toxicologist is notified of arrival of samples.

## 7.8 CREATION OF CHILD ITEMS

7.8.1 Definition of Parent/Child process

When evidence is created from an existing piece of evidence and placed into a new container (for testing purposes or shipment), a new (child) item number is created from the original (parent) item. For example, a sample from Item B would become Item B-1. The initial chain of custody is inherited from the parent item.

This creation must be recorded in LIMS using the following procedure:

- A. Analyst must have possession of the parent item and logged into LIMS in order to create a child item.
- B. Select the applicable evidence kit.
- C. Select the inheritance information.
- D. Select the sample type.
- E. Indicate the volume transferred to the child item in the data extension tab.
- F. Generate labels for child item.

NOTE: For additional information, refer to the Help Contents file in LIMS.

## 7.9 STORAGE OF EVIDENCE

7.9.1 Evidence will be stored appropriately in an upright position.

A. Evidence test tubes will be stored in test tube racks.

B. Evidence in plastic cups, paint cans, and other specimen containers unsuitable for test tube rack storage, can be stored in trays in the evidence refrigerator. Due to the infrequent amount received, each tray is annotated with the starting and ending ST# of the evidence contained within.

7.9.2 Evidence will be stored in the laboratory evidence vault or in the toxicologist's individual evidence refrigerator.

A. Evidence in the process of examination may be left unattended for short periods of time but must be in a secure laboratory area and protected from contamination or loss.

- Examples of short periods of time may include, but are not limited to, rest breaks, meal periods, phone calls, and short conferences.

## 7.10 RETRIEVING/RETURNING EVIDENCE FROM THE EVIDENCE VAULT

7.10.1 Evidence is retrieved from or returned to the evidence vault by a PEC or designated backup.

7.10.2 Each individual involved in an evidence transaction shall scan the appropriate individual barcode and enter a PIN number.

7.10.3 Transfers between Forensic Scientists can occur without a PEC but must be recorded in LIMS using the secured PIN transaction.

## 7.11 TRANSFER OF EVIDENCE TO A REFERENCE LABORATORY

7.11.1 The Forensic Scientist assigned (or PEC or supervisor, if necessary) to the case will prepare the sample for shipping to an outside laboratory.

A. For testing not performed at the WSP TLD, an aliquot of the previously opened tube should be transferred, creating a child-item. The original tube may be sent, as in cases with limited sample, with the appropriate documentation in LIMS. If the original tube is sent, the tube may or may not be returned to the TLD by the reference laboratory (as determined on a case-by-case basis).

B. For testing requested by the defense, the unopened tube should be sent, whenever possible.

7.11.2 All transfers, including shipment method and tracking numbers, are recorded in LIMS.

Two copies of the Toxicology Laboratory Outbound Evidence Transfer Receipt are generated and signed by the sender. One receipt accompanies the sample, and one is maintained in the case file.

7.11.3 A letter containing the following information is generated and shall accompany the sample:

- A. Sample type, container and amount
- B. Analysis requested
- C. Signature of the State Toxicologist or designee

A copy of the letter is maintained in the case file.

7.11.4 Special Requests

A. Testing performed at Harborview Medical Center

- The Harborview request form is completed. The original form accompanies the sample, with a copy of the completed form retained in the case file.

B. Request to return Evidence to WSP TLD

- When it is requested that an item be returned to the Toxicology Laboratory, an External Chain of Custody form or external laboratory-specific paperwork (however named, if applicable) should be used to allow for additional chain of custody information.
- Returns will be recorded in LIMS and associated paperwork shall be retained in the case file.

## 7.12 RETURN OF EVIDENCE TO SUBMITTING AGENCY

7.12.1 Evidence is retained for a minimum of three months following completion of the case. All submitted evidence shall be returned to the submitting agency, unless otherwise indicated.

7.12.2 Return Procedure

- A. The Evidence Handling Inquiry Report in LIMS is used to generate lists of samples ready for return, based on entered parameters.
- B. All transfers, including shipment method and tracking numbers, are recorded in LIMS.



- C. Two copies of the Toxicology Laboratory Outbound Evidence Transfer Receipt are generated and signed by the sender.
- D. For evidence returns that occur in person, the agency representative shall also sign the Toxicology Laboratory Outbound Evidence Transfer Receipt, verifying the transfer.

NOTE: For batched returns to a single agency, one representative receipt is drafted for all cases returned, with one copy accompanying the returned evidence, and one maintained on file by the Office Manager. For individual case returns, one copy accompanies the returned evidence, and one is maintained in the appropriate case file.

- E. A Chain of Custody Report is generated from LIMS and retained in the appropriate case file(s).

### 7.13 EXTENDED RETENTION OF EVIDENCE

- 7.13.1 The cycle for evidence retention in the laboratory is three months from date of completion of analysis, with the exception of evidence submitted by the WSP, which will be retained at the TLD until adjudicated.

### 7.14 EVIDENCE REQUESTS FOR COURT

- 7.14.1 Due to the safety hazards involved with the transportation of liquid biological samples, it is not the policy of the TLD to transport evidence to court. Any requests of this nature will be brought to the attention of TLD Management.
  - A. Laboratory personnel will not routinely transport evidence. Special circumstances must be authorized by TLD Management. All attempts will be made to avoid transporting evidence to court via a TLD employee.
  - B. Whenever possible, colored photographs of evidence shall be used in lieu of biological evidence.

### 7.15 EVIDENCE DISPOSAL

- 7.15.1 Evidence disposal is ongoing and requires written authorization from the submitting agency.
- 7.15.2 Evidence is retained for a minimum of three months following completion of the case. This does not preclude the disposal of evidence prior to the three month cycle, provided that written authorization from the submitting agency has been received.
- 7.15.3 Disposal Procedure
  - A. The Evidence Handling Inquiry Report in LIMS is used to generate a list of those samples ready for disposal, based on entered parameters.

- B. All disposals are documented in LIMS, and must be witnessed by a supervisor or manager.
  - A transfer shall be completed.
  - The disposal shall be set using “Setting Final Disposition” as the agency.
  - The name of the supervisor or manager witnessing the disposal will be recorded in the notes section.
- C. The Toxicology Laboratory Outbound Evidence Transfer Receipt is printed and signed by both the PEC and supervisor/manager.
- D. The completed Toxicology Laboratory Outbound Evidence Transfer Receipt(s) are maintained by the Office Manager.
- E. A Chain of Custody Report is generated from LIMS and retained in the appropriate case file(s).
- F. Discarded evidence samples will be handled in accordance with bio-hazardous material procedures detailed in the Laboratory’s Safety Manual.

#### 7.16 BROKEN OR CRACKED TUBES

7.16.1 If an evidence container becomes broken or cracked, it shall be disposed.

- A. The disposal is documented in LIMS by completing a transfer and selecting “Setting Final Disposition” as the agency.
- B. It shall be recorded in the notes section that the item is cracked or broken.
- C. Photographs of the evidence item should be taken prior to disposal, especially if sample was broken upon receipt, only if this can be done in a safe manner.

NOTE: As described in 7.6.2, photographs of evidence submitted in death cases will not be taken automatically at time of accessioning, and will need to be taken prior to disposal, wherever possible.

- D. The Toxicology Laboratory Outbound Evidence Transfer Receipt is printed, signed by the PEC or analyst, and retained in the case file.
- E. A Chain of Custody Report is generated from LIMS and placed in the case file.
- F. Discarded evidence samples will be handled in accordance with bio-hazardous material procedures detailed in the Laboratory’s Safety Manual.

## 7.17 MISSING EVIDENCE CONTAINER STOPPER

7.17.1 Occasionally, during storage, the vial stopper comes off an evidence tube. The following steps will be taken when this occurs.

- A. Replace the stopper with an unused snap cap.
- B. Discard the original stopper.
- C. A note should be made under the appropriate evidence item in LIMS.

## 7.18 EVIDENCE AUDITS

7.18.1 As per the Property Inventory/Audit section of the WSP Regulation Manual (21.00.020), the following evidence audits will be performed.

- A. A joint 100% audit shall be conducted when there is a change in Property Evidence Custodians (PEC) or the PEC back-up.
  - The audit shall be conducted jointly by the incoming custodian and a manager/supervisor who does not control the property function. This includes members of the FLSB (SAS section). Any discrepancies shall be documented and reported to the Laboratory Manager and the agency's Evidence Control Officer.
- B. A 100% audit shall be conducted when a property storage area has been breached and a loss of or theft of item(s) is suspected.
  - The audit shall be conducted jointly by a PEC and a manager/supervisor who does not control the property function. Any discrepancies shall be documented and reported to the Bureau Director with a copy sent to the agency's Evidence Control Officer within 30 days.
- C. Quarterly audits will be conducted of all evidence storage areas. This will be a joint audit with a PEC or PEC back-up and a manager/supervisor who does not control the property function.
  - The annual audit performed by the agency's Evidence Control Officer may be substituted for the quarterly audit normally performed in that time period.
  - The audit shall review associated paperwork, chain of custody, accountability, and/or the final disposition of all suspected evidence discrepancies. Security, orderliness, and overall cleanliness of the storage facilities will also be ensured. This audit will be a random statistical sampling of all evidence in their inventory providing for a 95% confidence level with a +/- 10% confidence interval. This does not preclude the laboratory doing a 100% audit, if desired.
- D. Audits Performed by the WSP Evidence Control Officer

- Annual Audit
  - i. In addition to the evidence audits required by laboratory management, the Evidence Control Officer shall conduct an annual audit.
  - ii. This audit will provide for a 99% confidence level with a +/- 3% confidence interval of the evidence system. This shall include all evidence storage areas.
- Spot Audit
  - i. The Evidence Control Officer shall conduct unannounced spot inspections providing for a 95% confidence level with a +/- 5% confidence interval of randomly selected evidence.
  - ii. Occurs at least annually.

7.18.2 A summary report for all audits will be created, in the form of an Intra-Office Communication (IOC). The IOC will include a description of the case selection, date(s) performed, the person(s) performing the audit, and the outcome, with all discrepancies and corrective actions noted. A copy of this report will be submitted to:

- A. The Risk Management Division
- B. Division Commander
- C. Laboratory Manager
- D. The Quality Assurance (QA) Manager
- E. All Laboratory Supervisors
- F. Office Manager
- G. The PECs

7.18.3 The audit report and the original audit documents will be filed and controlled by the QA Manager or designee.

7.18.4 If the PEC position and back-up PEC position both become vacant, all evidence shall be the responsibility of personnel designated by the Laboratory Manager (e.g., forensic toxicology supervisor, OA3).

The laboratory manager shall immediately conduct an audit of all evidence storage areas and a written report of the finding will be directed to the Agency's Evidence Control Officer and the Division Commander.

## 7.19 OTHER EVIDENCE-RELATED PROCEDURES

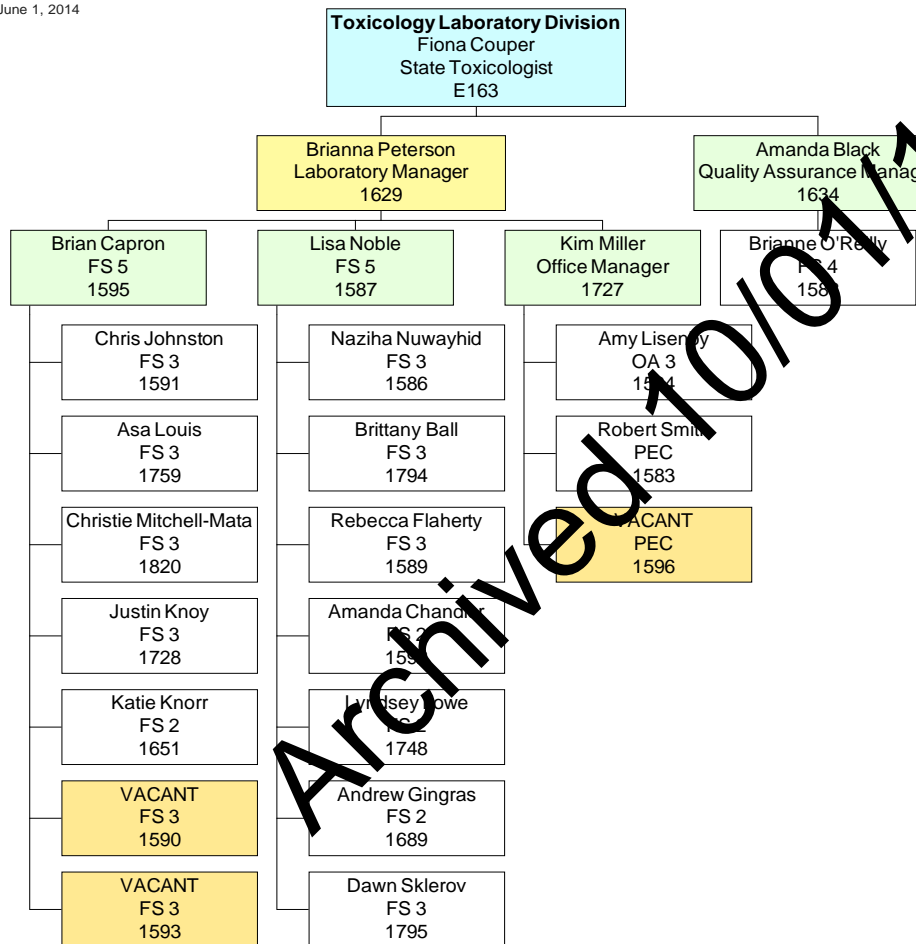
7.19.1 The following documents are utilized by the Toxicology Laboratory and contain policies, rules, and procedures:

- A. WSP Regulation Manual
- B. Laboratory Information Management System (LIMS) Operations Manual
- C. Toxicology Laboratory Division Safety Plan
- D. FLSB Forensic Services Guide
- E. WSP Property and Evidence Custodian Manual
- F. WSP Officer's Evidence Handbook

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## 8 APPENDIX A – TOXICOLOGY LABORATORY DIVISION ORGANIZATIONAL CHART

Toxicology Laboratory - June 1, 2014



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## 9 LIST OF CHANGES

Revision Date	Procedure	Change	Page Number
06/01/13	Overall content	Removed wording related to work performed by the WSP Breath Test Program (BTP). Management system/organizational structure updated. Manual now covers all functions of the TLD, for both calibration and testing activities. Assigned new document ID, TLD_OP.	All
06/09/14	Overall content	Moved administrative and evidence procedures from separate documents to chapters in the operations manual. Added wording to section 1.11 for annual review of ethics guidelines for all laboratory employees. Added opening and closing procedures to section 2.35. Updated organizational chart. Additional edits throughout. Refer to DRA dated 5/29/14 for detailed changes.	All

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