Deviation from Documented Procedures for Signatures Acknowledging Revisions to the Laboratory Operations Guide

Dates of Deviation: TBD

Type of Deviation: Signature Requirements for LOG-19-04-A (Corrective Action Plan Form)

Describe the Deviation:
The Crime Laboratory normally uses a digital document management system (PowerDMS) to acknowledge the revision of the Laboratory Operations Guide by Laboratory staff. Due to Laboratory Director not having access to this system, this deviation will be used to record the signatures of the Laboratory staff. The Quality Manager is on leave and cannot acknowledge revisions to the Laboratory Operations Guide. The revision to LOG-19-04-A will go into effect once all staff have signed this deviation to exclude the Quality Manager. The Quality Manager shall acknowledge the revision on their return from leave. Once all signatures have been recorded, this deviation shall be digitized and included within the controlled document files.

LOG-17-04 Document Management
"4.6 All laboratory personnel shall be responsible for:
4.6.1 Reading and acknowledging the existence of new/ revised policies and procedures"

BCCL Quality Manual 8.3.2 Document Issuance and Maintenance
"8.3.2.4 CHANGES TO ELECTRONICALLY STORED DOCUMENTS… Staff shall be notified when revised and updated documents become available…. Personnel shall be responsible for verifying that they are using and following current policies…."

Reason for Deviation: Due to leave on the part of the Quality Manager, access to the digital document management system has been disrupted until their return.

Laboratory Number(s) (if applicable): Not applicable.

Evidence Technician	9.21.2023 Date
Analyst	9/21/2023 Date
Analyst	9/21/23 Date
Analyst	9/22/2023 Date
Laboratory Director	21 Sept 2023 Date
Quality Assurance Manager	20 Nov. 2023 Date

Approval Date: November 30, 2021
Effective Date: November 30, 2021

Issuing Authority: Upper Management
Authorized for Distribution by Laboratory Director

Incident / Corrective Action Plan Form

Incident/Corrective Action Number:

Date of Discovery:

Incident Date(s):

Section:

Reported By:

Classification:
Choose either "Incident" or "Corrective Action"

Incident Type:

Description of Non-Conformity:
Be specific regarding events leading to or causing the problem; "N/A" for preventive actions

Root Cause Analysis:
Note: Incidents are documented for tracking purposes and root cause analysis is not required.

Level of Non-Conformity:
"N/A" if classified as an "Incident"

Level of Non-Conformity Determination and its Impact on Casework:
Speak to the reasons why the level of nonconformity was chosen and any impacts on casework.

Preventive Action(s):

Proposed Corrective Action(s):
"N/A" for preventative actions

Timeframe for Corrective Action(s):
(i.e. 2 weeks, ongoing, etc.); "N/A" for preventive actions

Applicable Analyst / Discipline	Date
Lab Quality Manager	Date
Laboratory Director	Date

Date	Section	Previous	Changed to	Reason	By whom
03.27.18	Title	Corrective Action Request Form	Corrective Action Plan	Altered to coincide with current laboratory procedures	HB/PVD
03.27.18	Body	Date of Incident	Incident Date	Altered to coincide with current laboratory procedures	HB/PVD
03.27.18	Body	Type of Incident	Incident Type	Altered to coincide with current laboratory procedures	HB/PVD
03.27.18	Body	Describe the incident(s): Be specific regarding events leading to or causing the problem; "N/A" for preventative actions.	Incident Description: "N/A" for preventive actions	Altered to coincide with current laboratory procedures	HB/PVD
03.27.18	Body	Describe the corrective action(s) taken: How the situation is being addressed; "N/A" for preventative actions	Proposed Corrective Action(s): "N/A" for preventive actions	Altered to coincide with current laboratory procedures	HB/PVD
03.27.18	Body	Describe the preventive action(s) taken:	Proposed Preventive Action(s):	Altered to coincide with current laboratory procedures	HB/PVD
03.27.18	Body	N/A	Timeframe for Corrective Action(s): (I.e. 2 weeks, ongoing,	Added to coincide with current laboratory	HB/PVD

			etc.); "N/A" for preventive actions	procedures	
03.27.18	Body	Date of Resolution:	N/A	Removed to coincide with current laboratory procedures	HB/PVD
03.27.18	Body	Applicable Analyst	Applicable Analyst / Discipline	Altered to coincide with current laboratory procedures	HB/PVD
03.27.18	Body	Quality Assurance Manager	Lab Quality Manager	Altered to coincide with current laboratory procedures	HB/PVD
11.30.21	Footer	Approval Date: March 27, 2018 Issuing Authority: Upper Management Effective Date: March 27, 2018 Authorized for Distribution by Paul Van Dorn	Approval Date: November 30, 2021 Issuing Authority: Upper Management Effective Date: November 30, 2021 Authorized for Distribution by Laboratory Director	Altered to coincide with current laboratory staffing	AW/DS
08.11.23	Title	Corrective Action Plan	Incidence/Corrective Action Plan Form		AW/DS
08.11.23	Body	 Incident Date: Incident Type: Method Instrument Analyst Clerical Other	Date of Discovery Incident Date(s): Reported By: Classification: Section: Incident Type: Analyst Clerical Instrument Method Other		AW/DS

			Procedural Level of Non-Conformity Description of Non-Conformity: Root Cause Analysis Note: Incidents are documented for tracking purposes and root cause analysis is not required. Preventative Action(s)		
		Incident Description Proposed Preventative Action(s)			
09.19.23	Body	 Date of Discovery: Incident Date(s): Section: Reported By: Classification: Incident Type: Analyst Clerical Instrument Method Other Procedural Level of Non-Conformity:	Incident/Corrective Action Number: Date of Discovery: Incident Date(s): Section: Reported By: Classification: Choose either "Incident" or "Corrective Action" Incident Type: Analyst Clerical Instrument Method Other Procedural Description of Non-Conformity:	Altered to coincide with recommendations put forth in the 2023 Laboratory Assessment.	DS

		Description of Non-Conformity: Root Cause Analysis: Preventative Action(s) Proposed Corrective Action(s) Timeframe for Corrective Action(s)	Root Cause Analysis: Level of Non-Conformity Level of Non-Conformity Determination and its Impact on Casework (Speak to the reasons why the level of non-conformity was chosen and any impacts on casework.) Preventative Action(s): Proposed Corrective Action(s): Timeframe for Corrective Action(s):		