

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-B (Corrective Action Response 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-B 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.

Summer Swango
Evidence Technician

9.21.2023
Date

Kayla M. Bayle
Analyst

9/21/2023
Date

Eliti Ild
Analyst

9/21/23
Date

Melina Henny
Analyst

9/22/2023
Date

Jack Iders
Laboratory Director

21 Sept 2023
Date

Ami WAD
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

Corrective Action Response / Nonconformance Review

Corrective Action Number:

Incident Date(s):

Date(s) of Corrective Action:

Description of Corrective Action(s) Taken:

Laboratory Number(s) (if applicable):

Comment(s):

Date of Resolution:

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

Resolution Effectiveness Review Date:

Comments:

Lab Quality Manager _____

Laboratory Director _____

Date	Section	Previous	Changed to	Reason	By whom
03.27.18	Title	LOG-19-00-A Corrective Action Request Form	LOG-19-00-B Corrective Action Response (CAR) Form	Added to coincide with current laboratory procedures	HB/PVD
03.27.18	Body	Type of Incident	Date of Corrective Action	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.	N/A N/A	Removed 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	Describe the Corrective Action(s) Taken N/A	Altered to coincide with current laboratory procedures	HB/PVD
03.27.18	Body	Describe the preventive action(s) taken:	Comment(s)	Altered 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	HB/PVD

				terminology	
09.08.21	Body	N/A	Laboratory Number(s) (if applicable)	Added to adhere to ISO 17025:2017 7.10.2	AW
11.30.21	Footer	Approval Date: September 13, 2021 Issuing Authority: Upper Management Effective Date: September 13, 2021 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 Response	Corrective Action Response/ Nonconformance Review		AW/DS
08.11.23	Body	Date of Incident: Date of Corrective Action:	Incident Date(s): Date(s) of Corrective Action: Review Date: Comments: Lab Quality Manager Laboratory Director		AW/DS
09/19/2023	Body	Incident Date(s): Date(s) of Corrective Action: Description of Corrective Action(s) Taken: Laboratory Number(s)(if	Corrective Action Number: Incident Date(s): Date(s) of Corrective Action: Description of Corrective Action(s) Taken: Laboratory Number(s)(if	Altered to coincide with recommendations put forth in the 2023 Laboratory Assessment	DS

	applicable): Comments: Date of Resolution: Applicable Analyst / Discipline Lab Quality Manager Laboratory Director	applicable): Comments: Date of Resolution: Applicable Analyst/Discipline Lab Quality Manager Laboratory Director		
	Review Date: Comments: Lab Quality Manager Laboratory Director	Resolution Effectiveness Review Date: Comments: Lab Quality Manager Laboratory Director		