



# Forensic Quality Services – International

## Forensic Requirements for Accreditation

### FRA 4--Forensic Requirements for Agencies that Perform Latent Print Testing

## REVISION LOG

Version	Issued	Changes
2006/1	March 06, 2006	Original document
2007/1	June 6, 2007	Change topic headings to the appropriate ISO 17025 clause reference; reformat section 4.13.2.1 b) to more clearly provide equivalence to the three choices for access to exam quality prints.
2007/2	November 23, 2007	Modify discussion on proficiency testing (5.9.1) so as to conform with FRAP-2 in the following: change "suitable" to "appropriate", and replace definition of "suitable" with a referral to the FRAP-2 policy on "appropriate" proficiency tests.

## **INTRODUCTION**

These requirements supplement those of ISO/IEC 17025 and FQS-I's FRA-1 in regard to assessment of latent print testing.

They were developed by a Technical Advisory Committee (TAC) consisting of four (4) subject matter experts nominated by the International Association for Identification (IAI) and three (3) representatives of FQS-I.

The TAC developed the requirements in the context of:

- The program is primarily directed to law enforcement agencies whose personnel conduct latent fingerprint development and/or comparisons either as their sole responsibility or as part of broader duties (such as crime scene investigation)
- "Fingerprint" is as defined in ILAC Guide 19
- The fingerprint officers are using ACE-V, which is the standard approach in the United States
- The recommended case record review procedures in the FRA-4 have been arrived at on the basis that examiners are implementing the verification phase of ACE-V correctly

### **4.13.2.1 Control of records**

a) Practices vary regarding what is included in a case record. However, at a minimum, there must be sufficient information available such that in the absence of the analyst/examiner, another competent analyst/examiner could evaluate the history of the evidence while in the custody of the examining section or unit, and the examinations conducted.

b) Case records must contain either (1) a reproduction of the prints of a quality suitable for comparison or (2) the original evidence or (3) sufficient information to guide the reviewer in retrieving the original evidence. In this way a suitably qualified examiner would be able to evaluate the original work and verify that the procedures and conclusions arrived at are reasonable. If the case record contains the original evidence then it must be stored in a secure environment to ensure that the evidence is not damaged or lost.

Note: In the case of chemical development processes where the original latent print may degrade and the comparison is made on the basis of photographs or other records of the developed image, the recorded images will be regarded as equivalent to the original.

c) There must be a procedure that describes how to deal with situations where the verifying examiner does not agree with the conclusions of the original examiner. The resolution of the discrepancy must be recorded in the case record. The annual

Management Review must include all records that required a resolution to ensure that any appropriate preventative or corrective action is implemented.

d) At least 10% of all case records must be reviewed for technical correctness. The technical review is an evaluation of the case record to ensure that there is an appropriate and sufficient basis for the scientific conclusions. All individuals who perform technical reviews on case records must have been previously qualified in the areas that the review is encompassing. The agency must demonstrate that the technical reviewer has a basis of knowledge that will allow him/her to ensure that the conclusions and supporting data are reasonable and within the constraints of scientific acceptance. The agency must describe the method used for demonstrating completion of each review, for example, by completion of a checklist.

#### **5.3.4 Access control and evidence integrity**

Much of the work in latent print examination can be conducted at the examiner's desk. Some functions must be conducted in a laboratory environment. Any area where there is evidence being actively worked or where evidence is kept to permit ready access for examination is considered to be an operational area. Access to the area or to the evidence must be controlled such that evidence cannot be lost or compromised. This may be achieved by restricted access to the whole area – for example, the laboratory; or by providing secure local storage with restricted access - for example, locked filing cabinets at the examiner's desk.

#### **5.4.2 Critical reagents**

A list of critical reagents must be maintained. The correct functioning of each reagent on the list must be confirmed with a control prior to its use on evidence. Critical reagents are those whose use can result in damage to evidence in normal use.

The correct sequence of application of reagents in development of latent prints is essential. There must be a procedure that specifies the correct application sequence.

#### **5.9.1 Proficiency testing**

Each examiner trained to competency must successfully complete annually at least one appropriate proficiency test. See FRAP-2 for FQS-I policy on "appropriate" proficiency tests.

Assessors shall evaluate the adequacy of the proficiency test performance of a laboratory in the light of its overall quality assurance procedures and performance. These shall include internal procedures for competency monitoring and the effectiveness of corrective action policies and procedures.