Colorado Bureau of Investigation

2025 - 17025T - Surveillance Assessment

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Data collected on 2025-04-29

ANSI National Accreditation Board

United States

Description

This assessment report summarizes the outcome of the recent accreditation activity. A separate document, the assessment plan, provides information on the type of activity (*e.g.,* reassessment, surveillance activity, scope extension), the date(s) of the activity, the assessment team members, the requirement documents and refers to the scope of the discipline(s) assessed for each location. The assessment plan, together with this report, provide a complete picture of the accreditation activity.

The ANSI National Accreditation Board (ANAB) evaluated the competence of the laboratory and conformance with all applicable accreditation requirements for the scope of accreditation referenced in the assessment plan. Objective evidence of implementation was assessed. The results of an assessment activity are based on a sample of records, locations, and personnel that were available at the time of the activity. Witnessing is an additional technique used in most activities.

REQUIREMENTS:

ISO/IEC 17025:2017 General requirements for the competence of testing and calibration laboratories & ANAB Accreditation Requirements for Forensic Testing and Calibration (AR 3125) evaluated over the accreditation cycle are summarized in the following broad categories:

General requirements related to the laboratory's commitment to impartiality and confidentiality in its activities.

Structural requirements related to the range of activities, management structure, the authority, roles and responsibilities of personnel. Documented procedures which ensure a consistent application of activities and the validity of results.

Resource requirements related to the impartiality of personnel. Requirements for a training program, competency testing, authorizations, and ongoing monitoring to ensure the competence of personnel. Facility and security suitability for activities. Records and procedures for equipment to ensure proper functioning and where applicable, establishment of metrological traceability. Requirements for externally provided products and services.

Process requirements related to the handling of test and calibration items in a manner to maintain the integrity of the item. Requirements for chain-of-custody of items to be tested and appropriate methods and procedures. Ensuring the required performance of the methods along with monitoring the validity of the results. Requirements to ensure results are supported by sufficient technical records and are reported accurately, clearly, unambiguously, and objectively. Procedures for nonconforming work and a documented process for handling complaints. Requirements related to the laboratory information management system protection and integrity of data and information.

Management system requirements related to policies and objectives appropriate for the scope of activities. Requirements to control internal and external documents and records. Requirements to address risks and opportunities and timely, well-documented corrective actions. Requirements for an internal audit program and management reviews.

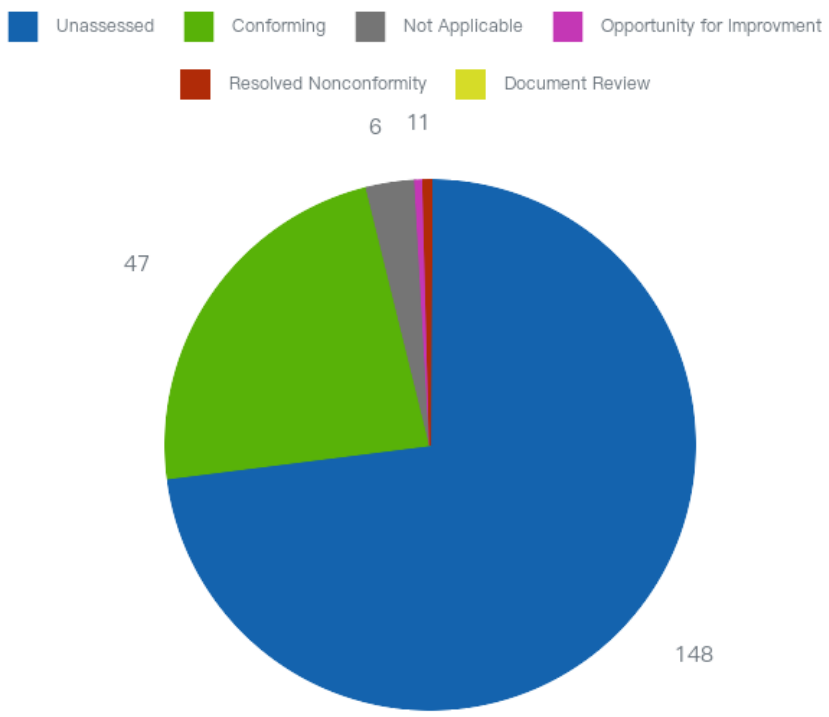
The accreditation activity also evaluates the laboratory’s conformance with their own management system requirements.

ASSESSMENT RESULT:

Based on the assessment techniques and a sample of the objective evidence reviewed during the assessment activity, the assessment team found that the laboratory demonstrated competence to operate a management system that fulfills all applicable accreditation requirements, including those specified within their management system.

Any opportunities for improvement or nonconformities identified during this assessment activity are noted below. All nonconformities will be resolved prior to an accreditation decision by ANAB and a summary provided in a subsequent assessment activity report.

Summary of Comments



Audit Comments

5. Structural requirements

5.3 ISO/IEC 17025:2017

Opportunity for Improvment : 0

Requirement

Does the laboratory define and document the range of laboratory activities for which it conforms with this document? Does the laboratory only claim conformity with this document for this range of laboratory activities, which excludes externally provided laboratory activities on an ongoing basis?

Comments

It would benefit the laboratory to clarify the understanding and scope of accredited examinations. For scope of accreditation purposes, listing epithelial cells on a scope of accreditation is for the determination of suitability of a hair root for DNA analysis (tissue tag or possible cellular material) and not for the presence of epithelial cells found in vaginal fluid or saliva.

Should the laboratory perform any additional testing such as animal vs human, hair vs fiber, root phase, medulla, etc., this is considered Materials (Trace) and will be listed under the Materials (Trace) discipline.

Requirement

Are laboratory activities carried out in such a way as to meet the requirements of this document, the laboratory's customers, regulatory authorities and organizations providing recognition? Does this include laboratory activities performed in all its permanent facilities, at sites away from its permanent facilities, in associated temporary or mobile facilities or at a customer's facility?

ANAB NOTE: Example of regulatory authorities are the Federal Bureau of Investigation for laboratories participating in the National DNA Index System (NDIS) and state forensic science commissions providing accreditation.

Nonconformity Resolution Workflow

QAS 15.1a "Have the annual audits occurred every calendar year at least six months and no more than 18 months."
The laboratory internal audits exceeded 18 months for all DNA testing and database laboratories (finding for all labs – system wide).

Corrective Action Closure Note: The laboratory created a corrective action report, which included root cause analysis (cause, extent) an action plan, and a schedule for the QAS Internal Audit.
The following objective evidence was provided:
Email attachment with schedule for the QAS Internal Audits to occur in July 2026. This nonconformity is resolved.