NEW YORK STATE | Commission on Forensic Science

March 10, 2023

Empire State Development Corporation
633 3rd Ave, 37th Floor, New York, NY 10016

Division of Criminal Justice Services
80 South Swan Street, Room 118, Albany, NY 12210

Videoconference Locations:
505 South State Street, 4th Floor, Syracuse, NY 13202
1920 SW Fountainview Blvd, Port St. Lucie, FL 34986

9:06 AM – 11:50 AM

DRAFT MEETING MINUTES

Commission Members in Attendance:
Pasquale Buffolino, Ph.D.
Lydia de Castro
Jill Dooley, Ph.D.
William Fitzpatrick, Esq.
Jessica Goldthwaite, Esq.
Michael Marciano, Ph.D.
Hon. Angela Mazzarelli
Beverly Rauch
Rossana Rosado
Michelli Schmitz

DCJS Staff in Attendance:
Dean DeFruscio
Colleen Glavin, Esq.
Natasha Harvin-Locklear, Esq.
Katherine Mayberry
Shelley Palmer
Joseph Popcun
Brianna Robinson
Lindsey Rockwell

Other Attendees:
Bradley Adams – New York City OCME Forensic Anthropology Unit
Jennifer Alois – NYS DCJS Latent Print Laboratory
Nicole Capitali – New York City Police Department Police Laboratory
Karen Dooling – Nassau County Office of the Medical Examiner Division of Forensic Services

Neil Fenton – New York City Police Department Legal Bureau
Russell Gettig – New York State Police Crime Laboratory
Mark Gil – Nassau County Office of the Medical Examiner Division of Forensic Services
Nichole Hurbanek – New York State Police Crime Laboratory
Michael Jankowiak – New York State Police Crime Laboratory
Matthew Johnson – New York City Police Department Police Laboratory
Rosalyn Joseph – New York City Police Department Police Laboratory
Jennifer Lady – New York City Police Department Latent Print Section
Thomas Leach – New York State Police Crime Laboratory
Andrea Lester – NYS DCJS Latent Print Laboratory
Brian McGee – New York City Police Department Police Laboratory
Kyra McKay – New York City OCME Department of Forensic Biology
Jennifer Odien – New York City OCME Forensic Anthropology Unit
Scott O'Neill – New York City Police Department Police Laboratory
Stephanie O'Shea – New York City Police Department Police Laboratory
Tatiana Perez – New York City OCME Department of Forensic Biology
David Puikowki – New York State Police Crime Laboratory
Kerri Sage – New York State Police Crime Laboratory
Raymond Valerio – Bronx District Attorney's Office
Ray Wickenheiser – New York State Police Crime Laboratory

Approximate video times

Chair Rosado opened the meeting by stating she was attending remotely and that due to potential connectivity issues, Dr. Dooley would run the meeting. Dr. Dooley, acting as Chair, took a roll call as the members were in attendance in New York, Albany and virtually. A quorum was established with 10 members (Buffolino, de Castro, Dooley, Fitzpatrick, Goldthwaite, Marciano, Mazzarelli, Rosado, Rauch, and Schmitz). **00:00:56** **00:02:23**

Dr. Dooley requested a motion to approve the March 10, 2023, agenda. The motion to approve the agenda was made by Ms. Schmitz, seconded by Ms. Rauch, and approved unanimously with 10 votes. **00:02:24** **00:03:24** **00:03:25** **00:04:26**

Then, Dr. Dooley requested a motion to approve the minutes of the December 2, 2022, Commission meeting. The motion to approve the minutes was made by Dr. Marciano. Judge Mazzarelli seconded the motion, and it was approved unanimously with 10 votes (Buffolino, de Castro, Dooley, Fitzpatrick, Goldthwaite, Marciano, Mazzarelli, Rosado, Rauch, and Schmitz). **00:04:27** **00:33:56**

Dr. Dooley then walked the Commission through the Accreditation/Laboratory Updates. During this agenda item, matters regarding the Nassau County Medical Examiner Division of Forensic Services, New York City OCME Department of Forensic Biology, New York City Police Department Police Laboratory, New York State Police Crime Laboratory, Niagara County Sheriff's Office Forensic Laboratory, Suffolk County OCME Toxicology Laboratory, Westchester County Department of Laboratories and Research Division of Forensic Toxicology and Onondaga County Medical Examiner's Office Forensic Toxicology

Laboratory were considered. Representatives from the laboratories were available in person or via WebEx to respond to members' questions.

Approximate video times

The Commission reviewed the Nassau County Medical Examiner Division of Forensic Services ANAB re-accreditation assessment documentation and the binding recommendation of the DNA Subcommittee. Judge Mazzarelli made a motion to accept the binding recommendation of the DNA Subcommittee to renew the New York State Accreditation of the Nassau County Medical Examiner Division of Forensic Services in the discipline of Biology and renew full New York State Accreditation for a period concurrent with their ANAB accreditation. Ms. De Castro seconded the motion, and it was approved with 9 votes (de Castro, Dooley, Fitzpatrick, Goldthwaite, Marciano, Mazzarelli, Rosado, Rauch, and Schmitz) and 1 abstention (Buffolino).

00:4:43
00:13:52

The next agenda item was Old Business. Dr. Dooley provided the Commission members with a verbal update on the Familial Search Program. The Program is still paused due to ongoing legal proceedings. Ms. Harvin-Locklear provided a written memo and oral advice to Commission members in response to Ms. Goldthwaite's request for guidance on Executive Session at the December 2, 2022 meeting and memo dated March 6, 2023, which provided that it does not appear that the Commission meets the statutory requirements of the Open Meetings Law for Executive Session. Ms. Harvin-Locklear advised that the Executive Sessions conducted by the Commission were properly convened and, thus, the actions of the Commission were not in violation of the Open Meetings Law.

00:32:57
00:58:13

Next, the New York City OCME Department of Forensic Biology gave an update on the scope extension involving Proteomics.

00:39:24
00:58:14

Dr. Dooley then moved to New Business and provided an update regarding the 2022 Annual Lab Summaries. Next, two applications for New York State Forensic Laboratory Accreditation were reviewed. Then, Special Counsel Harvin-Locklear provided an update regarding the Videoconferencing Policy (and related procedures) for Open Meetings pursuant to Chapter 56 of the Laws of 2022 and initiated the public hearing to receive comments on the policy (and related procedures). No oral testimony or written statements were received. Finally, Dr. Dooley gave notice regarding Governor Hochul's 2023 State of the State address, in which a proposal to allow DNA samples from recovered firearms to be uploaded into the database was discussed.

00:58:14
01:13:03

During New Business, Dr. Dooley requested a motion to grant accreditation to the New York City OCME Forensic Anthropology Unit for a period concurrent with their ANAB accreditation. The motion was made by Ms. de Castro, seconded by Ms. Schmitz. The motion was approved with 9 votes (Buffolino, de Castro, Dooley, Fitzpatrick, Marciano, Mazzarelli, Rosado, Rauch, and Schmitz) and 1 abstention (Goldthwaite).

00:59:31
01:07:40

Additionally, Dr. Dooley requested a motion to grant accreditation to the New York City Police Department Latent Print Section for a period concurrent with their ANAB accreditation. The motion was made by Ms. Rauch, seconded by Dr. Buffolino. The motion was approved with 9 votes (Buffolino, de Castro, Dooley, Fitzpatrick, Marciano, Mazzarelli, Rosado, Rauch, and Schmitz) and 1 abstention (Goldthwaite).

01:07:41
01:09:36

Approximate video times

Dr. Dooley then reviewed laboratory disclosures from the Nassau County Office of the Medical Examiner Toxicology Laboratory, New York City Police Department Police Laboratory, New York State Police Crime Laboratory, Suffolk County Crime Laboratory, and Suffolk County OCME Toxicology Laboratory. Representatives from the laboratories were available in person or via WebEx to respond to members' questions. **01:13:04 01:31:32**

Dr. Dooley then requested a motion to enter Executive Session to discuss matters relating to a current investigation or matters that may lead to the appointment, promotion, demotion, discipline or suspension of a particular person. The motion was made by Commissioner Rosado, seconded by Dr. Buffolino. The motion was approved with 9 votes (Buffolino, de Castro, Dooley, Fitzpatrick, Marciano, Mazzarelli, Rosado, Rauch, and Schmitz) and 1 abstention (Goldthwaite). **01:31:40 01:33:12**

The Commission adjourned into Executive Session. Present were Commission members Buffolino, de Castro, Dooley, Fitzpatrick, Goldthwaite, Marciano, Mazzarelli, Rosado, Rauch, and Schmitz.

The Commission reconvened the open meeting at 11:46am and Dr. Dooley indicated that the Commission took formal action during Executive Session. The Commission voted to hold a special hearing per executive law 995-b and related regulations, specifically, 9 NYCRR section 6190.6, where the Commission is authorized to revoke, suspend, or otherwise limit the NYS accreditation of a forensic laboratory. A notice of violation will be served to the Niagara County Sheriff's Office Forensic Laboratory in the manner prescribed in the law stating the nature of the violation(s), the sanction of a probationary term for the NYS accreditation of the laboratory, and outlining the timeframe in which the hearing will take place. The motion was made in Executive Session by Dr. Dooley, seconded by Ms. Goldthwaite. The motion was approved with 9 votes (Buffolino, de Castro, Dooley, Fitzpatrick, Goldthwaite, Marciano, Mazzarelli, Rosado, and Rauch) and 1 abstention (Schmitz). **01:34:13 01:35:05**

Dr. Dooley stated that the next meeting of the Commission will take place on June 9, 2023. There was a motion to adjourn the meeting, Ms. Schmitz made the motion and seconded by Dr. Marciano. **01:35:06 01:36:16**

Note:

Video of the open meeting is available at YouTube.

NEW YORK STATE | Commission on Forensic Science

April 20, 2023

Division of Criminal Justice Services
80 South Swan Street, Room 118, Albany, NY 12210

9:03 AM – 6:22 PM

DRAFT SPECIAL MEETING MINUTES

Commission Members in Attendance:
Rossana Rosado, Chair
Pasquale Buffolino, Ph.D.
Lydia de Castro
James Chithalen, Ph.D.
Jill Dooley, Ph.D.
Jessica Goldthwaite, Esq.
Michael Marciano, Ph.D.
Hon. Angela Mazzarelli
Beverly Rauch
Michelli Schmitz
Ann Willey, Ph.D., J.D.

DCJS Staff in Attendance:
Dean DeFruscio
Colleen Glavin, Esq.
Andrea Herasimtschuk
Janine Kava
Katherine Mayberry
Shelley Palmer
Joseph Popcun
Brianna Robinson
Lindsey Rockwell
Zilka Saunders

Other Attendees:
Christine Giffin – Niagara County Sheriff's Office
Ashley Hart – NY Defense Association
Claude A. Joerg – Niagara County Sheriff's Office
Robert Richards – Niagara County Sheriff's Office
Pam Sale – ANSI National Accreditation Board

Approximate video times

Chair Rosado opened the meeting by stating that per the bylaws, the only matters that may be acted upon at this special meeting are those specified in the notice/agenda of this special meeting; provided however, that matters other than those specified may be discussed but not acted upon. Chair Rosado introduced Dr. James Chithalen, who is DOH Commissioner James McDonald's designee and will be a participating, non-voting member. Chair Rosado then stated there is a quorum with 10 members present (Rosado, Buffolino, de Castro, Dooley, Goldthwaite, Marciano, Mazzarelli, Rauch, Schmitz, and Willey) and a non-voting member (Chithalen). **00:00:26 00:01:12**

Chair Rosado then asked Dr. Dooley to walk the Commission through the next steps. Dr. Dooley requested a motion to approve the April 20, 2023, agenda. The motion was made by Commissioner Rosado, seconded by Judge Mazzarelli, and approved unanimously with 10 votes. **00:01:13 00:02:07**

Dr. Dooley then requested a motion to enter Executive Session to hold a hearing regarding the Niagara County Sheriff's Office Forensic Laboratory's or one or more persons in its employ, violations of provisions of Executive Law, Article 49-B, and the regulations promulgated thereunder and at the hearing matters will be discussed that may (1) lead to probation or other discipline of Niagara County Sheriff's Office Forensic Laboratory or one or more persons in its employ, and (2), disclose confidential information or persons and imperil public safety. Ms. DeCastro made the motion, which was seconded by Dr. Buffolino and approved unanimously with 10 votes. **00:02:14 00:03:27**

Dr. Dooley restated the purpose of Executive Session is to keep privileged, private, and otherwise sensitive subjects confidential. Dr. Dooley continued that all information learned or discussed at today's hearing will be held in Executive Session as privileged and confidential and is further exempt from the Freedom of Information Law.

The Commission adjourned into Executive Session. Present were Commission members Rosado, Buffolino, de Castro, Dooley, Goldthwaite, Marciano, Mazzarelli, Rauch, Schmitz, and Willey; and non-voting member Chithalen.

Part 2

The Commission reconvened the open meeting at 6:19pm and Dr. Dooley indicated that the Commission took formal action during Executive Session. **00:00:21 00:00:27**

Dr. Dooley stated there was a motion during executive session to have the representative from ANAB, Pam Sale, remain present during executive session and through all the questioning, relating to the hearing and in cooperation with their ongoing investigation. The motion was made by Dr. Dooley, seconded by Dr. Buffolino, and approved unanimously with 10 votes. **00:00:27 00:00:43**

Additionally, Dr. Dooley made a motion to the Commission to develop a working group that will report to the Commission no later than the June 9, 2023 meeting, with its determination of the next steps for laboratory sanctions for the Niagara County Sheriff's Office Forensic Laboratory. The motion was seconded by Ms. Rauch, and it was approved **00:01:04 00:02:47**

Approximate video times

with 9 votes (Rosado, Buffolino, de Castro, Dooley, Goldthwaite, Marciano, Mazzarelli, Rauch, and Willey) and 1 abstention (Schmitz).

The next meeting is scheduled for June 9, 2023. A motion to adjourn was made by Ms. Schmitz, seconded by Ms. Goldthwaite, and it was approved unanimously with 10 votes. **00:02:56** **00:03:11**

Note:

Videos of the open meeting is available at YouTube.

ANSI National Accreditation Board

May 17, 2023

Michelli Schmitz
Erie County Central Police Services
Forensic Laboratory
45 Elm Street
Buffalo, New York 14203

Dear Director Schmitz,

Congratulations! On May 15, 2023, ANAB approved the continuation of your organization's accreditation based upon the results of your recent surveillance activity. Continuation of accreditation is a formal acknowledgement that your organization continues to operate in conformance with accreditation requirements. The report was provided to you during the assessment activity.

The provided ANAB accreditation symbols (Testing) may be used to convey your accredited status. An accreditation symbol must not be used in any way which implies accreditation in any area outside of the scope of accreditation. If appropriate, the accreditation symbol may be used on your organization's website, reports, letterhead, business cards, and other official documents. Please refer to PR 1018 Policy on Use of ANAB Accreditation Symbols and Claims of Accreditation Status for all required information. This policy also provides information on your ability to use a combined mark that contains the ANAB accreditation symbol and the International Laboratory Accreditation Cooperation (ILAC) mark.

The next assessment activity is scheduled to be a Surveillance Assessment in April 2024.

Thank you for your ongoing commitment to quality and the accreditation process.

Sincerely,

[redacted]

Janet M. Girten
Sr. Manager of Accreditation
ANSI National Accreditation Board

cc: Maria Orsino, Coordinator
ANAB Office

ANAB
ANSI National Accreditation Board

CERTIFICATE OF ACCREDITATION

The ANSI National Accreditation Board

Hereby attests that

Erie County Central Police Services
Forensic Laboratory

45 Elm Street, Buffalo, New York 14203 USA

Fulfills the requirements of

ISO/IEC 17025:2017

Accreditation Requirements for Forensic Testing and Calibration (2023)

FBI Quality Assurance Standards for Forensic DNA Testing Laboratories: 2020

In the field of

Forensic Testing

This certificate is valid only when accompanied by a current scope of accreditation document.
The current scope of accreditation can be verified at www.anab.org.

[redacted]
Pamela L. Sale, Vice President, Forensics

Expiry Date: 31 August 2026
Certificate Number: FT-0037

ANAB - ANSI National Accreditation Board - Providing Trusted Accreditation

ANAB
ANSI National Accreditation Board

ilac-MRA

ANSI National Accreditation Board

SCOPE OF ACCREDITATION TO:
ISO/IEC 17025:2017
Accreditation Requirements for Forensic Testing and Calibration (2023)
FBI Quality Assurance Standards for Forensic DNA Testing Laboratories: 2020

Erie County Central Police Services
Forensic Laboratory
45 Elm Street
Buffalo, New York 14203 USA

FORENSIC TESTING

Expiry Date: 31 August 2026 Certificate Number: FT-0037

Discipline: Biology		
Component/Parameter	**Item**	**Key Equipment/Technology**
DNA Profile Determination	Short Tandem Repeat (STR) Y-Short Tandem Repeat (Y-STR)	Capillary Electrophoresis
Individual Characteristic Database	DNA Profile	National DNA Index System (NDIS)
Physical Comparison	DNA Profile	Software Program
Qualitative Determination	Body Fluid Epithelial Cell Feces	Chemical Fluorescence Spectroscopy General Microscopy Immunoassay

Discipline: Fire Debris and Explosives		
Component/Parameter	**Item**	**Key Equipment/Technology**
Qualitative Determination	Fire Debris	Gas Chromatography Mass Spectrometry

1899 L Street NW, Suite 1100-A, Washington, DC 20036
414-501-5494
www.anab.org

Discipline: Firearms and Toolmarks		
Component/Parameter	**Item**	**Key Equipment/Technology**
Function Evaluation	Firearm	Measuring Equipment Visual
Individual Characteristic Database	Ammunition	National Integrated Ballistic Information Network (NIBIN)
Physical Comparison	Ammunition	General Microscopy
Qualitative Determination	Ammunition Firearm	General Microscopy Measuring Equipment Reference Collection
Serial Number Restoration	Physical Item	Chemical General Microscopy Magnetic Visual

Discipline: Impressions		
Component/Parameter	**Item**	**Key Equipment/Technology**
Enhancement	Footwear Physical Item Tire	Physical
Physical Comparison	Footwear Tire	Visual

Discipline: Materials (Trace)		
Component/Parameter	**Item**	**Key Equipment/Technology**
Chemical/Physical Comparison	Coating Fractured Item General Unknown Ink Polymer Tape	Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Microspectrophotometry Thin Layer Chromatography Visual
Qualitative Determination	Coating General Unknown Polymer Tape	Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Microspectrophotometry Visual

1899 L Street NW, Suite 1100-A, Washington, DC 20036
414-501-5494
www.anab.org

Discipline: Seized Drugs		
Component/Parameter	**Item**	**Key Equipment/Technology**
Qualitative Determination	Botanical Gas Liquid Solid	Chemical Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Thin-Layer Chromatography
Quantitative Measurement	Solid	Gas Chromatography Mass Spectrometry
Volume Measurement	Liquid	Volumetric Glassware
Weight Measurement	Botanical Liquid Solid	Balance

When published on a forensic service provider's Scope of Accreditation, ANAB has confirmed the competence required to develop and validate methods and perform on-going quality assurance for accredited activities. For a listed component/parameter, the forensic service provider may add or modify methods for activities without formal notice to ANAB for items and key equipment/technology listed. Contact the forensic service provider for information on the method utilized for accredited work.

Pamela L. Sale
Vice President, Forensics

1899 L Street NW, Suite 1100-A, Washington, DC 20036
414-501-5494
www.anab.org

Erie County Central Police Services - Forensic Laboratory

2023 - 17025T - Surveillance Document Review

Prepared by Deedra Hughes

Data collected on 2023-04-01

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.

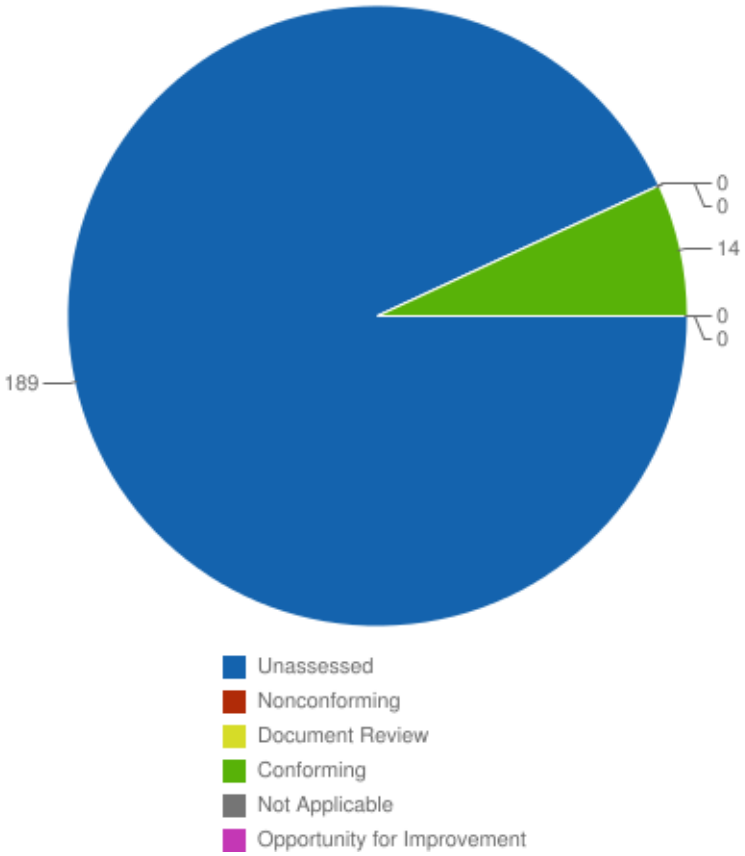
The accreditation activity also evaluates the laboratory’s conformance with their own management system requirements.

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

American Board of
ABFT
Forensic Toxicology™

5540 N. Academy Blvd., Suite 230
Colorado Springs, CO 80918
Phone: (719) 362-0452 ● Website: www.abft.org

May 8, 2023

Melissa Boler, M.S.
Chief County Toxicologist
Erie County Health
501 Kensington Ave.
Buffalo, NY 14214

Dear Ms. Boler: **Mid-Cycle Review**

Our review of the material you sent to us is complete. I am pleased to inform you that your laboratory continues to be in compliance with the requirements of the ABFT Accreditation Program.

As stated in earlier correspondence, accreditation of your laboratory under the ABFT program will continue until June 30, 2024.

As always, we thank you for participation in the ABFT Accreditation Program.

Yours Sincerely,

[redacted]

Graham R. Jones, Ph.D., F-ABFT
Chair, ABFT Accreditation Committee

ANSI National Accreditation Board

May 15, 2023

Melissa Boler
Erie County Medical Examiner's Office
Forensic Toxicology Laboratory
501 Kensington Avenue
Buffalo, NY 14214

Dear Director Boler,

Congratulations! On May 15, 2023, ANAB granted your organization's accreditation in the Field of Forensic Testing. This decision was based upon the documentation provided in the assessment report and in accordance with the recommendation of the Team Leader. ANAB is satisfied that your organization has met or exceeded the accreditation requirements and requirements of your own documented management system.

Accredited forensic service providers are expected to maintain the standards which were required to achieve accreditation and conform to ANAB Terms and Conditions for Accreditation. The principal means used to monitor ongoing conformance include surveillance activities, proficiency testing reports submitted by approved test providers, and disclosure of significant events and nonconformities. The results of these monitoring activities will be considered when confirming the continuation of accreditation between assessments.

The planned surveillance activity and reassessment schedule is listed below:

- April 2024 Surveillance Document Review
- April 2025 Surveillance Assessment
- April 2026 Surveillance Document Review
- April 2027 Reassessment

The provided ANAB accreditation symbol (Testing) may be used to convey your accredited status. An accreditation symbol must not be used in any way which implies accreditation in any area outside of the scope of accreditation. If appropriate, the accreditation symbol may be used on your organization's website, reports, letterhead, business cards, and other official documents. Please refer to PR 1018 Policy on Use of ANAB Accreditation Symbols and Claims of Accreditation Status for all required information. This policy also provides information on your ability to use a combined mark that contains the ANAB accreditation symbol and the International Laboratory Accreditation Cooperation (ILAC) mark.

The report was provided to you during the assessment activity. A revised report documenting a change in status to one requirement is attached and has been uploaded to Sharefile. An electronic version of accreditation documents is included with this letter.

Achieving accreditation is the result of an extensive commitment of resources and much preparation by the management and personnel of the entire organization. I commend the efforts of all who were involved in this achievement. On behalf of ANAB, I extend my sincere congratulations to you. If you have any questions or if ANAB might assist you in any way, please feel free to get in touch with us at qualitymatters@anab.org.

Sincerely,

Jami St.Clair
Senior Manager of Accreditation
ANSI National Accreditation Board

cc: ANAB Office

ANAB
ANSI National Accreditation Board

CERTIFICATE OF ACCREDITATION

The ANSI National Accreditation Board

Hereby attests that

Erie County Medical Examiner's Office
Forensic Toxicology Laboratory
501 Kensington Ave., Buffalo, New York 14214 USA

Fulfills the requirements of

ISO/IEC 17025:2017
Accreditation Requirements for Forensic Testing and Calibration (2023)

In the field of

Forensic Testing

This certificate is valid only when accompanied by a current scope of accreditation document.
The current scope of accreditation can be verified at www.anab.org.

[redacted]
Pamela L. Sale, Vice President, Forensics

Expiry Date: 31 August 2027
Certificate Number: FT-0386

ANAB - ANSI National Accreditation Board - Providing Trusted Accreditation

ANAB
ANSI National Accreditation Board
ilac-MRA

ANAB
ANSI National Accreditation Board

SCOPE OF ACCREDITATION TO:
ISO/IEC 17025:2017
Accreditation Requirements for Forensic Testing and Calibration (2023)

Erie County Medical Examiner's Office Forensic Toxicology Laboratory

501 Kensington Avenue
Buffalo, New York 14214 USA

FORENSIC TESTING

Expiry Date: 31 August 2027 Certificate Number: FT-0386

Discipline: Toxicology		
Component/Parameter	**Item**	**Key Equipment/Technology**
Qualitative Determination	Ante-Mortem Biological Item Post-Mortem Biological Item	Gas Chromatography Immunoassay Liquid Chromatography Mass Spectrometry Microdiffusion Visible Spectroscopy
Qualitative Determination (Volatiles)	Ante-Mortem Biological Item Post-Mortem Biological Item	Gas Chromatography
Quantitative Measurement	Ante-Mortem Biological Item Post-Mortem Biological Item	Gas Chromatography Liquid Chromatography Mass Spectrometry Visible Spectroscopy
Quantitative Measurement (Volatiles)	Ante-Mortem Biological Item Post-Mortem Biological Item	Gas Chromatography

When published on a forensic service provider's Scope of Accreditation, ANAB has confirmed the competence required to develop and validate methods and perform on-going quality assurance for accredited activities. For a listed component/parameter, the forensic service provider may add or modify methods for activities without formal notice to ANAB for items and key equipment/technology listed. Contact the forensic service provider for information on the method utilized for accredited work.

[redacted]
Pamela L. Sale
Vice President, Forensics

1899 L Street NW, Suite 1100-A, Washington, DC 20036
414-501-5494
www.anab.org

ANAB ANSI National Accreditation Board
ilac-MRA

Erie County Medical Examiner's Office Forensic Toxicology Laboratory

2023 - 17025T - Accreditation Assessment

Prepared by Albert Elian

Data collected on 2023-04-25

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.

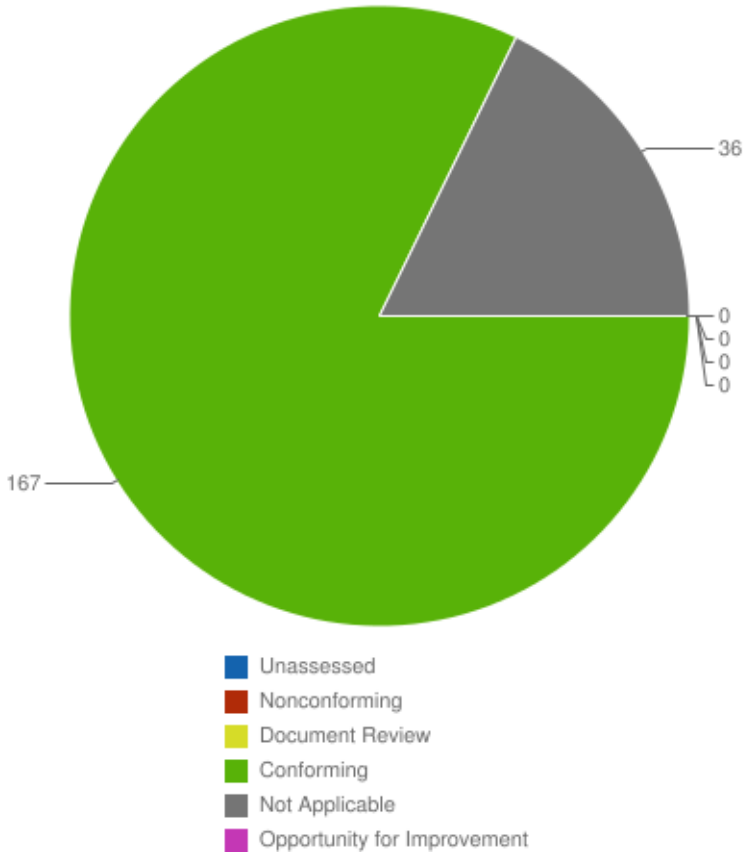
The accreditation activity also evaluates the laboratory’s conformance with their own management system requirements.

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

ANSI National Accreditation Board

May 11, 2023

John R. Clark
Monroe County Crime Laboratory
85 West Broad Street
Rochester, NY 14614

Dear Director Clark,

Congratulations! On May 11, 2023, ANAB approved the continuation of your organization's accreditation based upon the results of your recent surveillance activity. Continuation of accreditation is a formal acknowledgement that your organization continues to operate in conformance with accreditation requirements. The report was provided to you during the assessment activity.

The provided ANAB accreditation symbol (Testing) may be used to convey your accredited status. An accreditation symbol must not be used in any way which implies accreditation in any area outside of the scope of accreditation. If appropriate, the accreditation symbol may be used on your organization's website, reports, letterhead, business cards, and other official documents. Please refer to PR 1018 Policy on Use of ANAB Accreditation Symbols and Claims of Accreditation Status for all required information. This policy also provides information on your ability to use a combined mark that contains the ANAB accreditation symbol and the International Laboratory Accreditation Cooperation (ILAC) mark.

The next assessment activity is scheduled to be a Surveillance Assessment in April 2024.

Thank you for your ongoing commitment to quality and the accreditation process.

Sincerely,

[redacted]

Brad Putnam
Director of Accreditation
ANSI National Accreditation Board

cc: Marcia Bledsoe, Quality Assurance Coordinator
ANAB Office

CERTIFICATE OF ACCREDITATION

The ANSI National Accreditation Board

Hereby attests that

Monroe County Crime Laboratory

85 West Broad Street, Rochester, New York 14614 USA

Fulfills the requirements of

ISO/IEC 17025:2017

Accreditation Requirements for Forensic Testing and Calibration (2023)

FBI Quality Assurance Standards for Forensic DNA Testing Laboratories:2020

In the field of

Forensic Testing

This certificate is valid only when accompanied by a current scope of accreditation document.
The current scope of accreditation can be verified at www.anab.org.

[redacted]
Pamela L. Sale, Vice President, Forensics

Expiry Date: 31 August 2026
Certificate Number: FT-0312

ANAB
ANSI National Accreditation Board

SCOPE OF ACCREDITATION TO:
ISO/IEC 17025:2017
Accreditation Requirements for Forensic Testing and Calibration (2023)
FBI Quality Assurance Standards for Forensic DNA Testing Laboratories:2020

Monroe County Crime Laboratory
85 West Broad Street
Rochester, New York 14614 USA

FORENSIC TESTING

Expiry Date: 31 August 2026 Certificate Number: FT-0312

Discipline: Biology		
Component/Parameter	**Item**	**Key Equipment/Technology**
DNA Profile Determination	Short Tandem Repeat (STR) Y-Short Tandem Repeat (Y-STR)	Capillary Electrophoresis
Individual Characteristic Database	DNA Profile	National DNA Index System (NDIS)
Physical Comparison	DNA Profile	Software Program
Qualitative Determination	Body Fluid	Chemical Fluorescence Spectroscopy General Microscopy Immunoassay

Discipline: Fire Debris and Explosives		
Component/Parameter	**Item**	**Key Equipment/Technology**
Qualitative Determination	Explosive	Chemical Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Microcrystalline X-Ray Fluorescence Spectroscopy
Qualitative Determination	Fire Debris	Gas Chromatography Mass Spectrometry

1899 L Street NW, Suite 1100-A, Washington, DC 20036
414-501-5494
www.anab.org

Discipline: Firearms and Toolmarks		
Component/Parameter	**Item**	**Key Equipment/Technology**
Distance Determination	Firearm Physical Item	Chemical General Microscopy Measuring Equipment
Function Evaluation	Air Gun Firearm Silencer	Dead Weight Measuring Equipment Visual
Individual Characteristic Database	Ammunition	National Integrated Ballistic Information Network (NIBIN)
Physical Comparison	Ammunition Tool/Toolmark	General Microscopy Measuring Equipment Visual
Qualitative Determination	Ammunition Firearm Metal Nitrate Tool	Chemical General Microscopy Measuring Equipment Reference Collection
Serial Number Restoration	Physical Item	Chemical General Microscopy Magnetic Visual

Discipline: Impressions		
Component/Parameter	**Item**	**Key Equipment/Technology**
Enhancement	Footwear Physical Item Tire	Chemical Software Program
Physical Comparison	Footwear Physical Item Tire	Software Program Visual
Qualitative Determination	Footwear Tire	Reference Collection

Discipline: Materials (Trace)		
Component/Parameter	**Item**	**Key Equipment/Technology**
Chemical/Physical Comparison	Coating Fiber/Textile Fractured Item General Unknown Glass Hair Tape	Chemical Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Microspectrophotometry Refractometry Thin-Layer Chromatography Visual

1899 L Street NW, Suite 1100-A, Washington, DC 20036
414-501-5494
www.anab.org

		X-Ray Fluorescence Spectroscopy
Qualitative Determination	Coating Fiber/Textile General Unknown Glass Hair Tape	Chemical Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Microspectrophotometry Reference Collection Refractometry Thin-Layer Chromatography Visual X-Ray Fluorescence Spectroscopy

Discipline: Seized Drugs		
Component/Parameter	**Item**	**Key Equipment/Technology**
Qualitative Determination	Botanical Liquid Solid	Chemical Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry Microcrystalline Thin-Layer Chromatography Visual
Quantitative Measurement	Solid	Gas Chromatography
Weight Measurement	Botanical Liquid Solid	Balance

When published on a forensic service provider's Scope of Accreditation, ANAB has confirmed the competence required to develop and validate methods and perform on-going quality assurance for accredited activities. For a listed component/parameter, the forensic service provider may add or modify methods for activities without formal notice to ANAB for items and key equipment/technology listed. Contact the forensic service provider for information on the method utilized for accredited work.

[redacted]

Pamela L. Sale
Vice President, Forensics

1899 L Street NW, Suite 1100-A, Washington, DC 20036
414-501-5494
www.anab.org

Monroe County Crime Laboratory

2023 - 17025T - Surveillance Document Review

Prepared by Lynn Langford

Data collected on 2023-04-01

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.

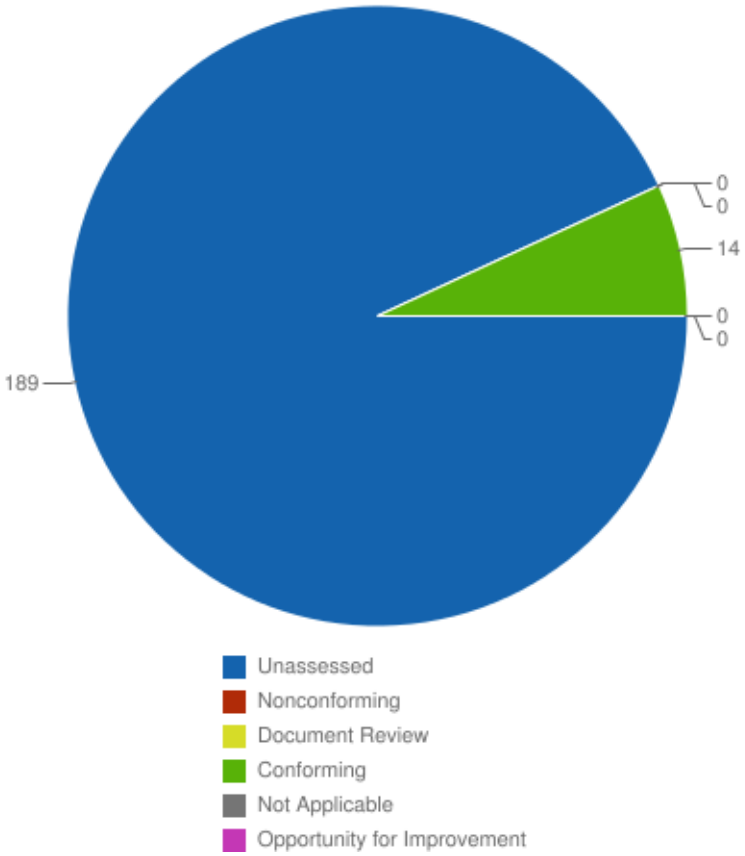
The accreditation activity also evaluates the laboratory’s conformance with their own management system requirements.

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

American Board of
ABFT
Forensic Toxicology™

5540 N. Academy Blvd., Suite 230
Colorado Springs, CO 80918
Phone: (719) 362-0452 ● Website: www.abft.org

May 7, 2023

Rebecca Hartman, Ph.D.
Monroe Co. Medical Examiner's Office
740 East Henrietta Road
Rochester, New York
USA 14623

Dear Dr. Hartman: Mid-Cycle Review

Our review of the material you sent to us earlier is complete. I am pleased to inform you that your laboratory continues to be in compliance with the requirements of the ABFT Accreditation Program.

As stated in earlier correspondence, accreditation of your laboratory under the ABFT program will continue until June 30, 2024. Also, just a reminder that per the agreement ABFT has with ANAB, should you wish to continue to have your laboratory accredited, you will need to apply directly to ANAB for assessment against ISO/IEC 17025 (including ABFT Supplemental Standards, if you so wish) at least six months prior to expiry of your ABFT accreditation.

As always, we thank you for participation in the ABFT Accreditation Program.

[redacted]

Yours Sincerely,
Graham R. Jones, Ph.D., F-ABFT
Chair, ABFT Accreditation Committee

ANSI National Accreditation Board

March 17, 2023

Joseph Avella, Ph.D.
Nassau County Medical Examiner
Division of Forensic Toxicology
2251 Hempstead Tpk., Bldg. R
East Meadow, NY 11554

Dear Director Avella,

Congratulations! On March 16, 2023, ANAB granted your organization's accreditation in the Field of Forensic Testing. This decision was based upon the documentation provided in the assessment report and in accordance with the recommendation of the Team Leader. ANAB is satisfied that your organization has met or exceeded the accreditation requirements and requirements of your own documented management system.

Accredited forensic service providers are expected to maintain the standards which were required to achieve accreditation and conform to ANAB Terms and Conditions for Accreditation. The principal means used to monitor ongoing conformance include surveillance activities, proficiency testing reports submitted by approved test providers, and disclosure of significant events and nonconformities. The results of these monitoring activities will be considered when confirming the continuation of accreditation between assessments.

The planned surveillance activity and reassessment schedule is listed below:

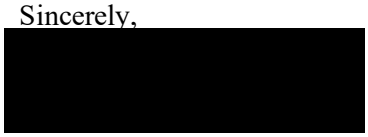
- March 2024 Surveillance Document Review
- March 2025 Surveillance Assessment
- March 2026 Surveillance Document Review
- March 2027 Reassessment

The provided ANAB accreditation symbol may be used to convey your accredited status. An accreditation symbol must not be used in any way which implies accreditation in any area outside of the scope of accreditation. If appropriate, the accreditation symbol may be used on your organization's website, reports, letterhead, business cards, and other official documents. Please refer to PR 1018 Policy on Use of ANAB Accreditation Symbols and Claims of Accreditation Status for all required information. This policy also provides information on your ability to use a combined mark that contains the ANAB accreditation symbol and the International Laboratory Accreditation Cooperation (ILAC) mark.

The report was provided to you during the assessment activity. An electronic version of accreditation documents is included with this letter.

Achieving accreditation is the result of an extensive commitment of resources and much preparation by the management and personnel of the entire organization. I commend the efforts of all who were involved in this achievement. On behalf of ANAB, I extend my sincere congratulations to you. If you have any questions or if ANAB might assist you in any way, please feel free to get in touch with us at qualitymatters@anab.org.

Sincerely,



Jami St.Clair
Senior Manager of Accreditation
ANSI National Accreditation Board

cc: Timothy Hahn, QA/QC Coordinator
ANAB Office

ANAB
ANSI National Accreditation Board

CERTIFICATE OF ACCREDITATION

The ANSI National Accreditation Board

Hereby attests that

Nassau County Medical Examiner
Division of Forensic Toxicology
2251 Hempstead Tpk., Bldg. R, East Meadow, New York 11554 USA

Fulfills the requirements of

ISO/IEC 17025:2017
Accreditation Requirements for Forensic Testing and Calibration (2023)

In the field of

Forensic Testing

This certificate is valid only when accompanied by a current scope of accreditation document.
The current scope of accreditation can be verified at www.anab.org.

[redacted]
Pamela L. Sale, Vice President, Forensics

Expiry Date: 31 July 2027
Certificate Number: FT-0380

ANAB
ANSI National Accreditation Board

ilac-MRA

ANAB
ANSI National Accreditation Board

SCOPE OF ACCREDITATION TO:
ISO/IEC 17025:2017
Accreditation Requirements for Forensic Testing and Calibration (2023)

Nassau County Medical Examiner
Division of Forensic Toxicology

2251 Hempstead Tpk., Bldg. R
East Meadow, New York 11554 USA

FORENSIC TESTING

Expiry Date: 31 July 2027 Certificate Number: FT-0380

Discipline: Seized Drugs		
Component/Parameter	**Item**	**Key Equipment/Technology**
Qualitative Determination	Botanical Liquid Solid	Gas Chromatography Mass Spectrometry Visual

Discipline: Toxicology		
Component/Parameter	**Item**	**Key Equipment/Technology**
Qualitative Determination	Ante-Mortem Biological Item Post-Mortem Biological Item	Colorimetry Gas Chromatography Immunoassay Liquid Chromatography Mass Spectrometry Ultraviolet Spectroscopy Visible Spectroscopy
Qualitative Determination (Volatiles)	Ante-Mortem Biological Item Post-Mortem Biological Item	Gas Chromatography
Quantitative Measurement	Ante-Mortem Biological Item Post-Mortem Biological Item	Gas Chromatography Immunoassay Liquid Chromatography Mass Spectrometry Visible Spectroscopy

1899 L Street NW, Suite 1100-A, Washington, DC 20036
414-501-5494
www.anab.org

Quantitative Measurement (Volatiles)	Ante-Mortem Biological Item Post-Mortem Biological Item	Gas Chromatography

When published on a forensic service provider's Scope of Accreditation, ANAB has confirmed the competence required to develop and validate methods and perform on-going quality assurance for accredited activities. For a listed component/parameter, the forensic service provider may add or modify methods for activities without formal notice to ANAB for items and key equipment/technology listed. Contact the forensic service provider for information on the method utilized for accredited work.

[redacted]

Pamela L. Sale
Vice President, Forensics

1899 L Street NW, Suite 1100-A, Washington, DC 20036
414-501-5494
www.anab.org

Nassau County Medical Examiner-Division of Forensic Toxicology

2023 - 17025T - Accreditation Assessment

Prepared by John Yoshida

Data collected on 2023-03-06

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.

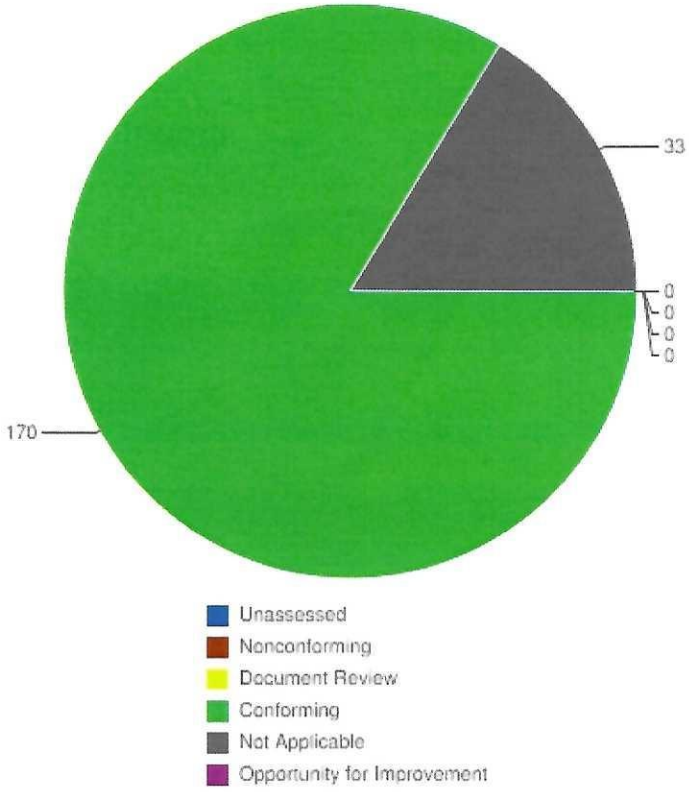
The accreditation activity also evaluates the laboratory's conformance with their own management system requirements.

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

Timothy D. Kupferschmid, MBA, MFS
Chief of Laboratories
Charles S. Hirsch Center for Forensic Sciences
421 East 26th Street
New York, New York 10016
Telephone: 212-323-1300 Fax: 212-323-1590
Email: tkupferschmid@ocme.nyc.gov
Official Website: www.nyc.gov/ocme

April 20, 2023

Rossana Rosado, Commissioner
Division of Criminal Justice Services
Alfred E. Smith Office Building
80 South Swan Street
Albany, NY 12210
Via *Rossana.Rosado@dcjs.ny.gov*

Dear Commissioner Rosado:

I am writing to inform the New York State Commission on Forensic Science that Assistant Director of Forensic Biology Tiffany Vasquez will be taking on the role of DNA Technical Leader, effective May 1, 2023. The Department of Forensic Biology is fortunate that Craig O'Connor, who has served admirably as the DNA Technical Leader since 2019, will continue as one of two Deputy Directors of the Department of Forensic Biology. Being a Deputy Director and a DNA Technical Leader is too much for one person, and it has always been my intention to split these responsibilities at the right time.

Thank you and please do not hesitate to let me know if you have questions or wish to discuss this matter.

Sincerely,

[redacted]

Timothy D. Kupferschmid, MBA, MFS

c: Jill Dooley, Director, DCJS Office of Forensic Services
forensiclabs@dcjs.ny.gov
anab@anab.org, ANSI National Accreditation Board (ANAB)

ANAB
ANSI National Accreditation Board

May 25, 2023

Dr. Gail Cooper
New York City Office of Chief Medical Examiner
Department of Forensic Toxicology
520 First Avenue
New York, NY 10016

Dear Director Cooper,

Congratulations! On May 25, 2023, ANAB granted your organization's accreditation in the Field of Forensic Testing. This decision was based upon the documentation provided in the assessment report and in accordance with the recommendation of the Team Leader. ANAB is satisfied that your organization has met or exceeded the accreditation requirements and requirements of your own documented management system.

Accredited forensic service providers are expected to maintain the standards which were required to achieve accreditation and conform to ANAB Terms and Conditions for Accreditation. The principal means used to monitor ongoing conformance include surveillance activities, proficiency testing reports submitted by approved test providers, and disclosure of significant events and nonconformities. The results of these monitoring activities will be considered when confirming the continuation of accreditation between assessments.

The planned surveillance activity and reassessment schedule is listed below:

- April 2024 Surveillance Document Review
- April 2025 Surveillance Assessment
- April 2026 Surveillance Document Review
- April 2027 Reassessment

The provided ANAB accreditation symbol (Testing) may be used to convey your accredited status. An accreditation symbol must not be used in any way which implies accreditation in any area outside of the scope of accreditation. If appropriate, the accreditation symbol may be used on your organization's website, reports, letterhead, business cards, and other official documents. Please refer to PR 1018 Policy on Use of ANAB Accreditation Symbols and Claims of Accreditation Status for all required information. This policy also provides information on your ability to use a combined mark that contains the ANAB accreditation symbol and the International Laboratory Accreditation Cooperation (ILAC) mark.

The report and an electronic version of accreditation documents are included with this letter.

Achieving accreditation is the result of an extensive commitment of resources and much preparation by the management and personnel of the entire organization. I commend the efforts of all who were involved in this achievement. On behalf of ANAB, I extend my sincere congratulations to you. If you have any questions or if ANAB might assist you in any way, please feel free to get in touch with us at qualitymatters@anab.org.

Sincerely,

Patti Williams
Associate Director of Accreditation
ANSI National Accreditation Board

cc: Elba Arango, Quality Manager/Assistant Director
ANAB Office

ANAB
ANSI National Accreditation Board

CERTIFICATE OF ACCREDITATION

The ANSI National Accreditation Board

Hereby attests that

New York City Office of Chief Medical Examiner
Department of Forensic Toxicology
520 First Avenue, New York, New York 10016 USA

Fulfills the requirements of

ISO/IEC 17025:2017
Accreditation Requirements for Forensic Testing and Calibration (2023)

In the field of

Forensic Testing

This certificate is valid only when accompanied by a current scope of accreditation document.
The current scope of accreditation can be verified at www.anab.org.

[redacted]
Pamela L. Sale, Vice President, Forensics

Expiry Date: 31 August 2027
Certificate Number: FT-0387

ANAB - ANSI National Accreditation Board - Providing Trusted Accreditation

ANAB
ANSI National Accreditation Board
ilac-MRA

ANSI National Accreditation Board

SCOPE OF ACCREDITATION TO:
ISO/IEC 17025:2017
Accreditation Requirements for Forensic Testing and Calibration (2023)

New York City Office of Chief Medical Examiner
Department of Forensic Toxicology

520 First Avenue
New York, New York 10016 USA

FORENSIC TESTING

Expiry Date: 31 August 2027 Certificate Number: FT-0387

Discipline: Toxicology		
Component/Parameter	**Item**	**Key Equipment/Technology**
Qualitative Determination	Ante-Mortem Biological Item Post-Mortem Biological Item	Gas Chromatography Immunoassay Liquid Chromatography Mass Spectrometry Microdiffusion Ultraviolet Spectroscopy Visible Spectroscopy
Qualitative Determination (Volatiles)	Ante-Mortem Biological Item Post-Mortem Biological Item	Gas Chromatography Mass Spectrometry
Quantitative Measurement	Ante-Mortem Biological Item Post-Mortem Biological Item	Gas Chromatography Liquid Chromatography Mass Spectrometry Ultraviolet Spectroscopy Visible Spectroscopy
Quantitative Measurement (Volatiles)	Ante-Mortem Biological Item Post-Mortem Biological Item	Gas Chromatography

When published on a forensic service provider's Scope of Accreditation, ANAB has confirmed the competence required to develop and validate methods and perform on-going quality assurance for accredited activities. For a listed component/parameter, the forensic service provider may add or modify methods for activities without formal notice to ANAB for items and key equipment/technology listed. Contact the forensic service provider for information on the method utilized for accredited work.

[redacted]

Pamela L. Sale
Vice President, Forensics

1899 L Street NW, Suite 1100-A, Washington, DC 20036
414-501-5494
www.anab.org

ANAB ANSI National Accreditation Board | ilac-MRA

New York City Office of Chief Medical Examiner - Department of Forensic Toxicology

2023 - 17025T - Accreditation Assessment

Prepared by Albert Elian

Data collected on 2023-04-03

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.

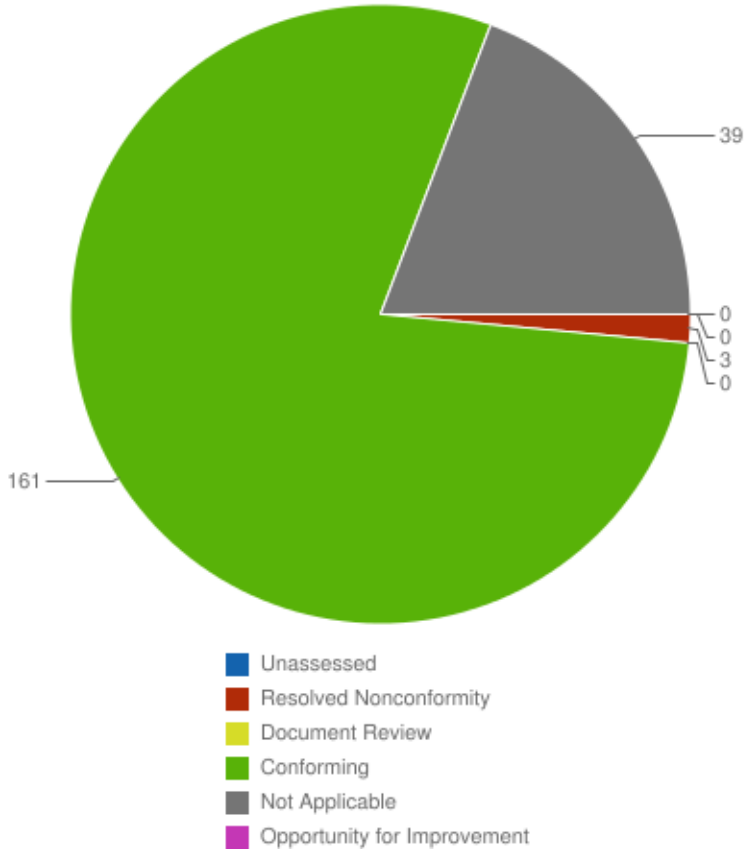
The accreditation activity also evaluates the laboratory’s conformance with their own management system requirements.

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

6.4 Equipment

6.4.6 ISO/IEC 17025:2017

Resolved Nonconformity

Requirement

Is measuring equipment calibrated when:
- the measurement accuracy or measurement uncertainty affects the validity of the reported results, and/or
- calibration of the equipment is required to establish the metrological traceability of the reported results?

NOTE Types of equipment having an effect on the validity of the reported results can include:
- those used for the direct measurement of the measurand, e.g. use of a balance to perform a mass measurement;
- those used to make corrections to the measured value, e.g. temperature measurements;
- those used to obtain a measurement result calculated from multiple quantities.

Add Nonconformity Resolution Workflow

Measuring equipment (volumetric flasks used) was not calibrated to establish the metrological traceability of the reported quantitative results.

Corrective Action Closure Note: The Conformity Assessment Body performed cause and extent analysis, revised the preparation forms to include the documentation of the used volumetric flask, prepared new solutions using the calibrated volumetric flasks, and compared the analytical data with the previously prepared solutions. The cause and extent, revised forms, and both analytical data were reviewed. The nonconformity is resolved.

6.5 Metrological traceability

6.5.1 ISO/IEC 17025:2017

Resolved Nonconformity

Requirement

Does the laboratory establish and maintain metrological traceability of its measurement results by means of a documented unbroken chain of calibrations, each contributing to the measurement uncertainty, linking them to an appropriate reference?

NOTE 1 In ISO/IEC Guide 99, metrological traceability is defined as the Òproperty of a measurement result whereby the result can be related to a reference through a documented unbroken chain of calibrations, each contributing to the measurement uncertaintyÓ.

NOTE 2 See Annex A for additional information on metrological traceability.

ANAB NOTE 3 If the quantitative value of a reference material is changed (e.g., diluted), then the calibration of the equipment used to alter the reference material impacts the traceability chain. See also ISO/IEC 17025:2017 6.4.6.

Add Nonconformity Resolution Workflow

Measuring equipment (volumetric flasks used) was not calibrated to establish the metrological traceability of the reported quantitative results.

Corrective Action Closure Note: The Conformity Assessment Body performed cause and extent analysis, revised the preparation forms to include the documentation of the used volumetric flask, prepared new solutions using the calibrated volumetric flasks, and compared the analytical data with the previously prepared solutions. The cause and extent, revised forms, and both analytical data were reviewed. The nonconformity is resolved.

7.6 Evaluation of measurement uncertainty

7.6.1 ISO/IEC 17025:2017

Resolved Nonconformity

Requirement

Does the laboratory identify the contributions to measurement uncertainty? When evaluating measurement uncertainty, are all contributions that are of significance, including those arising from sampling, taken into account using appropriate methods of analysis?

Add Nonconformity Resolution Workflow

When evaluating measurement uncertainty not all contributions of significance are taken into account using appropriate methods of (statistical) analysis.

Corrective Action Closure Note: The Conformity Assessment Body performed cause and extent analysis, revised the measurement uncertainty (MU) procedure, and recalculated the MU for all quantitative analytes. The cause and extent, the revised MU procedure, the acknowledgment and notification to the staff of the revised procedure, and examples of the recalculated MU budget were reviewed. The nonconformity is resolved.

ANAB
ANSI National Accreditation Board

April 17, 2023

Kristie Barba
Onondaga County Medical Examiner's Office
Forensic Toxicology Laboratory
100 Elizabeth Blackwell Street
Syracuse, NY 13210

Dear Director Barba,

Congratulations! On April 14, 2023, ANAB granted your organization's accreditation in the Field of Forensic Testing. This decision was based upon the documentation provided in the assessment report and in accordance with the recommendation of the Team Leader. ANAB is satisfied that your organization has met or exceeded the accreditation requirements and requirements of your own documented management system.

Accredited forensic service providers are expected to maintain the standards which were required to achieve accreditation and conform to ANAB Terms and Conditions for Accreditation. The principal means used to monitor ongoing conformance include surveillance activities, proficiency testing reports submitted by approved test providers, and disclosure of significant events and nonconformities. The results of these monitoring activities will be considered when confirming the continuation of accreditation between assessments.

The planned surveillance activity and reassessment schedule is listed below:

- March 2024 Surveillance Document Review
- March 2025 Surveillance Assessment
- March 2026 Surveillance Document Review
- March 2027 Reassessment

The provided ANAB accreditation symbol (click here) may be used to convey your accredited status. An accreditation symbol must not be used in any way which implies accreditation in any area outside of the scope of accreditation. If appropriate, the accreditation symbol may be used on your organization's website, reports, letterhead, business cards, and other official documents. Please refer to PR 1018 Policy on Use of ANAB Accreditation Symbols and Claims of Accreditation Status for all required information. This policy also provides information on your ability to use a combined mark that contains the ANAB accreditation symbol and the International Laboratory Accreditation Cooperation (ILAC) mark.

The report was provided to you during the assessment activity. An electronic version of accreditation documents is included with this letter.

Achieving accreditation is the result of an extensive commitment of resources and much preparation by the management and personnel of the entire organization. I commend the efforts of all who were involved in this achievement. On behalf of ANAB, I extend my sincere congratulations to you. If you have any questions or if ANAB might assist you in any way, please feel free to get in touch with us at qualitymatters@anab.org.

Sincerely,

[redacted]

Jill Spriggs
Senior Manager of Accreditation
ANSI National Accreditation Board

cc: ANAB Office

CERTIFICATE OF ACCREDITATION

The ANSI National Accreditation Board

Hereby attests that

Onondaga County Medical Examiner's Office
Forensic Toxicology Laboratory
100 Elizabeth Blackwell Street, Syracuse, New York 13210 USA

Fulfills the requirements of

ISO/IEC 17025:2017
Accreditation Requirements for Forensic Testing and Calibration (2023)

In the field of

Forensic Testing

This certificate is valid only when accompanied by a current scope of accreditation document.
The current scope of accreditation can be verified at www.anab.org.

[redacted]
Pamela L. Sale, Vice President, Forensics

Expiry Date: 31 July 2027
Certificate Number: FT-0381

ANAB
ANSI National Accreditation Board

SCOPE OF ACCREDITATION TO:
ISO/IEC 17025:2017
Accreditation Requirements for Forensic Testing and Calibration (2023)

Onondaga County Medical Examiner's Office
Forensic Toxicology Laboratory

100 Elizabeth Blackwell Street
Syracuse, New York 13210 USA

FORENSIC TESTING

Expiry Date: 31 July 2027 Certificate Number: FT-0381

Discipline: Toxicology		
Component/Parameter	**Item**	**Key Equipment/Technology**
Qualitative Determination	Ante-Mortem Biological Item Post-Mortem Biological Item	Colorimetry Gas Chromatography Immunoassay Infrared Spectroscopy Liquid Chromatography Mass Spectrometry Microdiffusion Ultraviolet Spectroscopy Visible Spectroscopy
Qualitative Determination (Volatiles)	Ante-Mortem Biological Item Post-Mortem Biological Item	Gas Chromatography
Quantitative Measurement	Ante-Mortem Biological Item Post-Mortem Biological Item	Gas Chromatography Liquid Chromatography Mass Spectrometry Ultraviolet Spectroscopy Visible Spectroscopy
Quantitative Measurement (Volatiles)	Ante-Mortem Biological Item Post-Mortem Biological Item	Gas Chromatography

When published on a forensic service provider's Scope of Accreditation, ANAB has confirmed the competence required to develop and validate methods and perform on-going quality assurance for accredited activities. For a listed component/parameter, the forensic service provider may add or modify methods for activities without formal notice to ANAB for items and key equipment/technology listed. Contact the forensic service provider for information on the method utilized for accredited work.

[redacted]

Pamela L. Sale
Vice President, Forensics

1899 L Street NW, Suite 1100-A, Washington, DC 20036
414-501-5494
www.anab.org

ANAB ANSI National Accreditation Board ilac-MRA

Onondaga County Medical Examiner's Office Forensic Toxicology Laboratory

2023 - 17025T - Accreditation Assessment

Prepared by Lisa Brewer

Data collected on 2023-03-06

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 the scope by discipline that was assessed for each location. The assessment plan, together with this report, provides a complete picture of the accreditation activity.

The ANSI National Accreditation Board (ANAB) evaluated the competence of the forensic service provider and conformance with all applicable accreditation requirements for the scope of accreditation listed 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 on-site activities.

REQUIREMENTS:

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

General requirements related to the forensic service provider'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.

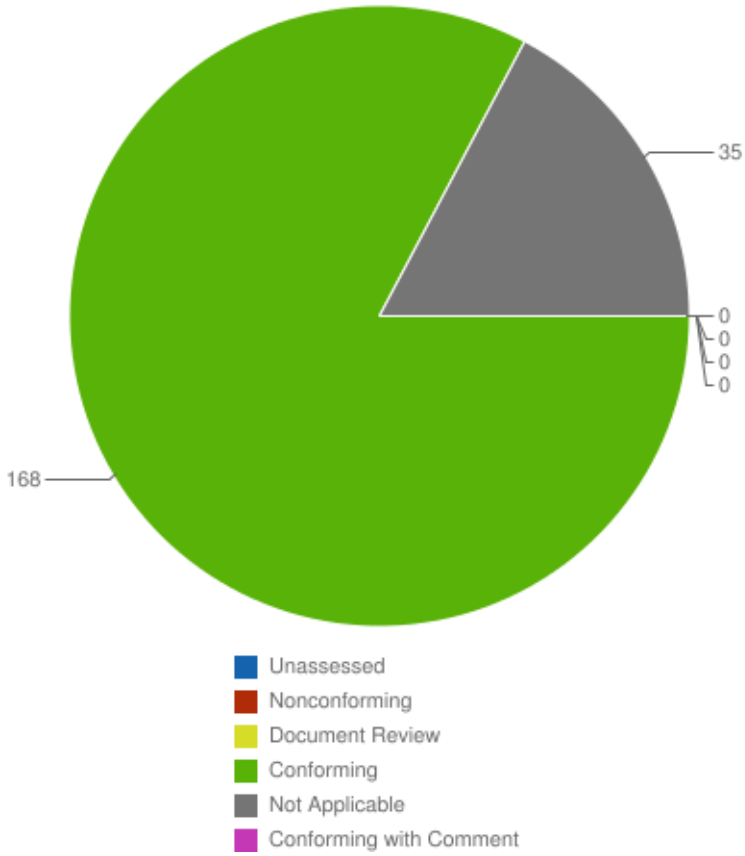
The accreditation activity also evaluates forensic science provider’s conformance with their own management system requirements.

ASSESSMENT RESULT:

Based on the assessment techniques and sampling reviewed during the assessment activity, the assessment team found that the forensic service provider demonstrated competence to operate a management system that fulfills all applicable accreditation requirements, including those specified within their management system.

Any comments (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

American Board of ABFT Forensic Toxicology™

5540 N. Academy Blvd., Suite 230
Colorado Springs, CO 80918
Phone: (719) 362-0452 ● Website: www.abft.org

May 7, 2023

Michael Lehrer, Ph.D.
Suffolk Co. Medical Examiners Office
Building #487, North County Complex
Hauppauge, New York
USA 11787-4311

Dear Dr. Lehrer: **Mid-Cycle Review**

Our review of the mid-cycle material you uploaded earlier is complete. I am pleased to inform you that your laboratory continues to be in compliance with the requirements of the ABFT Accreditation Program.

As stated in earlier correspondence, accreditation of your laboratory under the ABFT program will continue until June 30, 2024. Also, just a reminder that per the agreement ABFT has with ANAB, should you wish to continue to have your laboratory accredited, you will need to apply directly to ANAB for assessment against ISO/IEC 17025 (including ABFT Supplemental Standards, if you so wish) at least six months prior to expiry of your ABFT accreditation.

As always, we thank you for participation in the ABFT Accreditation Program.

Yours Sincerely,

Graham R. Jones, Ph.D., F-ABFT
Chair, ABFT Accreditation Committee

cc. Michael Katz, B.S., M.S

ANAB
ANSI National Accreditation Board

May 9, 2023

Christopher Cording
Westchester County Department of Laboratories & Research
Division of Forensic Toxicology
10 Dana Road
Valhalla, NY 10595

Dear Director Cording,

Congratulations! On May 8, 2023, ANAB granted your organization's accreditation in the Field of Forensic Testing. This decision was based upon the documentation provided in the assessment report and in accordance with the recommendation of the Team Leader. ANAB is satisfied that your organization has met or exceeded the accreditation requirements and requirements of your own documented management system.

Accredited forensic service providers are expected to maintain the standards which were required to achieve accreditation and conform to ANAB Terms and Conditions for Accreditation. The principal means used to monitor ongoing conformance include surveillance activities, proficiency testing reports submitted by approved test providers, and disclosure of significant events and nonconformities. The results of these monitoring activities will be considered when confirming the continuation of accreditation between assessments.

The planned surveillance activity and reassessment schedule is listed below:

- March 2024 Surveillance Assessment
- March 2025 Surveillance Assessment
- March 2026 Surveillance Document Review
- March 2027 Reassessment

The provided ANAB accreditation symbol (Testing) may be used to convey your accredited status. An accreditation symbol must not be used in any way which implies accreditation in any area outside of the scope of accreditation. If appropriate, the accreditation symbol may be used on your organization's website, reports, letterhead, business cards, and other official documents. Please refer to PR 1018 Policy on Use of ANAB Accreditation Symbols and Claims of Accreditation Status for all required information. This policy also provides information on your ability to use a combined mark that contains the ANAB accreditation symbol and the International Laboratory Accreditation Cooperation (ILAC) mark.

The report and an electronic version of accreditation documents are included with this letter.

Achieving accreditation is the result of an extensive commitment of resources and much preparation by the management and personnel of the entire organization. I commend the efforts of all who were involved in this achievement. On behalf of ANAB, I extend my sincere congratulations to you. If you have any questions or if ANAB might assist you in any way, please feel free to get in touch with us at qualitymatters@anab.org.

Sincerely,

[redacted]

Nita Bolz
Senior Manager of Accreditation
ANSI National Accreditation Board

cc: Mary Jane Masih, Senior Toxicologist
ANAB Office

ANAB
ANSI National Accreditation Board

CERTIFICATE OF ACCREDITATION

The ANSI National Accreditation Board

Hereby attests that

Westchester County Department of Laboratories & Research: Division of Forensic Toxicology

10 Dana Road, Valhalla, New York 10595 USA

Fulfills the requirements of

ISO/IEC 17025:2017

Accreditation Requirements for Forensic Testing and Calibration (2023)

In the field of

Forensic Testing

This certificate is valid only when accompanied by a current scope of accreditation document.
The current scope of accreditation can be verified at www.anab.org.

[redacted]
Pamela L. Sale, Vice President, Forensics

Expiry Date: 31 July 2027
Certificate Number: FT-0385

ANAB
ANSI National Accreditation Board

ilac-MRA

ANAB
ANSI National Accreditation Board

SCOPE OF ACCREDITATION TO:
ISO/IEC 17025:2017
Accreditation Requirements for Forensic Testing and Calibration (2023)

Westchester County Department of Laboratories & Research:
Division of Forensic Toxicology

10 Dana Road
Valhalla, New York, 10595 USA

FORENSIC TESTING

Expiry Date: 31 July 2027 Certificate Number: FT-0385

Discipline: Toxicology		
Component/Parameter	**Item**	**Key Equipment/Technology**
Qualitative Determination	Ante-Mortem Biological Item Post-Mortem Biological Item	Colorimetry Gas Chromatography Immunoassay Infrared Spectroscopy Ion Specific Electrode Liquid Chromatography Mass Spectrometry Ultraviolet Spectroscopy Visible Spectroscopy
Qualitative Determination (Volatiles)	Ante-Mortem Biological Item Liquid Post-Mortem Biological Item	Gas Chromatography Mass Spectrometry
Quantitative Measurement	Ante-Mortem Biological Item Post-Mortem Biological Item	Gas Chromatography Infrared Spectroscopy Ion Specific Electrode Liquid Chromatography Mass Spectrometry Ultraviolet Spectroscopy Visible Spectroscopy
Quantitative Measurement (Volatiles)	Ante-Mortem Biological Item Liquid Post-Mortem Biological Item	Gas Chromatography

1899 L Street NW, Suite 1100-A, Washington, DC 20036
414-501-5494
www.anab.org

ANAB ANSI National Accreditation Board ilac-MRA

When published on a forensic service provider's Scope of Accreditation, ANAB has confirmed the competence required to develop and validate methods and perform on-going quality assurance for accredited activities. For a listed component/parameter, the forensic service provider may add or modify methods for activities without formal notice to ANAB for items and key equipment/technology listed. Contact the forensic service provider for information on the method utilized for accredited work.

Pamela L. Sale
Vice President, Forensics

1899 L Street NW, Suite 1100-A, Washington, DC 20036
414-501-5494
www.anab.org

Westchester County Department of Laboratories & Research - Division of Forensic Toxicology

2023 - 17025T - Accreditation Assessment

Prepared by Michael Hurley

Lead Assessor

Data collected on 2023-02-27

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 the scope by discipline that was assessed for each location. The assessment plan, together with this report, provides a complete picture of the accreditation activity.

The ANSI National Accreditation Board (ANAB) evaluated the competence of the forensic service provider and conformance with all applicable accreditation requirements for the scope of accreditation listed 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 on-site activities.

REQUIREMENTS:

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

General requirements related to the forensic service provider'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.

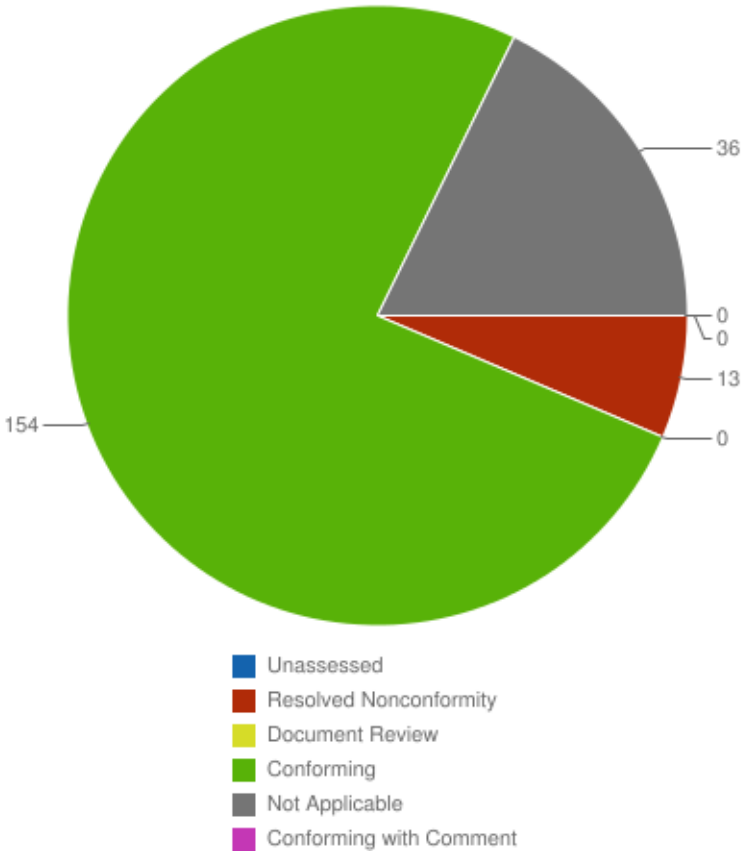
The accreditation activity also evaluates forensic science provider’s conformance with their own management system requirements.

ASSESSMENT RESULT:

Based on the assessment techniques and sampling reviewed during the assessment activity, the assessment team found that the forensic service provider demonstrated competence to operate a management system that fulfills all applicable accreditation requirements, including those specified within their management system.

Any comments (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

7.4 Handling of test or calibration items

7.4.1.1 ANAB Accreditation Requirement

Resolved Nonconformity

Requirement

For all test items received except known origin individual characteristic database samples, does the procedure:
a) address requirements for storage, packaging, and sealing of items to:
1) protect the integrity of all items? and
2) require items to be re-sealed as soon as practicable?
b) address measures to be taken to secure unattended items?
c) require chain-of-custody for:
1) all items received? and
2) items that are collected or created and preserved for future testing (e.g., ESDA lifts, test-fired ammunition, latent print lifts, trace evidence, DNA extracts)?
d) require chain-of-custody to securely and accurately identify:
1) the individual(s) or location(s) receiving or transferring the item(s)? and
2) the item(s) being transferred? and
3) the chronological order of all transfers, minimally including the date?
e) require communication to the customer regarding the disposition of all items received; and
F) address communication to the customer regarding items collected or created and preserved for future testing?

ANAB NOTE 1 c) An item being tracked could contain multiple components and be tracked as one item.

ANAB NOTE 2 d).1) Documentation of internal transfers does not need to include use of personal storage locations.

Nonconformity Resolution Workflow

There is no procedure for the human performance program or the medical examiner program which requires communicating to the customer, regarding the disposition of all items received. For the DWI testing, items tested are returned to the agency. However, in the postmortem testing, items are retained for a period of time and then destroyed. The disposition of the items is not reflected in the laboratory reports, or in any other manner.

The chain of custody procedure and method for documentation of items of evidence does not accurately reflect the individual(s) or location(s) receiving or transferring the item(s).

Corrective Action Closure Note: The laboratory created a nonconformance report, which included root cause analysis (cause, extent) an action plan, and evidence of implementation.
Procedures were revised and now both DWI and Postmortem reports have statements added indicating the disposition of evidence once testing is complete.
The laboratory revised the evidence handling and chain of custody procedure to accurately reflect the individual possession or location of the items. The following objective evidence was provided: Revised DWI procedure, revised Postmortem Toxicology procedure and revised Toxicology Training manual. Case record chain of custody records showing the incoming and internal chain of custody records. Example reports for both DWI and Postmortem casework indicating the disposition of evidence following examination. Memo to all staff and acknowledgment regarding the changes to these procedures. This nonconformity is resolved.

7.4 Handling of test and calibration items

7.4.2 ISO/IEC 17025:2017

Resolved Nonconformity

Requirement

Does the laboratory have a system for the unambiguous identification of test or calibration items? Is the identification retained while the item is under the responsibility of the laboratory? Does the system ensure that items will not be confused physically or when referred to in records or other documents? Does the system, if appropriate, accommodate a sub-division of an item or groups of items and the transfer of items?

Nonconformity Resolution Workflow

The laboratory system for DWI casework for the identification of test items does not ensure that items will not be confused physically or when referred to in records or other documents.
Laboratory Quality Manual Sections III, 1.14.2 and 1.14.3 detail, the labeling of blood or urine sample containers into the laboratory. When 2 bloods or 2 urines with the same date of collection are submitted, they are to be designated as one item and the 1st container opened is designated as "A" and if the 2nd item is opened it will be designated as "A". Review and interviews indicates that items are not being identified with the letter "A" designation. Additionally, the LIMS will designate the both items as number 1, however the evidence receipt will indicate 2 items. The examination documentation, chain of custody records and reports does not utilize or reflect a system of numbering for the unambiguous identification of the test items.
For submissions which have different collection dates or times, they are considered 2 items and designated as number 1 and number 2 in LIMS. However, this designation is not always followed, and it is not clear how items will be identified when the time of collection is only a few minutes apart.

Corrective Action Closure Note: The laboratory created a nonconformance report, which included root cause analysis (cause, extent) an action plan, and evidence of implementation.
The laboratory revised the system for identification of test items in DWI casework to ensure that items are not confused physically or when referred to in the records or other document.
When receiving 2 blood tubes with the same date and time of collection or 2 bottles of urine with the same date and time the lab will uniquely identify the item tested and if a second item is tested it will be uniquely identified with a different date and initials. Examination records also uniquely identified items tested.
If the laboratory receives items with different dates and times, even if the times are within minutes of one another, the laboratory will designate such items uniquely.
The following objective evidence was provided:
Revised DWI procedure and revised Quality manual.
DWI Case record showing a more detailed description of items received and unique identification of the items tested. Photograph depicting unique identification on blood tube tested.
This nonconformity is resolved.

7.5 Technical records

7.5.1 ISO/IEC 17025:2017

Resolved Nonconformity

Requirement

Does the laboratory ensure that technical records for each laboratory activity contain the results, report and sufficient information to facilitate, if possible, identification of factors affecting the measurement result and its associated measurement uncertainty and enable the repetition of the laboratory activity under conditions as close as possible to the original? Do the technical records include the date and the identity of personnel responsible for each laboratory activity and for checking data and results? Are original observations, data and calculations recorded at the time they are made and identifiable with the specific task?

ANAB NOTE Options for recording observations include, but are not limited to: written notes, photography, drawing, photocopying, or scanning.

Nonconformity Resolution Workflow

The technical records for each laboratory activity do not contain enough detailed information/description of items received and examined to ensure or facilitate, if possible, identification of factors affecting the measurement result and its associated measurement uncertainty. Additionally, when there is more than one piece of equipment that may be used (i.e. pipettes) the specific equipment utilized for quantitation analysis is not identified.

Corrective Action Closure Note: The laboratory created a nonconformance report, which included root cause analysis (cause, extent) an action plan, and evidence of implementation.
All analysts have been instructed to be clearer with any notes they take on the conditions of items received for testing. In addition, when performing case review more emphasis will be placed upon ensuring consistent note taking amongst the staff.
The laboratory recorded the serial numbers of automatic pipetting devices used during analysis. The information on the specific equipment used is now added to the extraction worksheets used by all analysts.
The following objective evidence was provided:
Revised DWI procedure, revised extraction worksheet with pipette identifiers and revised Quality manual.
DWI Case record showing a more detailed description of items received and unique identification of the items tested as well as documentation of equipment used for testing.
Equipment worksheet with listing of laboratory, pipettes by serial number. This nonconformity is resolved.

7.7 Ensuring the validity of results

7.7.1 ANAB Accreditation Requirement

Resolved Nonconformity

Requirement

g).1 When a verification of a result is carried out:
a) was it conducted by an individual who is currently authorized to perform the testing?
b) was a record of the verification made and did the record identify who performed the verification, when it was performed, and the result of the verification? and
c) was the resolution of any discrepancy recorded?

ANAB NOTE 1 a) See requirements of 6.2.6 in ISO/IEC 17025:2017.

ANAB NOTE 2 b) Verification may be recorded for each result verified or as a summary for all results verified.

l) Is there a procedure for the technical review of technical records, including reports, and testimony? Does the procedure:
1. require that a technical review be performed by an individual that has been competency tested to perform the testing or calibration work that is being reviewed?
2. preclude an individual from technically reviewing their own work?
3. define the method to be used to ensure a representative sample of technical records and reports in each discipline are subjected to technical review?
4. define the method to be used to ensure testimony in each discipline is reviewed?
5. define the method to be used to conduct and record the review?
6. ensure that the results, opinions and interpretations are accurate, properly qualified and supported by the technical record?
7. ensure conformance with methods and applicable management system documents? and
8. describe a course of action to be taken if a discrepancy is found?

ANAB NOTE 1 An individual conducting the technical review need not be an employee of the forensic service provider, currently proficiency tested or currently performing the work.

ANAB NOTE 2 An individual who performs a verification can also perform a technical review.

ANAB NOTE 3 The frequency may vary for different disciplines.

Nonconformity Resolution Workflow

The procedure for technical review does not preclude the individual from technically reviewing their own work.
The authorizer of the report is technically reviewing their own work.

Corrective Action Closure Note: The laboratory created a nonconformance report, which included root cause analysis (cause, extent) an action plan, and evidence of implementation.
Effective, immediately the Laboratory Supervisor or the QA manager began to perform a technical review of the post-mortem reports written by the Laboratory Director.
The following objective evidence was provided:
Revised Quality Manual with clarifying information and updated DWI and PM procedures which indicate that the analyst/issuer of the report will not technically review their own work. Technical reviews will be performed by a Senior Toxicologist or Director.
This nonconformity is resolved.

7.8.1 General

7.8.1.2 ISO/IEC 17025:2017

Resolved Nonconformity

Requirement

Are results provided accurately, clearly, unambiguously and objectively, usually in a report (e.g. a test report or a calibration certificate or report of sampling), and include all the information agreed with the customer and necessary for the interpretation of the results and all information required by the method used? Are all issued reports retained as technical records?

NOTE 1 For the purposes of this document, test reports and calibration certificates are sometimes referred to as test certificates and calibration reports, respectively.

NOTE 2 Reports can be issued as hard copies or by electronic means, provided that the requirements of this document are met.

Nonconformity Resolution Workflow

The reporting of measurement uncertainty for quantitative drug analysis is indicated with a ± 20% value. However, this is not an accurate reflection of what the uncertainty of measurement may actually be which could be lower in some instances or higher. In other instances this does not give the necessary information for the interpretation of the results.

Corrective Action Closure Note: The laboratory created a nonconformance report, which included root cause analysis (cause, extent) an action plan, and evidence of implementation. Effective immediately, the laboratory discontinued the reporting of measurement uncertainty values for drug analysis. The ± 20% statement was removed from all reports.
The following objective evidence was provided:
Revised DWI procedure and revised Postmortem procedure.
Case records showing measurement uncertainty values are no longer reported for drug analysis results.
This nonconformity is resolved.

7.8.2 Common requirements for reports (test, calibration or sampling)

7.8.2.1 ISO/IEC 17025:2017

Resolved Nonconformity

Requirement

Does each report include at least the following information, unless the laboratory has valid reasons for not doing so, thereby minimizing any possibility of misunderstanding or misuse:

a) a title (e.g. “Test Report”, “Calibration Certificate” or “Report of Sampling”)?
b) the name and address of the laboratory?
c) the location of performance of the laboratory activities, including when performed at a customer facility or at sites away from the laboratory’s permanent facilities, or in associated temporary or mobile facilities?
d) unique identification that all its components are recognized as a portion of a complete report and a clear identification of the end?
e) the name and contact information of the customer?
f) identification of the method used?
g) a description, unambiguous identification, and, when necessary, the condition of the item?
h) the date of receipt of the test or calibration item(s), and the date of sampling, where this is critical to the validity and application of the results?
i) the date(s) of performance of the laboratory activity?
j) the date of issue of the report?
k) reference to the sampling plan and sampling method used by the laboratory or other bodies where these are relevant to the validity or application of the results?
l) a statement to the effect that the results relate only to the items tested, calibrated or sampled?
m) the results with, where appropriate, the units of measurement?
n) additions to, deviations, or exclusions from the method?
o) identification of the person(s) authorizing the report?
p) clear identification when results are from external providers?

NOTE Including a statement specifying that the report shall not be reproduced except in full without approval of the laboratory can provide assurance that parts of a report are not taken out of context.

ANAB NOTE 2 A legal requirement that dictates the information to be included in a report is a valid reason to not include one or more listed report elements.

ANAB NOTE 3 i) Date(s) may be reflected as a range of dates or the date of each test or calibration.

ANAB NOTE 4 o) Authorization of the report does not have to be performed by the same person(s) who authorized the results. (see ISO/IEC 17025:2017 7.8.1.1).

Nonconformity Resolution Workflow

The laboratory reports do not address the following elements of this requirement:
f) identification of the method used - (In some casework the report indicates more than one drug and a method of X or Y that is not specific to the method used)
g) a description, unambiguous identification, and, when necessary, the condition of the item
i) the date(s) of performance of the laboratory activity
l) a statement to the effect that the results relate only to the items tested
m) the results with, where appropriate, the units of measurement - (measurement uncertainty is reported as a blanket statement such as, ± 20% rather than the actual MU in the proper format.)

Corrective Action Closure Note: The laboratory created a nonconformance report, which included root cause analysis (cause, extent) an action plan, and evidence of implementation. The laboratory immediately implemented the following changes: f) The laboratory added a "Detailed Findings" section to the report that includes all elements of the summary of results with appropriate identification methods. A statement is included indicating that any result that is reported as "present" is an unconfirmed result. g) The laboratory now reports tube color for all tubes of blood for DWI reports. In addition, the DWI procedure reflects that additional descriptive information be provided on the report in instances where the condition of the sample may have an effect on the results. For post-mortem samples where the condition of the sample has an effect on the analytical results a statement is applied that the "sample matrix is unsuitable for analysis". When ante-mortem samples are provided a note will be added to the report that tube colors used for analysis will be available upon request. i) Dates of analytical testing have been added to all reports. l) A statement has been added to all reports that results relate only to the items tested. m) The ± 20% statement for drugs has been removed from all reports. The units of measurement have been added to the MU statement for DWI alcohol cases. The laboratory no longer reports uncertainty values for drug analysis. The following objective evidence was provided: Revised DWI procedure, revised Postmortem Toxicology procedure, revised Toxicology Training manual and updated Quality Manual. Case records showing the changes have been implemented. This nonconformity is resolved.

7.8.3 Specific requirements for test reports

7.8.3.1.c).1 ANAB Accreditation Requirement

Resolved Nonconformity

Requirement

Was/Did the measurement uncertainty:
a) included in the report or an annex to the report when it impacts the evaluation of a specification limit stated by a regulatory body, a statute, case law, or other legal requirement?
b) include the measured quantity value, y, along with the associated expanded uncertainty, U, and the coverage probability?
c) in the format of y ± U?

d) limited to at most two significant digits, unless there is a documented rationale for reporting additional significant digits? and
e) reported to the same level of significance (i.e., same number of decimal places or digits) as the measurement result?

ANAB NOTE 1 a) A legal requirement is created, imposed, and enforced by a third-party external to the laboratory agency.

ANAB NOTE 2 c) For asymmetrical uncertainties, it may be inappropriate to quote a single result for the uncertainty and presentations other than y ± U may be needed.

ANAB NOTE 3 e) Reducing or simplifying a fraction is not a change in level of significance.

Nonconformity Resolution Workflow

Measurement uncertainty reporting for quantitative values of drugs does not include the measured quantity value, y, along with the associated expanded uncertainty, U, and the coverage probability, in the format of y ± U.

Corrective Action Closure Note: The laboratory created a nonconformance report, which included root cause analysis (cause, extent) an action plan, and evidence of implementation.
Effective immediately the ± 20% statement for drugs was removed from all reports. The laboratory will no longer report uncertainty values for drug analysis.
The following objective evidence was provided:
Case records showing the changes have been implemented.
This nonconformity is resolved.

7.8.8 Amendments to reports

7.8.8.1 ISO/IEC 17025:2017

Resolved Nonconformity

Requirement

When an issued report needs to be changed, amended or re-issued, is any change of information clearly identified and, where appropriate, is the reason for the change included in the report?

Nonconformity Resolution Workflow

In amended reports the change is not clearly identified and the reason for the change is not included in the report as required by laboratory policies.
DWI procedure (1.18) and post-mortem procedure pg 18 (1.24.2) and 19 (1.24.5)
1.18 Any amendments to the test report will result in the issuance of a separate Amended Report. Amended reports must include a note as to why the report was amended.

Corrective Action Closure Note: The laboratory created a nonconformance report, which included root cause analysis (cause, extent) an action plan, and evidence of implementation.
If an amended or supplemental report is required, the change will be clearly identified and the reason for the change included on the report as required by laboratory procedures.
The following objective evidence was provided:
Mock sample of original and amended report.
This nonconformity is resolved.

8.2 Management system documentation (Option A)

8.2.1 ISO/IEC 17025:2017

Resolved Nonconformity

Requirement

Does the laboratory management establish, document, and maintain policies and objectives for the fulfilment of the purposes of this document and ensure that the policies and objectives are acknowledged and implemented at all levels of the laboratory organization?

Nonconformity Resolution Workflow

The laboratory is not following the DWI procedure for the marking of blood tubes which are examined.

Corrective Action Closure Note: The laboratory created a nonconformance report, which included root cause analysis (cause, extent) an action plan, and evidence of implementation.
The laboratory revised the DWI procedure and changed and clarified the way blood tubes are uniquely identified and marked for identification, as well as how items are described in the examination record.
The following objective evidence was provided:
Revised DWI procedure. DWI case record demonstrating the laboratory has implemented the revised procedure. A photograph of a blood tube showing how the item is uniquely identified as required by the DWI procedure.
This nonconformity is resolved.

8.8 Internal audits (Option A)

8.8.1 ISO/IEC 17025:2017

Resolved Nonconformity

Requirement

Does the laboratory conduct internal audits at planned intervals to provide information on whether the management system:
a) conforms to:
- the laboratory's own requirements for its management system, including the laboratory activities?
- the requirements of this document?
b) is effectively implemented and maintained?

Nonconformity Resolution Workflow

The laboratory has conducted audits of QC charts quarterly. However prior to the assessment the laboratory has not conducted an internal audit to demonstrate that it conforms to the requirements of this document and the labs own requirements.

Corrective Action Closure Note: The laboratory created a nonconformance report, which included root cause analysis (cause, extent) an action plan, and evidence of implementation.
The laboratory performed an internal audit to show compliance with this standard.
The following objective evidence was provided:
Internal Audit Plan Procedure,
An Internal Audit Overall Checklist which addresses the 17025 and AR 3125 requirements and conforms to the requirements of this document. The checklist included objective evidence for conformance and indicates the new plan has been implemented.
This nonconformity is resolved.

8.8.1.a).1 ANAB Accreditation Requirement

Resolved Nonconformity

Requirement

a).1 Do internal audits provide information on whether the management system conforms to the requirements of this document?

Nonconformity Resolution Workflow

Prior to the assessment the laboratory has not conducted an internal audit to demonstrate that it conforms to the requirements of this document.

Corrective Action Closure Note: The laboratory created a nonconformance report, which included root cause analysis (cause, extent) an action plan, and evidence of implementation.
The laboratory performed an internal audit to show compliance with this standard.
The following objective evidence was provided:
Internal Audit Plan Procedure
An Internal Audit Overall Checklist which addresses the 17025 and AR 3125 requirements and conforms to the requirements of this document. The checklist included objective evidence for conformance and indicates the new plan has been implemented.
This nonconformity is resolved.

8.8.1.1 ANAB Accreditation Requirement

Resolved Nonconformity

Requirement

Are internal audits conducted at least annually, as well as prior to the initial accreditation assessment?

Nonconformity Resolution Workflow

Prior to the assessment the lab has not conducted an internal audit to demonstrate that it conforms to the requirements of this document and the labs own requirements (QM 7.7.4).

Corrective Action Closure Note: The laboratory created a nonconformance report, which included root cause analysis (cause, extent) an action plan, and evidence of implementation.
The laboratory performed an internal audit to show compliance with this standard.
The following objective evidence was provided:
Internal Audit Plan Procedure,
An Internal Audit Overall Checklist which addresses the 17025 and AR 3125 requirements and conforms to the requirements of this document. The checklist included objective evidence for conformance and indicates the new plan has been implemented.
This nonconformity is resolved.

8.8.2 ISO/IEC 17025:2017

Resolved Nonconformity

Requirement

Does the laboratory:
a) plan, establish, implement and maintain an audit programme including the frequency, methods, responsibilities, planning requirements and reporting, which shall take into consideration the importance of the laboratory activities concerned, changes affecting the laboratory, and the results of previous audits?
b) define the audit criteria and scope for each audit?
c) ensure that the results of the audits are reported to relevant management?
d) implement appropriate correction and corrective actions without undue delay?
e) retain records as evidence of the implementation of the audit programme and the audit results?

NOTE ISO 19011 provides guidance for internal audits.

Nonconformity Resolution Workflow

The laboratory has not documented and implemented an audit plan / programme which identifies the frequency, methods, define the audit criteria and scope of each audit. The retention of supporting records to demonstrate implementation and the audit results and reporting are not identified in the plan.

Corrective Action Closure Note: The laboratory created a nonconformance report, which included root cause analysis (cause, extent) an action plan, and evidence of implementation.
The laboratory created an internal audit plan that meets the requirements of this standard which identifies the frequency, methods, defines the audit criteria and scope of each audit. Following the plan the laboratory conducted an internal audit demonstrating implementation of the audit plan and retention of supporting documentation.
The following objective evidence was provided:
Internal Audit Plan Procedure,
An Internal Audit Overall Checklist which addresses the 17025 and AR 3125 requirements,
Additional supporting records of review.
This nonconformity is resolved.

dcjs.sm.forensiclabs

From: Colleen Lockhart [redacted]
Sent: Tuesday, March 28, 2023 5:07 PM
To: dcjs.sm.forensiclabs
Cc: Cristina Pires; Crystal Washington
Subject: RE: Change in Significant Management
Attachments: Pires_012023_CV.pdf

Brianna,

Please see the attached document.

Colleen Lockhart – Laboratory Director
Yonkers Police Department Forensic Science Laboratory
City of Yonkers | 104 South Broadway | Yonkers, New York 10701
[redacted]

From: dcjs.sm.forensiclabs [mailto:dcjsforensiclabs@dcjs.ny.gov]
Sent: Tuesday, March 28, 2023 2:51 PM
To: Colleen Lockhart [redacted]
Subject: RE: Change in Significant Management

Colleen,

Could you please send over Cristina's CV? Thank you.

Brianna Robinson
Laboratory Accreditation Specialist 1
Office of Forensic Services

New York State Division of Criminal Justice Services
80 South Swan St., Albany, NY 12210
[redacted]
www.criminaljustice.ny.gov

From: Colleen Lockhart [redacted]
Sent: Tuesday, March 28, 2023 9:43 AM
To: dcjs.sm.forensiclabs <dcjsforensiclabs@dcjs.ny.gov>
Subject: FW: Change in Significant Management

Please see below email.

Colleen Lockhart – Laboratory Director
Yonkers Police Department Forensic Science Laboratory
City of Yonkers | 104 South Broadway | Yonkers, New York 10701
[redacted]

From: Colleen Lockhart
Sent: Tuesday, March 28, 2023 9:42 AM
To: 'QualityMatters' <qualitymatters@anab.org>
Cc: 'dcjsforensicslabs@dcjs.ny.gov' <dcjsforensicslabs@dcjs.ny.gov>; Cristina Pires [redacted]
Crystal Washington [redacted]
Subject: Change in Significant Management

Good Morning,

The Yonkers Police Department Forensic Science Laboratory will have a change in significant management effective March 31, 2023.

There will be a new Laboratory Director, Cristina Pires.

Mrs. Pires contact information, other than her email, remains the same as below. Her email address is [redacted]

If you have any questions please feel free to contact the laboratory.

Colleen Lockhart – Laboratory Director
Yonkers Police Department Forensic Science Laboratory


YONKERS POLICE DEPARTMENT
FORENSIC SCIENCE LABORATORY

PROCEDURES FOR MEMBER VIDEOCONFERENCING PURSUANT TO PUBLIC OFFICERS LAW§ 103-a – "EXTRAORDINARY CIRCUMSTANCES"

In compliance with Public Officers Law (POL) §103-a(2)(a), the Commission, following a public hearing, authorized by resolution on XX, 2023, the use of videoconferencing as described in POL §103-a.

The following procedures are hereby established to satisfy the requirement of POL §103-a(2)(b) that any public body which in its discretion wishes to permit its members to participate in meetings by videoconferencing from private locations – under extraordinary circumstances – must establish written procedures governing member and public attendance.

1. Commission members shall be physically present at any meeting of the Commission unless such member is unable to be physically present at one of the designated public meeting locations due to extraordinary circumstances.

2. For purposes of these procedures, the term "extraordinary circumstances" includes disability, illness, caregiving responsibilities, or any other significant or unexpected factor or event which precludes the member's physical attendance at such meeting.

3. If a member is unable to be physically present at one of the designated public meeting locations and wishes to participate by videoconferencing from a private location due to extraordinary circumstances, the member must notify the Chair of the Commission, or the Commissioner of the Division of Criminal Justice Services or his/her designee no later than four business days prior to the scheduled meeting in order for proper notice to the public to be given.

4. If there is a quorum of members participating at a physical location(s) open to the public, the Commission may properly convene a meeting. A member who is participating from a remote location that is not open to in-person physical attendance by the public shall not count toward a quorum of the Commission but may participate and vote if there is a quorum of members at a physical location(s) open to the public.

5. Except in the case of executive sessions conducted pursuant to POL §105, the Commission shall ensure that its members can be heard, seen, and identified while the meeting is being conducted, including, but not limited to, any motions, proposals, resolutions, and any other matter formally discussed or voted upon.

6. The minutes of the meetings involving videoconferencing based on extraordinary circumstances pursuant to POL §103-a shall include which, if any, members participated by videoconferencing from a private location due to such extraordinary circumstances.

7. The public notice for the meeting shall inform the public: (i) that extraordinary circumstances videoconferencing will (or may) be used; (ii) where the public can view and/or participate in such meeting; (iii) where required documents and records will be posted or available; and (iv) the physical location(s) for the meeting where the public can attend.

8. The Commission, which may require and receive from the Division of Criminal Justice Services any assistance as may be necessary to enable the Commission carry out its duties and functions, shall provide that each open portion of any meeting conducted using extraordinary circumstances videoconferencing shall be recorded and such recordings posted or linked on the Division of Criminal Justice Services website (www.criminaljustice.ny.gov)

within five business days following the meeting, and shall remain so available for a minimum of five years thereafter. Such recordings shall be transcribed upon request.

9. If members of the Commission are authorized to participate by videoconferencing from a private location due to extraordinary circumstances, the Commission shall provide the opportunity for members of the public to view such meeting by video, and to participate in proceedings by videoconference in real time where public comment or participation is authorized. The Commission shall ensure that where extraordinary circumstances videoconferencing is used, it authorizes the same public participation or testimony as in person participation or testimony.

10. Open meetings of the Commission conducted using extraordinary circumstances videoconferencing pursuant to the provisions of POL §103-a shall be broadcast pursuant to the requirements of POL §103(f) and shall utilize technology to permit access by members of the public with disabilities consistent with the 1990 Americans with Disabilities Act (ADA), as amended, and corresponding guidelines. For the purposes of this guideline, “disability” shall have the meaning defined in Executive Law §292.

11. The in-person participation requirements of POL §103-a(2)(c) shall not apply during a state disaster emergency declared by the Governor pursuant to Executive Law §28 if the Commission determines that the circumstances necessitating the emergency declaration would affect or impair the ability of the Commission to hold an in-person meeting.

12. The Commission may require and receive from the Division of Criminal Justice Services any assistance as may be necessary to enable the Commission carry out its duties and functions. These procedures shall be conspicuously posted on the Division of Criminal Justices website (www.criminaljustice.ny.gov).

Resolution No. _____
Commission on Forensic Science

WHEREAS, pursuant to Executive Law §995-a, there is hereby created a Commission on Forensic science (Commission); and

WHEREAS, pursuant to Executive Law §995-b(5), the Commission may require and receive from any agency of the State, including the Division of Criminal Justice Services, any assistance as may be necessary to enable the Commission to carry out its duties and functions; and

WHEREAS, as a public body the Commission is subject to the Open Meetings Law requirements; and

WHEREAS, by passing Chapter 56 of the Laws of 2022 ("Chapter 56"), the New York State Legislature amended Section 103 of the Open Meetings Law; and

WHEREAS, Chapter 56 adds Section 103-a of the Open Meetings Law, permitting the Commission to authorize its members to attend meetings by videoconferencing under extraordinary circumstances; and

WHEREAS, Section 103-a(2)(a) requires the Commission to adopt a resolution authorizing the limited use of videoconferencing under such circumstances; and

WHEREAS, Section 103-a(2) allows for hybrid meetings by requiring "that a minimum number of members are present to fulfill the public body's quorum requirement in the same physical location or locations where the public can attend"; and

WHEREAS, Section 103-a(2)(c) requires that members be physically present at any such meeting "unless such member is unable to be physically present at any such meeting location due to extraordinary circumstances . . . including disability, illness, caregiving responsibilities, or any other significant or unexpected factor or event which precludes the member's physical attendance at such meeting"; and

WHEREAS, in accordance with Section 103-a(2)(d), any members attending by videoconference must be "heard, seen and identified, while the meeting is being conducted, including but not limited to any motions, proposals, resolutions, and any other matter formally discussed or voted upon"; and

WHEREAS, Section 103-a(2)(g) requires that any meeting where a member attends by videoconference be recorded, posted to the Division of Criminal Justice Services website within five business days, and transcribed upon request; and

WHEREAS, pursuant to Section 103-a(2)(h), if videoconferencing is used to conduct a meeting, the Commission shall provide the opportunity for members of the public to view such meeting via video and to participate in proceedings via videoconference in real time where public comment or participation is authorized, and shall ensure that videoconferencing authorizes the same public participation or testimony as in person participation or testimony.

WHEREAS, per the Committee on Open Government, public bodies are still permitted to conduct its meetings at multiple physical locations from which members of the body may participate if those locations are open to in-person public attendance, regardless of extraordinary circumstances. The intent of the amendments to the Open Meetings Law was to expand the authority of a public body to allow its members to participate in a meeting using videoconferencing under limited circumstances when the member's location is not open to in-person public attendance. It was not the intent to limit the existing authority to virtually connect multiple public locations from which members and the public may attend through the use of videoconferencing technology.

THEREFORE, BE IT RESOLVED, that the Commission authorizes its members who experience an extraordinary circumstance, as described above and further defined by any rules or written procedures later adopted, to attend meetings by videoconference: (i) as long as a quorum of the members attend in-person at one or more locations open to the public; (ii) as long as the member can be seen, heard, and identified while the meeting is being conducted; and (iii) as otherwise permitted under Chapter 56 of the Laws of 2022; and

BE IT FURTHER RESOLVED, that the Commission shall create written procedures further governing its use of videoconferencing by its members in compliance with Chapter 56 of the Laws of 2022, which shall be incorporated into its by-laws.

ANSI National Accreditation Board

March 13, 2023

Christine Griffin, M.S.
Niagara County Sheriff's Office
Forensic Laboratory
5526 Niagara Street, Ext.
Lockport, New York 14094

Dear Director Griffin,

Congratulations! On March 2, 2023, ANAB approved the continuation of your organization's accreditation based upon the results of your recent surveillance activity. Continuation of accreditation is a formal acknowledgement that your organization continues to operate in conformance with accreditation requirements. The report was provided to you during the assessment activity.

The provided ANAB accreditation symbol may be used to convey your accredited status. An accreditation symbol must not be used in any way which implies accreditation in any area outside of the scope of accreditation. If appropriate, the accreditation symbol may be used on your organization's website, reports, letterhead, business cards, and other official documents. Please refer to PR 1018 Policy on Use of ANAB Accreditation Symbols and Claims of Accreditation Status for all required information. This policy also provides information on your ability to use a combined mark that contains the ANAB accreditation symbol and the International Laboratory Accreditation Cooperation (ILAC) mark.

The next assessment activity is scheduled to be a Surveillance Assessment in February 2024.

Thank you for your ongoing commitment to quality and the accreditation process.

Sincerely,

[redacted]

Nita Bolz
Senior Manager of Accreditation
ANSI National Accreditation Board

cc: ANAB Office

ANAB
ANSI National Accreditation Board

CERTIFICATE OF ACCREDITATION

The ANSI National Accreditation Board

Hereby attests that

Niagara County Sheriff's Office
Forensic Laboratory
5526 Niagara Street, Ext., Lockport, New York 14094 USA

Fulfills the requirements of

ISO/IEC 17025:2017

Accreditation Requirements for Forensic Testing and Calibration (2023)

In the field of

Forensic Testing

This certificate is valid only when accompanied by a current scope of accreditation document.
The current scope of accreditation can be verified at www.anab.org.

[redacted]
Pamela L. Sale, Vice President, Forensics

Expiry Date: 30 June 2026
Certificate Number: FT-0311

ANAB
ANSI National Accreditation Board
ilac-MRA

ANAB
ANSI National Accreditation Board

SCOPE OF ACCREDITATION TO:
ISO/IEC 17025:2017
Accreditation Requirements for Forensic Testing and Calibration (2023)

Niagara County Sheriff's Office Forensic Laboratory

5526 Niagara Street, Ext.
Lockport, New York 14094 USA

FORENSIC TESTING

Expiry Date: 30 June 2026 Certificate Number: FT-0311

Discipline: Biology		
Component/Parameter	**Item**	**Key Equipment/Technology**
Qualitative Determination	Body Fluid	Chemical General Microscopy Immunoassay

Discipline: Firearms and Toolmarks		
Component/Parameter	**Item**	**Key Equipment/Technology**
Function Evaluation	Firearm	Dead Weight Measuring Equipment Visual
Individual Characteristic Database	Ammunition	National Integrated Ballistic Information Network (NIBIN)
Physical Comparison	Ammunition	General Microscopy Software Program Visual
Qualitative Determination	Ammunition Firearm	Chemical General Microscopy Measuring Equipment Reference Collection
Serial Number Restoration	Physical Item	Chemical Visual

1899 L Street NW, Suite 1100-A, Washington, DC 20036
414-501-5494
www.anab.org

Discipline: Seized Drugs		
Component/Parameter	**Item**	**Key Equipment/Technology**
Qualitative Determination	Botanical Liquid Solid	Chemical Gas Chromatography General Microscopy Infrared Spectroscopy Mass Spectrometry
Quantitative Measurement	Solid	Gas Chromatography Mass Spectrometry
Weight Measurement	Botanical Liquid Solid	Balance

Discipline: Toxicology		
Component/Parameter	**Item**	**Key Equipment/Technology**
Qualitative Determination	Ante-Mortem Biological Item Post-Mortem Biological Item	Gas Chromatography Immunoassay Liquid Chromatography Mass Spectrometry
Qualitative Determination (Volatiles)	Ante-Mortem Biological Item Post-Mortem Biological Item	Gas Chromatography
Quantitative Measurement	Ante-Mortem Biological Item Post-Mortem Biological Item	Gas Chromatography Liquid Chromatography Mass Spectrometry
Quantitative Measurement (Volatiles)	Ante-Mortem Biological Item Post-Mortem Biological Item	Gas Chromatography

When published on a forensic service provider's Scope of Accreditation, ANAB has confirmed the competence required to develop and validate methods and perform on-going quality assurance for accredited activities. For a listed component/parameter, the forensic service provider may add or modify methods for activities without formal notice to ANAB for items and key equipment/technology listed. Contact the forensic service provider for information on the method utilized for accredited work.

[redacted]

Pamela L. Sale
Vice President, Forensics

1899 L Street NW, Suite 1100-A, Washington, DC 20036
414-501-5494
www.anab.org