Forensic Quality & Compliance Management

Austin Forensic Science | 2026

Austin
Forensic Science

Accreditation Overview

Accrediting Bodies & Standards

- International Organization for Standards (ISO) publishes general testing standards
- Accrediting bodies for forensic laboratories set additional requirements unique to forensic testing
- 214 Total Standards
- Accredited Disciplines
  - Crime Scene (First in Texas!)
  - Latent Prints
  - Firearms & Toolmarks
  - Seized Drugs
  - Toxicology



Accrediting Bodies & Standards

- Oversight body established in 2005 to ensure evidence admissibility
- Created to investigate allegations of professional misconduct or negligence
- Forensic Analyst Licensing program administrator
  - Education requirements
  - Required for testimony
- Standards and policy development with additional Texas-specific requirements

Accrediting Bodies & Standards

- Austin is an early adopter of OSAC Voluntary Standards
- OSAC created by National Institute of Standards and Technology (NIST)
- OSAC Registry Standards
  - Minimum Technical Requirements
  - Forensic Best Practices
  - Standard Protocols
- Promotes technically valid, reliable and reproducible forensic work
- 194 Published Standards, 74 Proposed



Foundation of Excellence

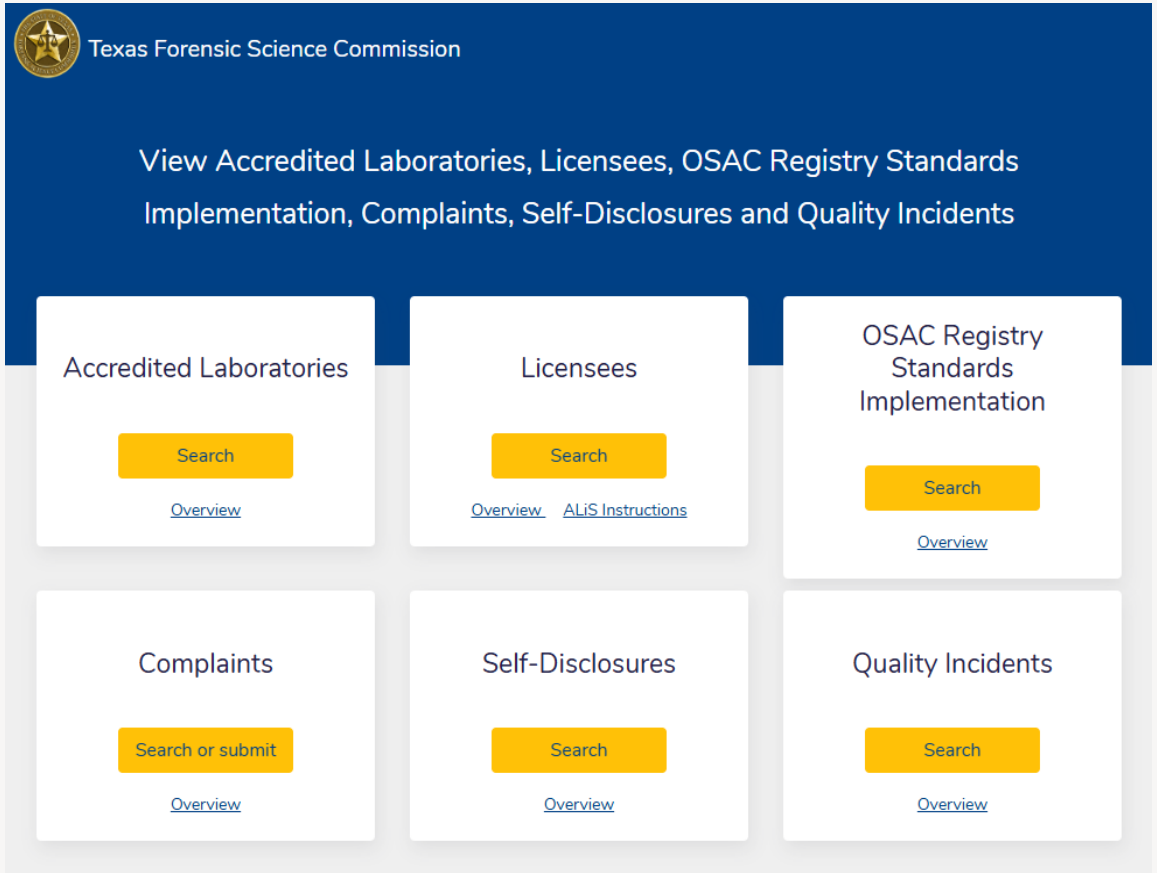


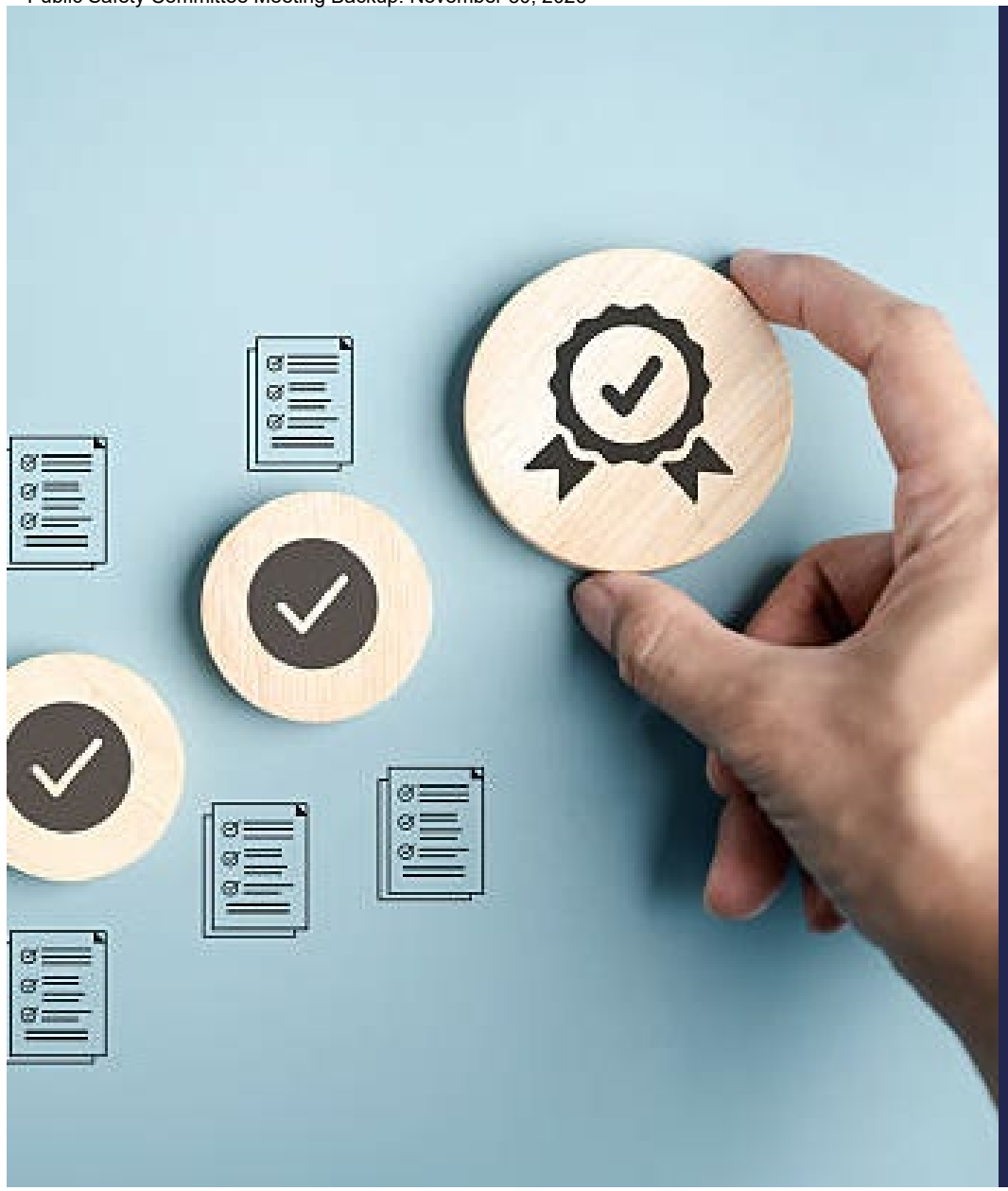
Assessments

- Sampling of standards selected by ANAB for external evaluation every year
  - On-site visits every two years
  - Off-site reviews on alternate years
- Standards selected based on risk assessment by accrediting body
- Full reassessment of all standards conducted every four years (scheduled April 2027)

Reporting & Accountability

- Disclosure of adverse events and laboratory response
  - Significant quality issues
  - Unexpected proficiency testing results
- ANAB accreditation activities reported to Texas Forensic Science Commission
- Accreditation status, licensees, OSAC implementation status, complaints, disclosures, quality issues posted on TFSC site
  - https://fsc.txcourts.gov/





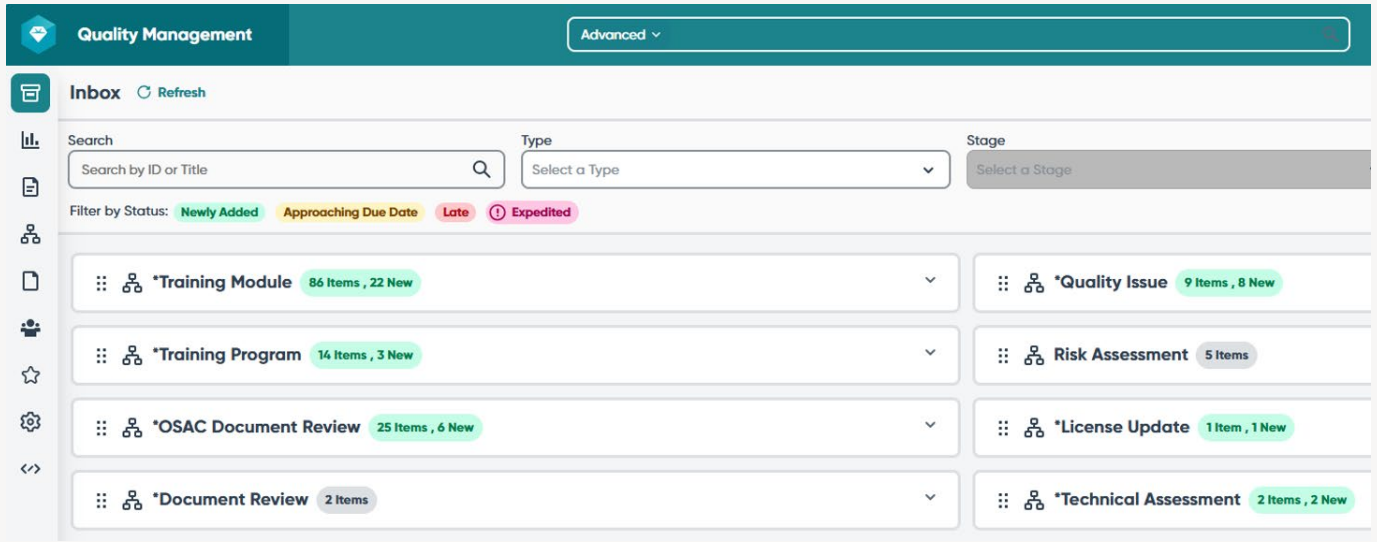
Management System

Quality Management System

- Standardized Processes
- Insights through Data
- Transparency
  - Shared visibility for accountability, learning opportunities
  - Policies and procedures posted online
    - FSCI Website
  - Quality records maintained to facilitate retrieval and demonstrate compliance
    - Personnel Qualifications Summaries
    - Quality Incidents

Quality Management System

- Electronic Processes (Workflows)
  - Access Control
  - Calibration Program
  - Complaints and Allegations
  - Corrective Actions
  - Document Reviews
  - Internal Audits
  - Management Reviews
  - Nonconforming Work
  - Proficiency Testing
  - Risk Assessments
  - Training Program
  - And more…



Quality Management System – Nonconforming Work

- Quality Issues
  - Issue Description
  - Impact Analysis
    - Significance Level
  - Risk Evaluation
    - No Further Action
    - Corrective Action
      - Cause Analysis
      - Actions to Mitigate
      - Monitor for Effectiveness

RISK EVALUATION

Risk - Type
Areas potentially impacted
Evidence

Risk - Severity
Indicate the severity of the error based on impact.
Minor | No impact to service

Risk - Probability
Indicate the frequency of occurrence based on past events as a way to predict the likelihood of recurrence (happen repeatedly, often at more or less regular intervals).
Remote | Occurred once in 5+ years

Risk - Likelihood of Detection
Are there adequate measures in place to detect this type of issue *before* it becomes a nonconformity? If yes, provide details in the Risk - Evaluation section.
Yes

Risk - Matrix and Overall Significance

PROBABILITY	SEVERITY: Catastrophic	Major	Moderate	Minor
Frequent	1	1	2	3
Occasional	1	2	3	3
Uncommon	1	2	3	3
Remote	1	2	3	3

Based on Severity and Probability, determine the overall significance level.

3 | Unlikely to Require Corrective Action

QI | Class of Nonconformance
Indicate the level of significance of the nonconforming work based on the evaluation and impact to work and previous results.
Class III | Administrative

Quality Management System – Audits

- Internal Audits
  - Multiple editors
  - Other roles defined
  - Tracked reviews and approvals
  - Ability to launch preventive actions for opportunities for improvement and quality issues for following through on nonconformities

Austin Forensic Science | Internal Audit

ID 41387

Current Step is Closed

History

Closed

***Year**

Use 4-digit format for year.

2026

Audit - Scheduled Dates

Enter the date range for the Audit.

7/20/2026 - 7/24/2026

_Discipline(s)/Section(s)

Select **all** that apply. Hold the 'Ctrl' key to select multiple options.

Crime Scene
Firearms/Toolmarks
Latent Prints
Seized Drugs
Toxicology

Audit Activity

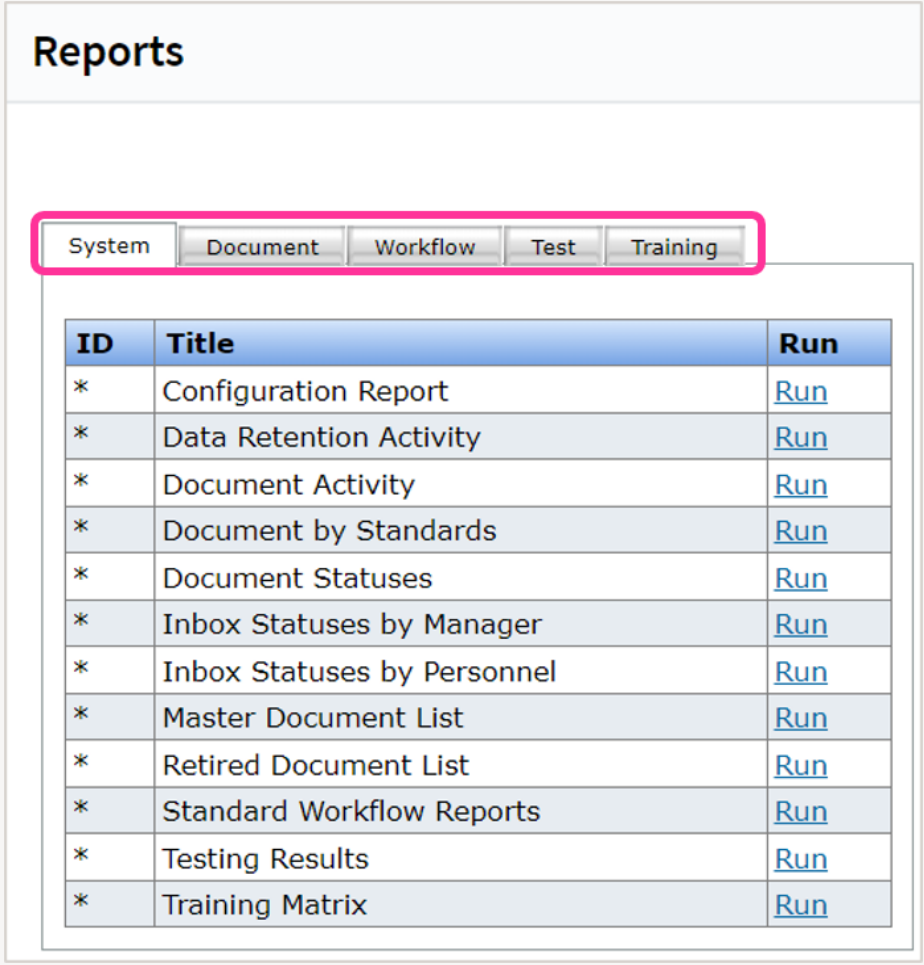
Case Review
Desk Audit
On-site Visit
Observation

Audit - Objectives

• To assess whether the management system conforms to the laboratory's internal and external management system requirements
• To evaluate whether the management system is effectively implemented and maintained
• To report findings to relevant management in a fair and impartial manner for appropriate correction and/or corrective action
• To enhance and protect organizational value overall by providing objective and risk-based assurance, insight, and guidance based on widely-accepted practices

Document Management System - Reports

- Built-in System Reports
- Custom Reports
  - Documents
  - Workflows
  - Tests
  - Training
- Management, auditor tool



Document Management System - Data

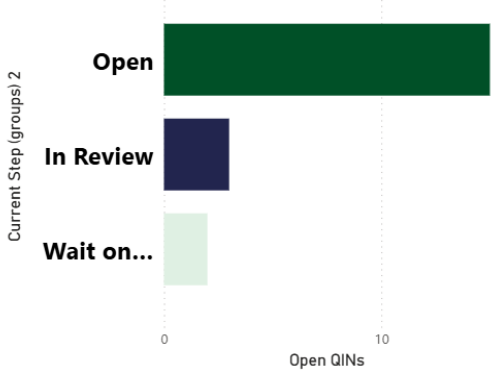
- Workflow Data
  - Calibration tracking for 150+ equipment items

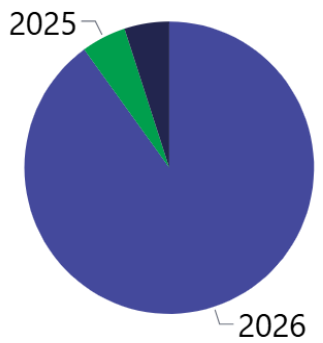
ID	_LAM No.	_Discipline/Section	Equipment Category	_Manufacturer	_Equipment Model	_Serial No.	CAL | Calibration Interval	CAL | Calibration Location	CAL | Due Date
3570	9580	Seized Drugs	Balance, Analytical	Sartorius	Practum213-1S	28401775	Annual	On-site	12/10/2026
3577	9575	Seized Drugs	Balance, Analytical	Sartorius	Practum213-1S	28401777	Annual	On-site	12/10/2026
3584	9578	Seized Drugs	Balance, Analytical	Sartorius	Practum213-1S	28401778	Annual	On-site	12/10/2026

  - Electronic access control authorization
  - Corrective action progress tracking with reminders to meet required timelines for disclosure
  - Management Review Action documentation to demonstrate clear commitment to quality

Performance Monitoring

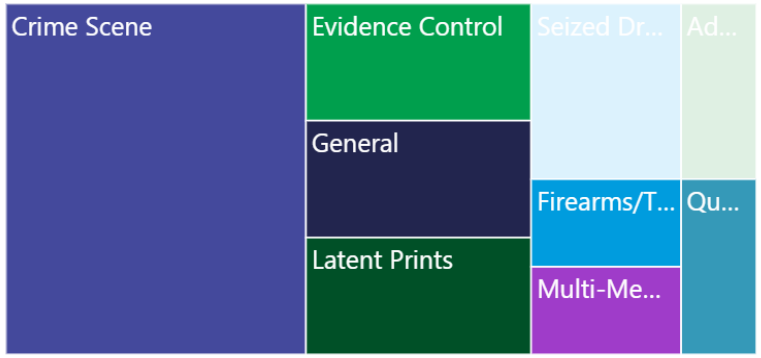
- Quality Issue Tracking
  - Total Open
  - Breakdown by Year and Section





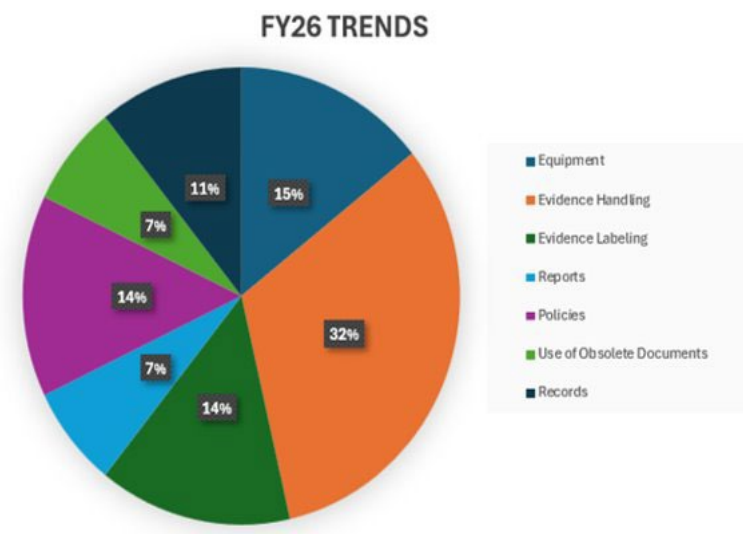
Open QINs

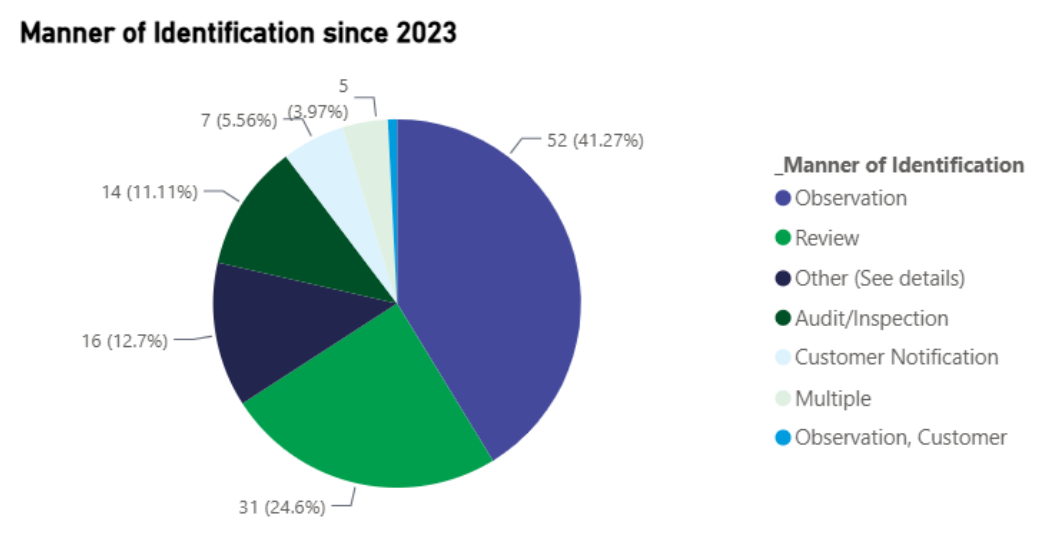
ID	_Tracking ID	Open QINs
42916	QI-2629-MM	1
42271	QI-2630-LP	1
42477	QI-2631-CS	1
42525	QI-2632-SD	1
42902	QI-2633-CS	1
42956	QI-2634-CS	1
42957	QI-2635-EVID	1
42958	QI-2636-ADM	1
42955	QI-2637-EVID	1
Total		**20**



Performance Monitoring

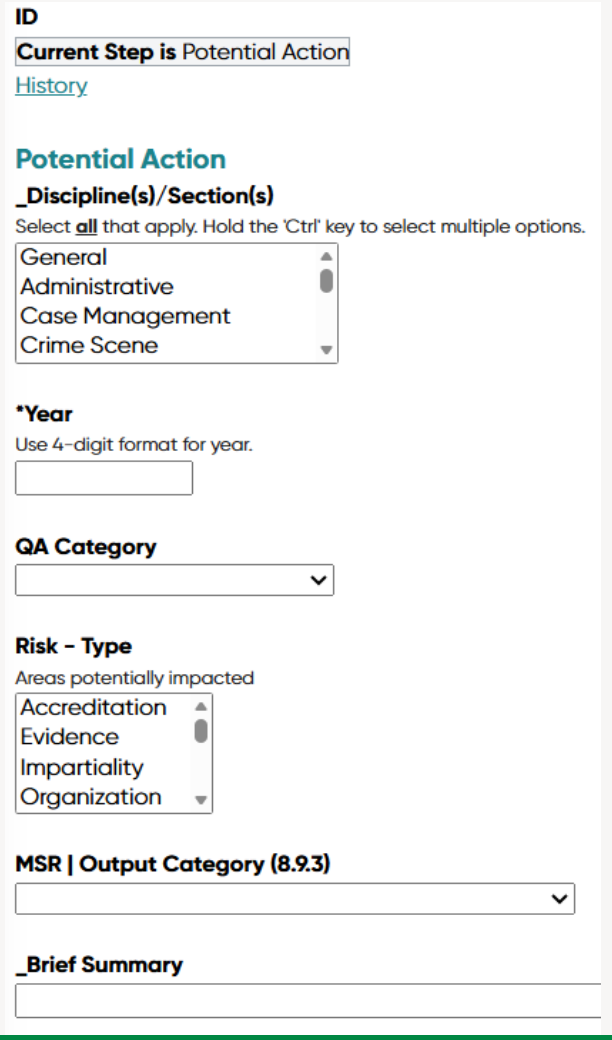
- Quality Issue Insights
  - Trends analysis – by accreditation standard, by discipline, etc.,
  - Reporting source – internal, external, what part of the quality system detected it?
    - Over 80% are self-identified and reported





Management System Reviews

- Description
  - Annual process designed to perform a holistic review of the Department, celebrate wins, and identify new priorities
- Evaluation and Tracking
  - Thorough review of 24 areas conducted annually
  - Potential actions identified by management for fiscal year
  - Individual workflows entered for Director review and approval
  - Email reminders set for periodic review



Management System Reviews

- Reports for Tracking through Completion
  - Summary
  - Risk Type
  - Facilitator
  - Overall Status

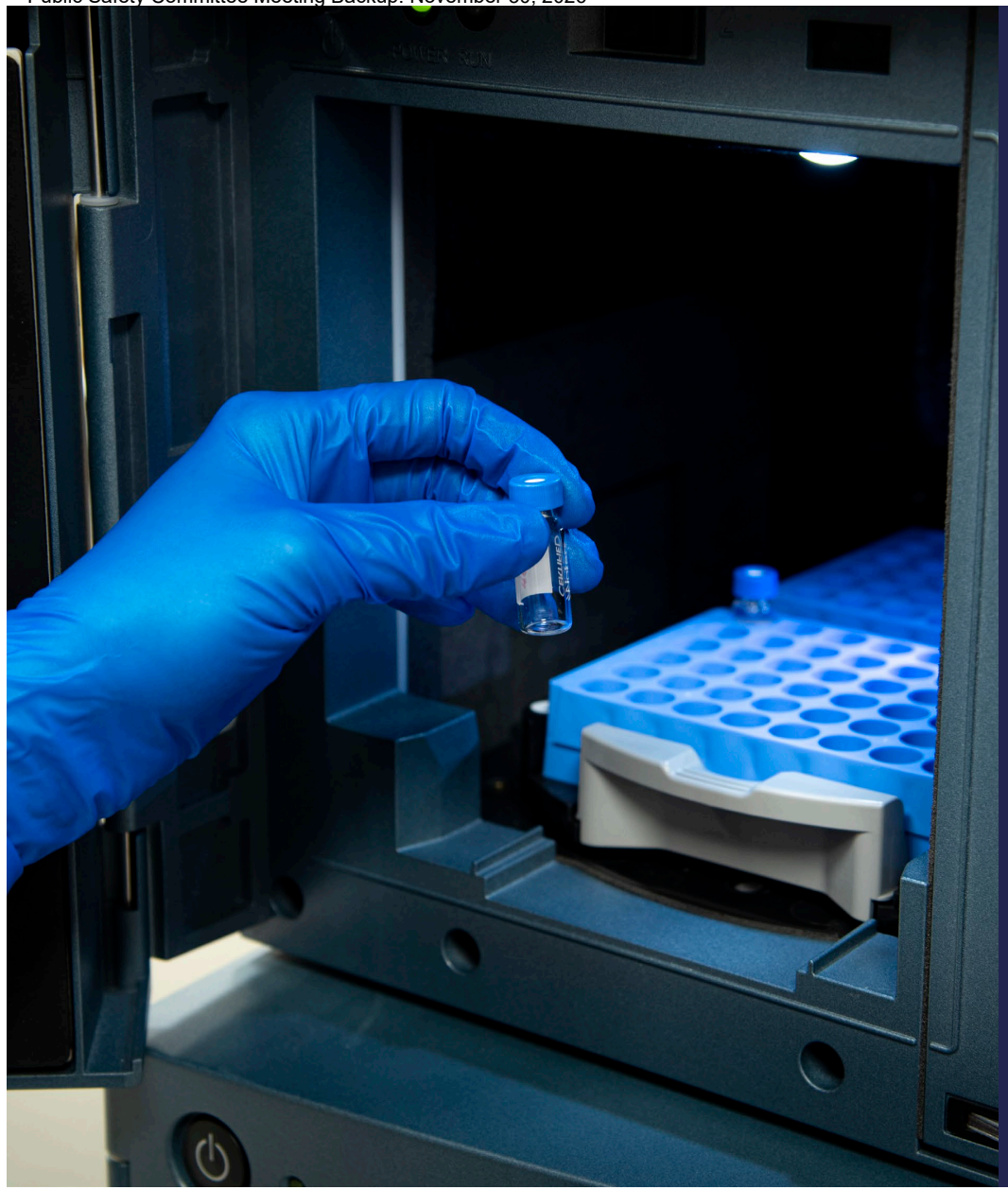
ID	*Year	_Discipline(s)/Section(s)	QA Category	MSR	Output Category (8.9.3)	Risk – Type	_Brief Summary	_Facilitator	_Target Completion Date	Current Step
40262	2025	Case Management, DNA	Management Review	Improvement	Personnel	Case Management and DNA currently operate without a dedicated Supervisor. The absence of a section Supervisor limits day-to-day guidance and workload management.	Dana Kadavy	8/31/2026	Closed
40263	2025	Evidence Control, Seized Drugs	Management Review	Provision of resources	Process	Guidance needed for customer sampling of vape sample submissions over one pound	James Gibbens	9/25/2026	Management Review
40264	2025	Seized Drugs	Management Review	Improvement	Service/Results	Explore adding an FTE in Seized Drugs for a Forensic Technician.	Dana Kadavy	8/14/2026	Closed
40443	2025	Evidence Control	Management Review	Provision of resources	Evidence	Evidence indicated a need for additional warehouse space and/or a new facility and additional staffing to help meet the critical management functions of warehouse maintenance, audit/inventory and processing timely disposals.	Dana Kadavy	8/31/2026	Closed

Management System Reviews

- Workflow
  - Milestone tracking
  - Documented follow-through
  - Demonstration of commitment to quality and continual improvement

Action(s) Taken
Update for assigned task

Date Reviewed	Assigned Individual(s)	Recommendation	Response
9/1/2026	Katherine Sanchez (598)	A policy change is needed in the Physical Evidence Handbook requiring customer sampling of vape samples when submissions are over one pound.	Revision proposed, KGS



Proficiency Testing

Proficiency Testing

- 57 personnel tested
  - Management of external (purchased), internal (purchased or prepared), direct observation options

PROFICIENCY PLAN

Component/ Parameter	Physical Comparison	Individual Characteristic Database	Physical Comparison	Individual Characteristic Database	Physical Comparison	Individual Characteristic Database	Physical Comparison	Individual Characteristic Database	Notes
AVAILABLE TESTS	Latent Print Examination (CTS-5161/5, CTS-5171/5)								Green = External Proficiency Test Blue = Inter-lab Comparison Orange = Internal Intra-lab Comparison Purple = Observation
Participant	**2023**		**2024**		**2025**		**2026**		
Tyler Belknap 7354	ILC		ILC		ILC		ILC	OBS	
Jessica Guerrero 4721	5165		ILC		PT		ILC	OBS	
Jennifer Benitez 6941	ILC	OBS	5165		ILC	OBS	PT	OBS	
Erin LaGrone 7587	ILC		ILC	OBS	PT		ILC	OBS	
Sonseree Gibson 8076	5175		5175		ILC		PT	OBS	

Proficiency Testing

- Individuals – Evaluates participants' ongoing competence
  - ✓Training program
  - ✓Supervised casework
- System – Gauges laboratory's ability to obtain expected results
  - ✓Verified equipment
  - ✓Validated methods
  - ✓Authorized procedures
  - ✓Under environmental conditions
  - ✓Interpretation and reporting guidelines



CLR Connect Discovery Portal

Crime Laboratory Records Connect Portal

- Legislative mandate passed in 88th Texas Legislative Session (Senate Bill 991)
  - Texas Government Code 411.161-164
- Developed and maintained by Texas Department of Public Safety
- Secure, centralized digital portal for delivering crime laboratory records subject to discovery (per Code of Criminal Procedure Article 38.35)
  - Case-related Records
    - Analytical reports, bench notes, chain of custody records, communications, images, submission forms, quality issues/corrective actions
  - Quality Records
    - Accreditation records, audit reports, batch records, deviations, equipment records, evidence inspections, method validations, performance verifications, preventive actions, policies/procedures
  - Credentialing Records
    - Curriculum vitae, proficiency records, training records, work authorizations

Crime Laboratory Records Connect Project

- Statewide rollout completed October 2026
- Legal discovery on demand
- Will replace existing data sharing platforms with Prosecution and Defense over time



Texas DPS website, https://www.dps.texas.gov/section/crime-laboratory/texas-clr-connect-discovery-portal

Questions & Acknowledgments

- Questions?
- If you have follow-up questions, please reach out to;
  - Dr. Dana Kadavy at Dana.Kadavy@austintexas.gov or
  - Katherine Sanchez at Katherine.Sanchez@austintexas.gov
- Thank you to the Committee for your time and interest in Austin Forensic Science
- A special thanks to Quality Assurance Manager Katherine Sanchez for administering and maintaining the Quality and Compliance System for Austin Forensic Science