

A. PURPOSE:

Record control is an important step to maintaining the integrity of case documentation within the DSS. This outlines the steps taken for the identification, collection, indexing, access, filing, storage, maintenance, and disposal of quality and technical records. Record control also includes the dissemination of records for Freedom of Information Act Requests, Discovery requests and requests by the media.

B. RESPONSIBILITY:

DSS Personnel are responsible to follow the guidance set forth in this SOP.

C. DEFINITIONS/ABBREVIATIONS:

1. SOP – Standard Operating Procedure
2. LIMS - Laboratory Information Management System
3. RML – Record Management Liaison
4. FOIA – Freedom of Information Act
5. Original Report – this is the report with the original signatures. When electronic signatures are used the original document is that which is related to JusticeTrax. All others are copies of the original but will be referred to here as the report or copy of the report.

D. PROCEDURE:

1. All records shall be prepared in a legible manner, and stored or retained in such a way that they may be readily retrieved. Records shall be stored in secure locations that provide a suitable environment to prevent damage, deterioration, and loss.
2. Electronic records shall be backed-up and/or stored in a manner that prevents unauthorized access or amendment.
3. All pertinent records generated during the course of laboratory analysis shall be maintained in the case file. It is incumbent upon the case analyst(s) to ensure, whenever possible, that the records for each test contain enough information to facilitate the identification of factors affecting the uncertainty of the test and to enable the test to be reproduced under conditions as close as possible to the original. In addition, all personnel responsible for the sampling, performance, and review processes of these tests shall be readily identifiable in case documentation.

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4. All records of observations, data or calculations made while performing specific tests shall be documented at the time they are made, within the constraints of reasonable and accepted scientific practice. When test results are rejected, the reason for that rejection should be clearly documented in the case or batch records.
5. Testing dates should be clearly document in the case records.
6. The starting and ending date of analysis is identified below per DSS unit. Note: For cases with multiple requests received on different dates the start and end dates are per request.

Unit	Indicated Analysis Start Date	Indicates Analysis End Date
Electronic Evidence/ Computer Crimes	Date case is assigned to analyst (in Justice Trax, milestones)	Date Administrative Review is performed - in case file
Controlled Substance	Date opened/ inventoried (worksheet in case file)	Date of Final report -in case file
Toxicology	Date received by first analyst (in Justice Trax Chain of Custody)	Date Final Drug report (alcohol only cases: date of Final Alcohol report) - in case file
DNA	Date on DNA extraction sheet	Date of Final report - in case file
Forensic Biology	Date on 1st worksheet	Date of Final report - in case file
Chemistry	Date on 1st worksheet in case file	Date of Final report - in case file
Instrumentation	Date on 1st worksheet in case file	Date of Final report - in case file
Trace	Date on 1st worksheet in case file	Date of Final report - in case file
Questioned Documents	Date on 1 st Worksheet in case file	Date of Administrative Review
Imprints	Date on 1 st Worksheet in case file	Date transferred from unit - in Justice Trax Chain of Custody
Latent Prints	Date on 1 st Worksheet in case file	Date of Administrative Review - in case file
Multimedia	Date on Worksheet "QR:MMIE General"	Date of Administrative review
Firearms/Tool Marks	1st notation of NIBIN entry made in LIMS <u>or</u> date a case worksheet is started	Date of Final report - in case file

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7. Any changes made to completed examination records, either hard copy or electronic format shall be clearly documented in the case records. Completed examination record is defined as any record submitted for technical review.

8. Mistakes made in records will be addressed as follows:

- a. Cross out the mistake with a single line;
- b. Enter the correct change by the mistake;
- c. Put your initials by the correction.

Records included but are not limited to case documentation such as worksheets, draft reports, chain of custody documents, photographs, drawings and instrumentation data sheets.

In the event of mistakes on electronic records, a copy of the original mistaken record is maintained, and documented in a manner that it is evident that a correction was made to the electronic copy. (When possible, a corrected copy of the document would be printed and added to the case file.)

9. Analysts shall ensure that:

- a. All case records include sufficient data to facilitate and allow another competent analyst and/or unit Lead to evaluate what was done and provide an independent interpretation of the data.
- b. The DSS Case Number, or other unique case identifier, along with analyst's handwritten initials are on each page of the examination documents in the case record.
- c. Any documentation in the case jacket that has been prepared by another analyst contains the initials and date of preparation on all pages representing that analyst's work.
- d. All administrative documents in the case jacket contain the DSS Case Number or other unique case identifier. In general the case analysts initials will be on administrative documents. In the event administrative documents are added to a file once the case is completed the initials of the person placing administrative documents within the file should be on the documents; this individual is also responsible to assure the case number is on the document(s).
- e. In the event of multiple case data recorded on a single printout (e.g. Toxicology Batch Summary Sheet), the DSS Case Number or other unique case identifier is appropriately recorded, and specified (e.g. highlighted).

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- f. When examination records are present on both sides of a single page, both sides of the page have been treated as separate pages.
- g. All examination worksheets have been completed using a permanent form of a writing device. Examples of such devices include, but are not limited to: pens, permanent markers, and laser inkjet printers. Colored pencils are allowed for sketches and drawings.
- h. When an independent check of a critical finding has been performed:
- i. That check was carried out by an individual having expertise in the field, gained through knowledge, training and experience.
 - ii. A record of this review was made to confirm the critical finding and this record includes, by whom and when the check was performed.
 - iii. This record is maintained in the case jacket.
- i. When the case reviews (technical and administrative) are complete and the report is signed, the case report is prepared for issue to the submitting agency. Units using word reports will save all final reports in a read only format in a secure location. When possible the report will be linked to the case in Justice Trax.
- i. To document that a case report has been issued to the submitting agency, a copy of the case report will be tracked through Justice Trax after the Administrative Review stage. Once a report is administratively reviewed the analyst will create a sub-item in Justice Trax. The chain of custody for the copy of the report will be maintained from this point in the same manner as the evidence chain of custody is maintained.
 - ii. A sub-item will be created under the first item of evidence analyzed in that report (or first sub-item if parent evidence is returned). This sub-item should be created as the submission # - RPT as the item numbering system. The description should be clear to address the section of the report being issued and if this is the 1st report or a supplemental report (for multiple supplemental reports number the report):
 - (a) *e.g. #1-RPT-1 DNA Report*
#1-RPT-2 DNA Supplemental Report (#?)
 - iii. If multiple units are releasing a report for the same item of evidence, they should create the sub-item using the next sequential number.
 - (a) *eg. #1-RPT-1 DNA Report*
#1-RPT-2 Firearms Report
#1-RPT-3 DNA Supplemental Report

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- iv. The final report that is to be sent to the submitting/requesting agency will be sealed in a business-sized envelope. The report envelope may be sealed with its standard adhesive glue or with clear tape.
- v. The Report's barcode will be generated from JusticeTrax, printed and affixed to the front of the envelope. Please note that a pin entry does not need to be entered until the envelope with report is brought down to evidence receiving. This envelope may then be attached to evidence if there is any going back.
- vi. The Report and any evidence will be transferred to the Evidence Receiving unit and then to the submitting agency using the Justice Trax system. The chain of custody of this report will be used to verify that the submitting/requesting agency has received the report.

Notes:

DUI case reports in the Toxicology unit need not be documented in the above manner. These reports are faxed and the fax receipt is documentation of report issuance.

Computer Crimes case reports need not be documented in the above manner. These reports are accompanied by an attachment CD, this media is tracked and acts as documentation of report issuance.

- j. In general, when the case report is complete, the evidence is transferred to evidence receiving and is held there until it is picked up by the submitting agency. The case reports are maintained as follows.
 - i. All units not listed in ii, iii or iv below: two copies of the report are made, one for the analytical case file and one for evidence receiving (this will be itemized and bar coded as listed above) this is to be issued via JusticeTrax transfer to the submitting agency. The original case report is given to Evidence Receiving to be filed in the Administrative case file. When electronic signatures are used a copy may be forwarded to Evidence Receiving.

Case reports are to be issued to the submitting agency or their authorized agent (such as the related court) only. The exception of DUI case reports which are provided to the subject per state statute 14-227.
 - ii. Controlled Substance unit: three copies of the report are made, one is to be issued to the submitting agency when the evidence is picked up (this will be itemized and bar coded as listed above) and one is for the State Prosecutor, the third copy is given to Evidence Receiving to be placed in the Administrative case file and the original case report stays in the analytical case file.
 - iii. Toxicology unit: DUI reports are issued (through the US mail and by fax) to the submitting agency, the State's Attorney, Department of Motor Vehicles, and the Subject by the Toxicology unit. The original case report remains in the analytical case

- file. When electronic signatures are used a copy may be placed in the case file. Sexual assaults, two copies are made of the report one for the submitting agency (this will be itemized and bar coded as listed above) and one for the State Attorney. The reports are issued via the Evidence Receiving unit. The original case report is filed in the analytical case file. When electronic signatures are used a copy may be placed in the case file.
- iv. Computer Crimes Electronic Evidence: the original report is maintained in the analytical case file, a copy of the report is returned to evidence receiving for dissemination to the submitting agency.
- k. In general the only electronic transmission of case reports is faxing or the emailing of a pdf file. When a report is faxed or emailed it must be to a known fax number or email address provided by the submitting agency, A record of the fax will be maintained in the case file (a copy of the fax receipt is sufficient for this record). Emailed reports will not be sent to personal email accounts.
10. When the need to reference non-common abbreviations or symbols found on examination worksheets of a specific DSS refer to the following unit specific SOPs:
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|--------------------------------------|-----------|
| Electronic Evidence/Computer Crimes: | CC-26 |
| Controlled Substance: | CS-1 |
| Toxicology: | TX-19 |
| DNA | DNA-01AII |
| Forensic Biology | FB-04 |
| Chemistry | CH-02 |
| Instrumentation | IN-12 |
| Trace | TR-20 |
| Latent Prints | LP-5 |
| Multimedia | MMIE-25 |
| Firearms/Tool Marks | CW-I-9 |
11. All quality records will be maintained within the DSS facility for a minimum of ten years. These records fall into four distinct categories Management System Records, Training Records, Case records and Laboratory Quality Records (logs).
- a. **Management System records:**
- Indexing and Collection: Quality Section
 - Access Quality Section/ Deputy Directors/ Director
 - Filing: Quality Section

- iv. Storage: Within DSS facility
 - v. Maintenance: Minimum of ten years
 - vi. Disposal: Destruction after maintenance period
 - (a) Management system records include (but may not be limited to): Internal audits, External Audits, QARs, Change Request Forms, Minutes from Meetings, Court Monitoring Forms, proficiency results, customer surveys.
- b. Training Records/Continuing Education Records:**
- i. Indexing and Collection: unit Leads and Quality Section
 - ii. Access: Unit Leads and Quality Section
 - iii. Filing: Unit Lead/TL or Designee in DNA
 - (a) The Quality Section will maintain summaries of training documents that document competence and allow authorization to perform work. Unit Lead maintain all detailed training information (test cases, training checklists etc).
 - iv. Storage: Within the DSS facility
 - v. Maintenance: duration of employment plus 30 years
 - vi. Disposal: Destruction after maintenance period
- c. Case Records:**
- i. Indexing and Collection: JT and Files
 - ii. Access: Unit Lead, Evidence Control Officers, Quality Section, Deputy Director and Director
 - iii. Filing: Unit Lead, Evidence Control Officers
 - iv. Storage: Within DSS Facility
 - v. Maintenance: Case Dependent (see records retention chart below)
 - vi. Disposal: Destruction after maintenance period or permanent storage within the DSS facility
 - (a) Case records include all documentation (administrative or technical) normally associated with case files this includes both paper and electronic records. For units that use batch analysis this includes any batch files, which are maintained separately from the case file.
- d. Laboratory Quality Records:**
- i. Indexing and Collecting: Unit Leads, Deputy Directors, Director and Quality Section

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- ii. Access: Unit Leads, Deputy Director, Quality Section and Director
- iii. Filing: Unit Leads or Quality Section (item specific)
- iv. Storage: Within DSS facility
- v. Maintenance: Minimum of ten years
 - (a) Laboratory Quality Records include: all documentation of calibrations (pipette, masses, thermometers etc), all documentation of monitoring (temperature logs, instrument maintenance logs etc.) All QC checks (standard validations).

12. Records Retention Schedule:

- a. Dates listed on the retention schedule below, represent the minimum time files must be maintained per the State of Connecticut Library Records Retention Schedule.
- b. When case records are identified which are past the minimum years of storage requirement, a request can be made to have the documents destroyed.
- c. Requests for record destructions go through the laboratories Record Management Liaison (RML), see the Quality Section. No records that are listed below will be destroyed without approvals gained through laboratory management and the state library.
 - i. Provide a list of the cases to be destroyed, and the years they encompass. The RML will complete a RC-108 form (Records Disposition Authorization – State Agencies) and forward this to the Department RMO for approval by the State Library.
 - ii. Case files/records cannot be destroyed without this pre-approval.
 - iii. Records of what documents were destroyed will be maintained by the laboratory Quality Section for a period of no less than 10 years.

From the State Record Retention Schedule (#11-14-1):

Case type	Minimum storage
DNA Database Records	Permanent
DNA Databank Registration Records	Life of offender or released from obligation
Firearms Evidence Databank Records	Permanent
Forensic Lab Requests (including requests for analysis, results and related electronic data	Life of case file
Toxicology Quality Control / Assurance Records (proficiency files, instrument calibration records, audit documents, correspondence with accreditation body,	10 years

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batch files, control test results, procedure validation)	
Toxicology Reports	Life of case file
Non-Death Related Investigation	10 years from the date reported
Death investigation Including: fatal motor vehicle accidents, homicides, unsolved missing persons, suicides and unidentified bodies	Permanent
Sex Crimes (convicted)	Life of offender or release of obligation
Sex Crimes Not convicted	10 years from date reported
Sex Crimes -abuse of minor	30 years from the date the victim attains the age of majority
Sex Crimes -unsolved For cases where DNA evidence is available	Permanent
Liquor Law Violation	2 years from the date of referral
Internal Affairs Investigations: No Discipline or action greater than a letter of Reprimand Imposed and no Litigations initiated.	5 years from the date case closed
Internal Affairs Investigation - Discipline or action greater than a letter of reprimand	Duration of employment plus 30 years
Internal Affairs investigation - Unsubstantiated	Current year plus 2 years.
Note: All case records, which are above the mandated minimum storage time can be destroyed only after obtaining a signed RC-108 from the state library. Destruction must be by shredding or incineration. All storage requirements based on State of CT record retention schedule.	

13. Release of Information:

- a. Freedom of Information (FOIA) request, to include requests from private citizens and inmates:
 - i. All FOIA requests go through the Laboratory Administrative Manager (however titled).
 - ii. Case Management will be notified of all FOIA requests. The Director will be notified of any requests made by non-criminal justice agencies.
 - iii. The Laboratory Administrative Manager will review the requests to determine
 - (a) If the request has been reviewed by the legal department, if not they will forward the request.
 - (b) What laboratory units are involved in the request.

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- iv. The Case Management system will request, in writing, the appropriate documents from the identified units, they will designate a date that the documents are required by.
- v. The person(s) designated to gather the requested information will:
 - (a) Copy any needed materials; electronic copies are preferred.
 - (b) Determine if any of the data requires redacting
 - (i) At minimum redact references to cases other than the one the FOIA concerns, such as with batch worksheets.
 - (ii) If you are unsure if a specific item should be redacted consult the Laboratory Administrative Manager.
 - (c) Forward the documents to the Case Management unit by the required date.
 - (d) Place a copy of the FOIA request in the case file(s).
 - (e) Compile all the needed documents.
- vi. The Laboratory Administrative Manager (or designee) will:
 - (a) Add a cover letter explaining that the documents are certified copies of the requested documents.
 - (b) Review the compiled documents.
 - (c) The packet will be submitted to legal for dissemination.
 - (d) A record of the FOIA and the information released will be maintained by Administration.
- b. Discovery Request: All discovery requests go through the Case Management unit. Analysts receiving discovery requests must forward the requests to Case Management.
 - i. The Case Management Unit will review the request and forward it to the appropriate analyst with a copy to the unit Lead.
 - ii. The analyst (or designee) will copy all requested materials redacting information if appropriate then forward the documents to the Case Management unit.
 - iii. The Case Management unit will scan and save the discovery packet on the DSS Shared (S) drive.
 - (a) If the Discovery request was made through the State Attorney's office the documents will be made and forwarded to the State Attorney for dissemination.
 - (b) If the Discovery request is through the Public Defender's Office or through a Private Attorney the Case Management unit will forward the documents through the DESPP Legal Department and/or the State Attorney's Office.
 - iv. Case Management Unit SOP CM WI-06 contains unit specific guidance on FOIA and Discovery requests.
- c. Media Requests: all requests by the media are to be forwarded to the Director. No DSS employees are authorized to make statements to the media concerning any case related to the work of the DSS unless specified by the Director.