

Internal Audit: Laboratory Checklist

Auditor: _____

Date Range: _____

Unit: ☐ FB ☐ DNA ☐ Toxicology ☐ Controlled Substances ☐ Fire Debris ☐ GSR
☐ Latent Prints ☐ Firearms ☐ Imprints ☐ Computer Crimes ☐ Multi-Media ☐ Lottery

1. General Lab Space:

Safety Equipment & PPE available:	Y / N	Hood Certificate Tag up to date:	Y / N
Evidence Storage appropriate:	Y / N	Fire Extinguisher Tags up to date:	Y / N
Appropriate waste disposal:	Y / N	Evidence Sealed Appropriately:	Y / N
Workspaces clean:	Y / N	Food or Utensils in Lab spaces:	Y / N

2. Reagents:

Labeling as expected:	Y / N	Logs Maintained as expected:	Y / N
Stored Appropriately:	Y / N	Checked prior to use:	Y / N

3. Temperature Logs reviewed and appropriate: Y / N

4. Instruments:

Please note which instrument(s) were reviewed:

Log Books Maintained: Y / N Status of Instruments Clear: Y / N

If periodic PM/Calibration/Maintenance required was this performed per documented schedule: Y / N

Is the Unit Instrument list up to date and accurate? Y / N

(if a spot check is performed note which devices checked)

5. Reference Collections:

Does the Unit maintain a Reference Collection: Y / N If Yes is this fully documented: Y / N

List Collection Type:

6. Reference Standards/Materials: are these used in Unit: Y / N

☐ Weights ☐ Copper ☐ PLANO ☐ DNA NIST Standard

Other: _____

If Yes review Calibration certificates for these – if multiple note which is reviewed in notes section:

Is documentation present and appropriate: Y / N

Are calibrations up to date if applicable: Y / N / NA

Is the reference clearly labeled as to the calibration status including period of validity: Y / N

Is the meteorological traceability documented: Y / N / NA

Are results of use and acceptance criteria documented: Y / N

Are these stored to prevent changes: Y / N

7. **Uncertainty of Measurement:** Is this required for the Unit?

If yes has the budget been reviewed /updated annually?

8. **Validations:** any new validations for Unit: Y / N

If Yes please list in notes section

Are the people involved in the validation authorized to do so: Y / N

9. **Personnel:**

Any new personnel in unit since last audit? Y / N

If yes list names:

Review a sampling of personnel authorization records: Are training records and authorizations appropriate:

List personnel/Authorizations reviewed:

10. **SOPS:** Do analysts have access to SOPs?

11. **Deviations:**

Are there any deviations documented for the Unit? Y / N

If so were these approved by the Deputy Director and Director? Y / N

Notes (Add pages as needed):