A. **PURPOSE**:

The Management system is reviewed to ensure that it continues to meet the requirements of the Department of Emergency Services and Public Protection, Division of Scientific Services, State Regulations, Customers' needs and the requirements set forth by the ASCLD/LAB International program and the FBI QAS program.

B. **RESPONSIBILITY**:

Director: is responsible to ensure that the Management System meets the needs of the Division of Scientific Services and its customers. Additionally the Director is responsible to direct the performance of a Management System Review (MSR) and ensure that identified issues are addressed.

Deputy Directors: are responsible to ensure that there is continuous maintenance of the Management System of the Division of Scientific Services (DSS); and that minimally there is an annual review of the Management System that is performed by top management of the Division.

Laboratory Administrative Manager (LAM): is responsible to monitor units in their Section and to ensure adherence to DSS policy. Additionally the LAM is responsible to recommend improvements to the management system as related to their Section.

Quality Assurance Manager (QM): is responsible to monitor the overall Quality System of the Division of Scientific Services. The QM is responsible to review the system as a whole and to recommend changes as required to ensure the quality of the work produced by the Division.

FB/DNA Quality Assurance Manager (FB/DNA QM): the FB/DNA QM is responsible to assist the QM to monitor the quality system of the Division. The FB/DNA QM is responsible to recommend changes as required to ensure the quality of the work produced by the Division.

Supervisors/Leads: are responsible to ensure that they and those assigned in their units adhere SOPs in the Management System.

C. **PROCEDURE**:

1. Review of the Management System is an ongoing process. As employees find issues that need addressing they must bring them to the attention of their Unit Lead, Deputy Director or the Quality Section. In addition to the general maintenance of the system, a formal review process occurs as follows:
    a. A review of the Management System will be performed annually (no earlier than 10 months from the previous year's review, no more than 12 months following) by the DSS' top management. The record of this review will be maintained for a period of ten years by the Quality Section.
    b. This review is to ensure that the components of the Management System (MS) remain effective and suitable for the Division and for the customers of the DSS. Additionally this review is used to make changes as needed to improve the system.
    c. Items to review include (see worksheet GL-8.1):
        i. Suitability of Policies and Standard Operating Procedures
        ii. Managerial and Supervisory reports
        iii. Audit reports
        iv. Quality Action Requests reports
        v. Assessments from external bodies (ASCLD/LAB Assessments, DNA QAS Assessments)
        vi. Proficiency test results
        vii. Changes in volume or type of work
        viii. Customer feedback (Customer Inquiry/Complaint forms, Court Monitoring forms, Internal Inquiry/Complaints forms)
        ix. Recommendations for improvements (either from internal or external source)
        x. Other factors that may affect the quality of work produced by the Division (financial resources, staffing issues, training issues)
        xi. Previous MS reviews to ensure that issues found were followed up on and to determine if the changes put into place were effective.
        xii. Customer contracts are reviewed to ensure they continue meeting the needs of DSS customers.

Note that during the year, components of the Management System may be reviewed. This can be added to the annual MSR as long as that review is documented.

d. At the discretion of Top Management, meetings may be held as part of the MS review; when this occurs, at minimum the review will be documented by recording of the agenda or minutes of the MS review meeting(s). The minutes will be maintained by the QM for a minimum of two ASCLD/LAB International Audit cycles (8 years).

e. Changes that rise to the level of a QAR required by this review will be assigned time frames in which to be implemented. (See SOP GL-9 Quality Action Requests – for guidance on time frames). Implementation time frames will be dependent on the nature of the issue. (Example: an issue which is systemic and is currently affecting the quality of the work being produced may cause a change to the MS to be issued immediately however something such as an identified need for a piece of equipment that will simplify work being performed may need to wait until funds can be obtained).

f. The person responsible for the implementation of the change will vary based on the type of issue. Overall the Deputy Directors have the responsibility to supervise the changes, and to ensure that the changes do occur in a timely and effective manner.

   i. The Quality Section may be assigned the task of assuring that required changes have occurred and are effective.

g. Physical changes to Management System documents that occur from this review must follow the Document Control procedure.