A. **PURPOSE**:

The Management System is reviewed annually 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 ANAB accreditation program, the FBI QAS program and the ATF MROS program. DSS Management continuously reviews system components to ensure the suitability, adequacy and effectiveness of DSS policies.

A Management System Review (MSR) is performed annually by members of Management; risk assessment is used to assess DSS activities to identify potential opportunities for improvement to the system.

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 (DD): are responsible to ensure that there is continuous monitoring 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.

Assistant Directors (AD): are responsible to monitor Units in their Section and to ensure adherence to DSS policy. Additionally they are responsible to recommend improvements to the Management System as related to their Section.

Assistant Director of the State Forensic Science Laboratory (ADFL): is responsible to monitor Units in their Section and to ensure adherence to DSS policy. Additionally the ADFL 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/Management System of the Division of Scientific Services. The QM is responsible to review the system as a whole and to identify risks and opportunities for improvements and to recommend changes as required to ensure the quality of the work produced by the Division. The QM is responsible to ensure the scheduling of the annual MSR.

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, with a concentration on the

Forensic Biology and DNA Units. 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 to SOPs in the Management System.

C. **PROCEDURE**:

The Management System Review although formally scheduled annually, is an ongoing process. The Deputy Directors, Assistant Directors and Quality Managers continuously assess Section and Division activities to verify procedural compliance, identify potential risks and to identify opportunities for improvements. The Deputy Directors, Assistant Directors and Quality Manager meet with the Director to discuss potential actions, assess risks and initiate improvements.

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 Supervisor, Deputy Director, Assistant 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 Management System Documents (GL and Unit SOPs and other)
        ii. Managerial and Supervisory reports
        iii. Internal Audit reports including review of status of any findings
        iv. Quality Action Requests reports- the effectiveness of improvements made and results of identified risks
        v. Assessments from external bodies (ANAB Assessments, DNA QAS Assessments, ATF MROS 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 (adequacy of financial resources, staffing issues, training issues)

xi. Previous Management System 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. A component of the MSR will include a determination if there are any internal or external changes that are relevant to the DSS and how these changes may affect the Division. This may include but not be limited to, new state regulations, personnel changes, and changes to the scope of testing.

e. The MSR will assess if the DSS is fulfilling its objectives.

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

g. Issues brought forth as part of the MSR will be reviewed by the appropriate Manager(s) and the Director. The Director will determine the risk and work with the Manager(s) to appropriately integrate any actions into the MS and determine a manner to monitor the effectiveness of the action. In general this process will be captured as part of a QAR.

h. 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 determined to be systemic and affects the quality of the work being produced may cause a change immediately; however, something such as an identified need for a piece of equipment that will increase efficiency may need to wait until funding availability.)

i. 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 or Assistant Directors may be assigned the task of ensuring that required changes have occurred and are effective.

j. Changes to Management System documents that occur from this review must follow the Division's Document Control procedures.

k. To document the review, a MSR Summary document will be created. This will be reviewed by the Deputy Directors and approved by the Director. This document and other documents used as part of the MSR will be maintained by the Quality Section for a period of 10 years. This document will include at minimum:

   i. Determination of the effectiveness of the Management System and its related processes.

   ii. Improvements related to the fulfillment of accreditation standards, and customer needs.

   iii. Provisions for required resources

   iv. Any needed changes that are identified