

A. PURPOSE:

Record control is an important step to maintaining the integrity of case documentation, training records, quality records and other Management System documents within the Division of Scientific Services (DSS). This General Laboratory SOP outlines the steps taken for the identification, collection, indexing, access, filing, storage, maintenance, and the minimum retention period for 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 procedure.

C. DEFINITIONS/ABBREVIATIONS:

1. SOP – Standard Operating Procedure
2. LIMS - Laboratory Information Management System
3. RML – Record Management Liaison
4. RMLO –Record Management Liaison Officer
5. FOIA – Freedom of Information Act
6. Original Report – this is the report with the original signatures. When electronic signatures are used, the original document is that which is within JusticeTrax. All others are copies of the original but will be referred to here as the report or copy of the report. Reports are considered and treated as technical records.
7. Secure location - A location inside the DSS facility that prevents damage, deterioration or loss. May also be an area of limited access.
8. Technical Records- Accumulations of data and information which result from carrying out tests.
9. Examination Records – Documentation whether hardcopy or electronic, of procedures followed, tests conducted, standards and controls used, diagrams, printouts, photographs, observations and results of testing and examinations. Examination records constitute part of “technical records”. The CT DSS considers draft reports examination records. Completed examination records are defined as any record that has been submitted for technical review.

D. PROCEDURE:**1. Case records:**

- a. Records can be either paper, electronic, or a combination of both.
- b. All records shall be prepared in a legible manner and stored or retained in such a way that they may be readily retrieved. Nothing in the examination documentation will be obliterated, made illegible, deleted or overwritten. Adjustments to technical records, such

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as additions, insertions, interliniations and crossed out information will be initialed and dated by the person making the change. Records shall be stored in secure locations that provide a suitable environment to prevent damage, deterioration, and loss.

- c. Electronic records shall be backed-up and/or stored in a manner that prevents unauthorized access or amendment (Refer to GL-4).
- d. All pertinent records generated during the course of laboratory analysis shall be maintained in the case file or within a batch file.
 - i. It is incumbent upon case analysts to ensure, whenever possible, that records for each test contain enough information to facilitate the identification of factors affecting the uncertainty of the test.
 - ii. It is also incumbent upon case analysts to enable the test to be reproduced under conditions as close as possible to the original and to enable a competent analyst to come to the same conclusion and/or results.
 - iii. In addition, all personnel responsible for the sampling, performance, and review processes of these tests shall be readily identifiable in case documentation within the case file.
 - iv. For units that perform batch analyses, casefiles will have documentation that shows where records can be located when not based in casefiles. Case documentation shall be clear as to which samples are associated with which batches. The batch documentation will be maintained per unit guidance and in a manner similar to case files.
- e. 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.
- f. If an observation, data, or a test result is rejected, the reason for the rejection, the identity of the individual(s) taking the action and the date shall be recorded in the technical record.
- g. Testing dates shall be clearly documented in the case records. Testing dates may be reflected as a range of dates or the date of individual test performance.
- h. The starting and ending date of analysis reflected on examination documents is identified below per DSS unit. Note: For cases with multiple requests received on different dates the start and end dates may be per request.

Unit	Indicates Analysis Start Date	Indicated Analysis End Date
Electronic Evidence/ Computer Crimes	Date on 1 st worksheet in case file	Date on Draft Report
Controlled Substance	Date on 1 st worksheet in case file	Date on Draft Report
Toxicology	Date on 1 st worksheet in case file	Date on Draft Report
DNA	Date on DNA extraction sheet	Date on Draft Report
Forensic Biology	Date on 1 st worksheet in case file	Date on Draft Report
Chemistry	Date on 1 st worksheet in case file.	Date on Draft Report
Questioned Documents	Date on 1 st worksheet in case file	Date on Draft Report
Imprints	Date on 1 st worksheet in case file	Date on Draft Report

State of Connecticut Department of Emergency Services and Public Protection
Division of Scientific Services

Documents outside of Qualtrax are considered uncontrolled.

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Latent Prints	Date on 1 st worksheet in case file	Date on Draft Report
Multimedia	Date on 1 st worksheet in case file	Date on Draft Report
Firearms/Tool Marks	Date on 1 st worksheet is started	Date on Draft Report

- i. Any changes made to completed examination records; either hard copy or electronic format shall be clearly documented in the case records. Changes are to include the date the change is made and the initials of the person making the change. Completed examination records are defined as any record that has been submitted for technical review. All changes made to technical records as a result of verification or technical review shall be tracked to original versions. Both the original and amended data/files shall be retained.
 - i. 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 the initials of the person making the correction by the correction.
 - (d) Put the date the change was made.
 - ii. Records include, but are not limited to, case documentation such as worksheets, draft reports, chain of custody documents, photographs, drawings and instrumentation data sheets.
 - iii. In the event mistakes on electronic records are discovered, a copy of the original mistaken record is maintained and documented in a manner that is evident that a mistake was made. A corrected copy of the document will be made and when possible, printed and added to the case file. Units that maintain electronic case records will address tracking changes in Unit SOPs.
 - j. When non-common abbreviations or symbols are used on examination worksheets Unit specific SOPs or the worksheet will contain the definition.
2. Analysts shall ensure that:
- a. All case records include sufficient data to facilitate and allow another competent analyst 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 analysts' handwritten initials (or secure electronic equivalent of initials or signature) are on each page of the examination documents in the case record. If electronic initials are used, it shall be in a manner that they only can be applied by the individual whom the electronic initials represent.
 - i. Photocopies of initials are acceptable; this may be common with batch documentation where certain pages of the batch are copied to file in multiple case files.
 - ii. Photos of initials are acceptable. Analysts taking case photos often include the case number, item identifier and initials in the photo when printed they need not re-initial the photo.

- c. Documentation in the case file that has been prepared by another analyst contains the initials and date of preparation by that analyst on all pages representing that analyst's work. Additionally the initials of the case analyst will be on those pages.
 - i. In cases such as cold cases where a different analyst is performing new work they need not initial all the pages from the original work performed, unless they are using that data as part of the new analysis and/or report.
- d. All administrative documents in the case file 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 ensure 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, circled or similar).
- f. When examination records are present on both sides of a single page, both sides of the page will be treated as separate pages.
 - i. In areas that use 2 sided forms, only the side written on needs to be initialed. When both sides are used then both sides must be initialed and contain the case number.
- 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.
- h. When an independent check of a critical finding or calculation has been performed:
 - i. An authorized individual having expertise in the field, gained through knowledge, training and experience carried out that check.
 - 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.
- i. This record is maintained in the case file/records. 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 processing programs not linked to JusticeTrax to generate reports will save all final reports in a read-only format in a secure location. The report will be uploaded to the case in JusticeTrax.
 - (a) Reports should be added to the "Case Images" folder on the document tree in the "Imaging" section of the file.
- j. To document that a case report has been issued to the submitting agency, a copy of the case report will be tracked through JusticeTrax. The analyst will create a sub-item in JusticeTrax (refer to GL-4 for guidance). 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. See exceptions to this below in "Notes".

- i. When itemizing the report, ensure that the PARENT agency and representative are chosen when creating the sub-item. When itemizing, these are the first two boxes in the left corner of the screen. These may auto populate but if they do not, please ensure to add the information. Doing this is very important; it allows the evidence receipt to print for this item.
- ii. Results issued by the DSS will be provided in a written report that is either transmitted electronically or transferred through JusticeTrax. When a paper final report is to be issued, the final report that will be sent to the submitting/requesting agency is sealed in a business-sized envelope. The report envelope may be sealed with its standard adhesive glue or with clear tape.
- iii. 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.
- iv. The Report and any appropriate evidence will be transferred to the Evidence Receiving Unit and then to the submitting agency using the JusticeTrax system. The chain of custody of this report will be used to verify that the submitting/requesting agency has received the report.

Notes:

- (a) DUI and OCME case reports in the Toxicology Unit need not be documented in the above manner. These reports are transferred electronically (e.g., fax or email) and documentation of report issuance is maintained.
 - (b) Computer Crimes case reports are accompanied by an attachment CD, this media is tracked and acts as documentation of report issuance. In cases in which an attachment disk is not generated, the Unit will follow the above procedure.
 - (c) Copies of reports may be obtained, by customers (submitting agencies or GA's), through iResults when the customer is set up for this JusticeTrax feature.
- k. 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.
 - i. In general the DSS only releases case reports to the submitting agency and to the related GA (Geographical Areas) judicial branch. In the event a report is requested to be sent to another party (other than for FOIAs) approval will be obtained from the submitting agency. Approval may be through email or verbal; if verbal, the name of the contact and date of the approval will be recorded in the case record. Exceptions to this are as noted below.
 - l. The case reports are maintained as follows:
 - i. All units not listed in the exceptions 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). The itemized report 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.
- ii. 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 C. G. S. § 14-227.
 - (a) 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. The original case report remains in JusticeTrax. Since electronic signatures are used, a copy of the report may be placed in the case file
 - (b) Toxicology Unit: DUI reports are issued (through the US mail and/or electronically) 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 JusticeTrax. Since electronic signatures are used, a copy of the report may be placed in the case file. For sexual assault cases, 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 appropriate State's Attorney's Office. The original case reports are in JusticeTrax.
 - m. 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 transmission will be maintained in the case file (a copy of the fax receipt or the email notification is sufficient for this record). Emailed reports will not be sent to personal email accounts.
3. **Record Maintenance:** 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 Quality Records (logs).
- a. **Management System Records:**
 - i. Indexing and Collection: Quality Section
 - ii. Access: as required based on the needs of the DSS
 - iii. Filing: as required based on the needs of the DSS
 - iv. Storage: Within DSS facility
 - v. Maintenance: Minimum of ten years
 - vi. Disposal: Destruction after maintenance period
- Management System Records include (but may not be limited to): Internal Audits, External Audits, QARs, Change Request Forms, Minutes from Meetings, Court Monitoring Forms, Court Technical Review forms, proficiency results, customer surveys.

b. Training Records/Continuing Education Records:

- i. Indexing and Collection: Supervisors, Assistant Directors, Deputy Directors and Quality Section
- ii. Access: as required based on the needs of the DSS
- iii. Filing: as required based on the needs of the DSS

The Quality Section will maintain summaries of training documents that document competence and allow authorization to perform work. Unit Supervisors maintain all detailed training information including but not limited to: test cases, training lists, any training modules, competency tests written and practical, notations/memos of feedback given and documentation of authorization. Additionally records of continuing education courses taken are maintained with training records.

- iv. Storage: Within the DSS facility
- v. Maintenance: duration of employment plus 30 years
- vi. Disposal: Destruction after maintenance period

Note: Training records are to remain at the DSS if the examiner should resign or retire. Copies of training records are allowed.

c. Case Records:

- i. Indexing and Collection: JT and Files
- ii. Access: as required based on the needs of the DSS
- iii. Filing: as required based on the needs of the DSS
- iv. Storage: Within DSS Facility
- v. Maintenance: Case Dependent (see D.4.a below)
- vi. Disposal: Destruction after maintenance period or permanent storage within the DSS facility

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. Quality Records:

- i. Indexing and Collecting: Unit Leads, Supervisors, Assistant Directors, Deputy Directors, Director and Quality Section
- ii. Access: as required based on the needs of the DSS
- iii. Filing: as required based on the needs of the DSS
- iv. Storage: Within DSS facility
- v. Maintenance: Minimum of ten years

Quality Records include but may not be limited to: all documentation of calibrations (pipette, masses, thermometers, etc.), all documentation of monitoring

(temperature logs, instrument maintenance logs etc.), all QC checks (standard validations), and all records associated with the evaluation of measurement uncertainty.

Documentation of method validation records will be maintained for the life of the method plus 10 years. These records may include but may not be limited to the procedure used, specifications, performance characteristics of the method, results and the statement of method fitness for use.

4. Records Retention Schedule:

- a. For the current records retention schedule refer to the DESPP website <http://intranet/intranet/2017%20DESPP%20Records%20Retention%20and%20Destruction%20Guidebook%20Revised.pdf>. The document RC-50 contains specific guidance. Questions regarding records retention should be directed to the Division Record Management Liaison (see the Quality Section).
- b. When records are identified which are past the minimum years of storage requirement, a request can be made to have the documents destroyed. To determine if a case file can be destroyed:
 - i. Verify the case type, if any of the following are true the file is deemed an “Essential Record” and must be maintained indefinitely.
 - (a) The case is a homicide, sexual assault or a Toxicology death related case.
 - (i) Note for the purpose of record retention Toxicology includes Controlled Substance cases.
 - (b) The case is part of a DNA database record or was searched in the DNA database.
 - (c) The case is part of a Firearms database search or includes test fires.
 - ii. If the case file does not meet any of the above criteria, the retention schedule is to be followed. From the Records Retention schedule:
 - (a) Forensic Laboratory Requests; 10 years from the final date report was submitted to the requesting agency.
 - (b) Toxicology Reports; (related to State Police Cases) 10 years from the date the final report was submitted to the requesting agency.
 - (c) Toxicology – No Death; (related to municipal agencies) 7 years from the date the final report was submitted to the requesting agency.
 - iii. Additional guidance is given specific to Toxicology Quality Control/Assurance Records as 10 years from the date of inspection.
 - iv. Create a list of case files to be destroyed. The list will be maintained as part of the destruction request.
 - v. Generate a memo that outlines:
 - (a) The date range of the files.

- (b) The file type; this is specific to the current records retention schedule. See the Records Management Liaison for guidance.
- (c) The number of files and the related numbers of banker box size containers this represents. Note that the “volume of records” needs to be reported to the library, one bankers box equals 1 “volume”.
- vi. Submit the list and the memo to the Records Management Liaison.
- c. Requests for record destructions go through the Division’s Record Management Liaison (RML) see the Quality Section. No official records will be destroyed without approvals gained through DSS Management and the State Library. This includes, but is not limited to any documents/records listed under Record Maintenance above, other case records and administrative records.
 - i. The Division RML will complete a State of Connecticut RC-108 form (Records Disposition Authorization – State Agencies) based on the memo and file list provided, this will be forward this to the Department RMLO, located at DESPP Headquarters for approval by the State Library.
 - ii. Records cannot be destroyed without this approval.
 - iii. Records listing what documents were destroyed and when they were destroyed will be maintained by the Quality Section for a period of no less than 10 years.

5. Release of Information:

- a. Freedom of Information requests (FOIA), to include requests from private citizens and inmates:
 - i. All FOIA requests go through the Assistance Director Forensic Science Laboratory (ADFSL) or their designee.
 - (a) A ‘FOIA’ request will be added in JusticeTrax by the Case Management Unit for the case(s) listed in the request. When possible the FOIA request will be scanned and attached to the case in JusticeTrax.
 - ii. The Case Management Unit will be notified of all FOIA requests. The Director will be notified of any requests made by non-criminal justice agencies.
 - iii. The ADFSL (or their designee) will review the requests to determine if the request has been reviewed by the Legal Unit, if not they will forward the request. No FOIA will be addressed until reviewed by the DESPP Legal Unit.
 - iv. The ADFSL (or their designee) will review the request to determine what DSS units are involved in the request.
 - v. The Case Management Unit will request, in writing, the appropriate documents from the identified units and they will designate a date that the documents are required by.
 - vi. In general, if the following records are requested the DSS will provide summary documentation. Complete documentation will be provided if upon review of the summary documentation the requester requires the complete documents. The ADFSL or their designee will arrange this.
 - (a) Validation Studies

- (b) Unexpected Results/Contamination records
- (c) Corrective Actions (if not narrowed to a specific case)
- (d) Internal Audit Documents
- (e) External Audit Documents
- (f) Case materials that contain contraband
- vii. The DSS will not provide any documents that are copyright protected or information from the COLLECT system.
 - (a) The DSS will follow guidance for CODIS, AFIS and NIBIN database systems regarding the release of information from those systems.
- viii. 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.
 - 1. Redacted information will include DSS and submitting agency case numbers to unrelated cases, along with names of victims, or sources of unrelated cases. Additionally information obtained from CJIS will be redacted.
 - (ii) If unsure if a specific item should be redacted, the ADFSL will be consulted.
 - (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.
- ix. The ADFSL (or designee) will:
 - (a) Review the compiled documents.
 - (b) The packet will be submitted to legal for dissemination.
 - (c) 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 the Case Management Unit.
 - i. The Case Management Unit will review the request and forward it to the appropriate analyst with a copy to the Unit Lead or Supervisor. For toxicology requests, the Case Management Unit will forward the Discovery request to either the Assistant Director or Deputy Director.
 - (a) A 'Discovery' request will be added in JusticeTrax by Case Management.
 - ii. In general, if the following records are requested, the DSS will inform the person(s) requesting the information that the documents can be reviewed at the DSS facility by scheduled appointment. The ADFSL or their designee will arrange this. No photocopies or photography will be allowed unless pre-arranged and approved by the Director.
 - (a) Validation Studies
 - (b) Unexpected Results/Contamination records
 - (c) Corrective Actions (if not narrowed to a specific case)

- (d) Internal Audit Documents
- (e) External Audit Documents
- (f) Case materials that contain contraband
- iii. The DSS will not provide any documents that are copyright protected or information from the COLLECT system.
 - (a) The DSS will follow guidance for CODIS, AFIS and NIBIN database systems regarding the release of information from those systems.
- iv. The analyst (or designee) will copy all requested materials redacting information if appropriate then forward the documents to the Case Management Unit. In areas that use batch analysis it needs to be determined if any of the batch paperwork not maintained in the case file is required for the request (i.e. control results or other).
 - (i) At minimum redact references to cases other than the one the discovery concerns, such as with batch worksheets.
 - 1. Information that is to be redacted includes, DSS and submitting agency case numbers to unrelated cases, along with names of victims, or sources of unrelated cases.
 - (ii) If unsure if a specific item should be redacted, the ADFSL will be consulted.
- v. The Case Management Unit will scan and save the discovery packet on the DSS Shared drive (S).
 - (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.
- vi. 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.