A. **PURPOSE**:

Record control is an important step to maintaining the integrity of case documentation 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.
7. Secure location: A location inside the laboratory 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. Interlineations will be initialed. 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.

d. All pertinent records generated during the course of laboratory analysis shall be maintained in the case file or within a batch file. 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. 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. In addition, all personnel responsible for the sampling, performance, and review processes of these tests shall be readily identifiable in case documentation within the casefile. 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. If an observation, data, or a test result is rejected, the reason, the identity of the individual(s) taking the action and the date shall be recorded in the technical record.

f. Testing dates shall be clearly document in the case records. Testing dates may be reflected as a range of dates or the date of individual test performance.

g. 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	Indicated Analysis Start Date	Indicates Analysis End Date
Electronic Evidence/ Computer Crimes	Date on 1st worksheet in case file	Date on Draft Report
Controlled Substance	Date on 1st worksheet in case file that represents evidence initially opened for examination.	Date on Draft Report
Toxicology	Date on 1st worksheet in case file that represents evidence initially opened for examination.	Date on Draft Report
DNA	Date on DNA extraction sheet	Date on Draft Report

Forensic Biology	Date on 1st worksheet in case file	Date on Draft Report
Chemistry	Date on 1st worksheet in case file that represents evidence initially opened for examination.	Date on Draft Report
Questioned Documents	Date on 1st Worksheet in case file	Date on Draft Report
Imprints	Date on 1st Worksheet in case file	Date on Draft Report
Latent Prints	Date on 1st Worksheet in case file	Date on Draft Report
Multimedia	Date on 1st Worksheet in case file	Date on Draft Report
Firearms/Tool Marks	1st notation of NIBIN entry made in LIMS or date a case worksheet is started	Date on Draft Report

h. Any changes made to completed examination records; either hard copy or electronic format shall be clearly documented in the case records. 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.

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

j. Cross out the mistake with a single line;

k. Enter the correct change by the mistake;

l. Put the initials of the person making the correction by the correction.

Records include, 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 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).

2. Analysts shall ensure that:
    i. 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.
    ii. 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.
    iii. Any documentation in the case jacket 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.

iv. 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 ensure the case number is on the document(s).

v. 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).

vi. When examination records are present on both sides of a single page, both sides of the page will be treated as separate pages.

vii. 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.

viii. When an independent check of a critical finding or calculation has been performed:

(a) An authorized individual having expertise in the field, gained through knowledge, training and experience carried out that check.

(b) A record of this review was made to confirm the critical finding and this record includes, by whom and when the check was performed.

(c) This record is maintained in the case jacket.

ix. 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 to generate reports will save all final reports in a read-only format in a secure location. When possible, the report will be uploaded to the case in JusticeTrax.

(a) 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. 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".

(b) 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):

(i) *e.g. #001-RPT DNA Report*

#001-RPT-2 DNA Supplemental Report

(c) If multiple units are releasing a report for the same item of evidence, they should create the sub-item using the next sequential number.

(i) *e.g. #001-RPT DNA Report*
#001-RPT-2 Firearms Report
#001-RPT-3 DNA Supplemental Report

(d) When a case requires a report to be generated for multiple agencies, please add the agency name to the description.

Example:

A case report needs to go to New Haven, the OCME and State Police Troop K.

#001-RPT DNA Report – New Haven
#001-RPT DNA Report – OCME
#001-RPT DNA Report – Troop K

(e) Additionally, 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.

(f) 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.

(g) 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.

(h) The Report and any 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:

(i) 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) and documentation of report issuance is maintained.

(ii) 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.

x. 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.

(a) All units not listed in b or c 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 C. G. S. § 14-227.

(b) 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.

(c) 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.

xi. 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 is sufficient for this record). Emailed reports will not be sent to personal email accounts.

xii. 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:

Electronic Evidence/Computer Crimes	CC-26
Controlled Substance	CS-1
Toxicology	TX-19
DNA	DNA-01Ap II

Forensic Biology	FB-04
Chemistry	CH-02
Instrumentation	FLIN-12
Trace	TR-20
Latent Prints	LP-5
Multimedia	MMIE-25
Firearms/Tool Marks	FA-7

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 Laboratory 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, proficiency results, customer surveys.

   b. **Training Records/Continuing Education Records**:
      i. Indexing and Collection: Unit Leads 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 Leads 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

      Note: Training records are to remain at 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. **Laboratory Quality Records**:
   i. Indexing and Collecting: Unit Leads, 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

   Laboratory Quality Records include: all documentation of calibrations (pipette, masses, thermometers, etc.), all documentation of monitoring (temperature logs, instrument maintenance logs etc.), and all QC checks (standard validations).

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. 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.
   c. Requests for record destructions go through the laboratory's Division 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. Provide a list of the cases/records to be destroyed and the years they encompass. The RML will complete a State of Connecticut RC-108 form (Records Disposition Authorization – State Agencies) and forward this to the Department RMLO, located at DESPP Headquarters for approval by the State Library.
ii. Records cannot be destroyed without this pre-approval.
iii. Records listing what documents were destroyed will be maintained by the laboratory 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 Laboratory Administrative Manager (however titled).
      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 Laboratory Administrative Manager (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 Laboratory Administrative Manager (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 inform the person(s) requesting the information that the documents can be reviewed at the laboratory by scheduled appointment only. The Laboratory Administrative Manager 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
      vii. The laboratory will not provide any documents that are copyright protected or information from the COLLECT system.
      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.
(ii) If unsure if a specific item should be redacted, the Laboratory Administrative Manager 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 Laboratory Administrative Manager (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. For toxicology requests, the Case Management unit will forward the Discovery request to either the Assistant Director or Deputy Director.
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 laboratory by scheduled appointment. The Laboratory Administrative Manager 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 laboratory will not provide any documents that are copyright protected or information from the COLLECT system.
iv. The analyst (or designee) will copy all requested materials redacting information if appropriate then forward the documents to the Case Management unit.
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.