

**Drug Enforcement Administration
Office of Forensic Sciences**

**Laboratory Operations Manual
October 2019**

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Date Posted: 11/15/2019

CHAPTER 70 LABORATORY OPERATIONS

7001 PROVIDING SCIENTIFIC AND TECHNICAL SERVICES

The Office of Forensic Sciences (SF) oversees the operation of the Drug Enforcement Administration's (DEA) laboratories. DEA laboratories provide advisory, scientific and technical services to DEA, federal law enforcement, intelligence operations, and the criminal justice system at large. Each laboratory serves geographic area defined by SF (Exhibit 1/7001). Policy statements within the Laboratory Operations Manual (LOM) are mandatory requirements. The word 'should' within a statement signifies a best-practice, or recommendation. The word 'may' in a statement provides permission that does not require additional authorization. The phrase 'may not' and the word 'cannot' are prohibitive language intended to clarify that an action is impermissible. Unless expressly prohibited elsewhere in the LOM, the Laboratory Director (LD) may request exemptions to policies and procedures from SF.

NOTE: Exhibit 2/7001 lists acronyms used in this subchapter.

SF laboratories:

- A. Perform evidence analysis and other laboratory activities in three forensic disciplines:
 - 1. Drug chemistry
 - 2. Digital evidence
 - 3. Latent prints

NOTE: The term "laboratory activities" is defined as the range of activities associated with evidence analysis, beginning on the date evidence is received by the analyst and ending on the date of report approval.

- B. Offer a wide range of forensic services, to include:
 - 1. Assisting with crime scene investigations
 - 2. Assisting with clandestine laboratory investigations
 - 3. Providing expert witness testimony
 - 4. Providing scientific advice
 - 5. Providing intelligence support

NOTE: The terms "analysis" and "examination" are used interchangeably when referring to laboratory services.

- C. Drug evidence analysis includes weighing, sampling, identifying, and quantitating exhibits. The Analysis of Drugs Manual (ADM) provides guidance, requirements, and procedures for drug analysis.
- D. Digital evidence examination includes collecting, preserving, acquiring/extracting, and analyzing digital evidence. REDACTED.
- E. Latent print examination includes developing latent prints on evidence, examining developed friction ridges, digital imaging, and conducting Automated Fingerprint Identification System (AFIS) searches. The Latent Print Examination Manual (LPEM) provides guidance, requirements, and procedures for latent print examination.
- F. The laboratories may assist state and local governmental agencies in technical matters, provided such assistance does not conflict or interfere with laboratory service to DEA or other federal agencies.

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- G. LDs summarize scientific and technical services provided in the monthly report by the close of business on the 7th day of each month, or on the next business day if the 7th fall on a non-work day.

7002 SUPPORTING LAW ENFORCEMENT

7002.1 Providing Laboratory Services

DEA laboratories analyze drug, latent print, and digital evidence for federal, state, county, municipal law enforcement agencies, and foreign law enforcement counterparts. This service supplements, but does not replace, service provided by state, county, or municipal laboratories.

NOTE: Exhibit 1/7002 lists acronyms used in this subchapter.

DEA laboratories:

- A. Provide services to agencies officially investigating criminal matters.
- B. Store drug evidence submitted by DEA enforcement offices.
- C. Destroy drug evidence submitted by DEA enforcement offices, in accordance with DEA policies and procedures.
- D. Return DEA non-drug evidence and non-DEA evidence to the customer.
- E. May train other technical, enforcement, legal, and other DEA personnel upon request.
- F. Will not permanently store evidence for other agencies.

7002.11 Restrictions on Testing

DEA laboratories will not routinely accept cases from other forensic laboratories, or jurisdictions, which have the capability of conducting a requested examination.

The LD:

- A. May approve specialized forensic examinations not available in other non-DEA laboratories (e.g., quantitative analysis, salt form determination, etc.).
- B. May permit analysis of evidence previously tested by another laboratory upon request. For these circumstances, a copy of the original laboratory report is required.
- C. May approve evidence re-analyses under extenuating circumstances (e.g., original examiner no longer available).

7002.12 Requesting Examinations

The LD:

- A. Accepts requests for examinations on a DEA-7, DEA-7a, or DEA-7b.
- B. If a DEA-7, DEA-7a and DEA-7b are not accessible, must require a written request addressed to the LD to include, at a minimum, the following information:
 - 1. Name of subject (if known), and requesting agency case and exhibit number.

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2. Nature of the violation, including:
 - a. Date collected
 - b. How collected (e.g., seized, purchased, internal body carry, etc.)
 - c. Purchase cost, if applicable
3. Type of examination(s) desired
4. Type of drugs suspected, gross weight, and net weight (if applicable)
5. Facts in the case pertinent to the laboratory examination (e.g., safety hazards)
6. Reference to previous correspondence on the case, if applicable

7002.2 Operational Support

The LD ensures availability of laboratory personnel to provide operational support to Special Agents and investigators. Section 7005 of this manual addresses policies regarding support to foreign forensic analysts.

7002.21 Diversion Investigations

Forensic analysts assist in conducting diversion investigations and familiarize themselves with manufacturing processes or other pertinent information regarding the investigations.

7002.22 On-Site Support

DEA Laboratories provide technical on-site support to include operational support at clandestine laboratory seizures, trace evidence collection, and collection of latent print and digital evidence.

- A. Clandestine laboratories
 1. Clandestine laboratory-certified forensic analysts assist with investigations of illicit manufacturing operations.
 2. Upon request from a federal agency, a clandestine laboratory-certified DEA forensic chemist responds to clandestine laboratory seizures.
 3. After the seizure and examination of exhibits, the analyst prepares a written report, in accordance with the ADM, REDACTED, and LPEM.
- B. Forensic chemists assist with collecting trace evidence, in accordance with the ADM.
- C. REDACTED.
- D. Fingerprint specialists provide on-site examination support in accordance with the LPEM.

REDACTED

REDACTED.

REDACTED

REDACTED.

7002.5 Supplying Drug Reference Materials

- A. SFL1:
 1. Supplies DEA laboratories with drug reference materials needed to perform analytical casework.

DEA SENSITIVE

2. If the regional laboratory cannot fulfill a request, supplies state and local laboratories with non-commercially available drug reference materials.
3. May supply foreign forensic laboratories with non-commercially available drug reference materials needed to perform analytical casework.

NOTE: The SFL1 LD may supply commercially available drug reference materials to foreign forensic laboratories on a case-by-case basis.

4. Establishes procedures for authenticating drug reference materials. The ADM outlines additional policies and procedures for verification.
5. Processes orders for controlled substances from non-law enforcement organizations within the United States originating from joint research projects or other cooperative efforts.
6. Maintains records for all customer orders, including a DEA-222 and DEA-223, for each order.

B. Regional laboratories:

1. May supply state and local laboratories within their jurisdiction with non-commercially available drug reference materials needed to perform analytical casework.

NOTE: The LD may supply commercially available drug reference materials on a case-by-case basis.

2. Refers requests to SFL1 when unable to supply state and local laboratories with non-commercially available drug reference materials.

7002.51 Internal Orders

Internal orders originate from a DEA laboratory. Regional DEA laboratories request drug reference materials via email to SFL1.

7002.52 External Orders

LDs process orders originating within their service area and forward others to the appropriate laboratory. SFL1 processes foreign orders. (See PRO-7002.52, Processing External Requests for Drug Reference Materials).

A. LD:

1. Distributes Schedule I and II controlled substances in accordance with 21 C.F.R. § 1305.03.
2. Furnishes drug reference materials in amounts not to exceed 10-20 milligrams.

NOTE: The LD may authorize in writing the release of greater amounts in rare instances.

B. SFL1 LD:

1. Processes orders for drug reference materials from regional laboratories that cannot furnish the request.
2. If the drug reference material is not in SFL1's inventory, seeks the drug reference material from other laboratories. If unavailable, may manufacture or purchase the drug reference material.

7003 SUPPORTING THE COURTS

NOTE: Exhibit 1/7003 lists acronyms used in this subchapter.

DEA SENSITIVE

7003.1 Maintaining Curricula Vitae

Laboratory employees who may testify as an expert witness must each maintain a curriculum vitae (CV) and update the CV at least annually and when significant changes occur (see PRO-7003.1, Maintaining Curriculum Vitae).

7003.2 Disclosing Case-Related Information

NOTE: For purposes of this section, “approved recipients” is defined as prosecuting attorneys and law enforcement officers directly involved in the case (see PRO-7003.2, Disclosing Case-Related Information).

- A. Laboratory personnel provide the following documents upon receiving a request from an approved recipient pursuant to Federal Rule of Criminal Procedure 16 (or equivalent state rule) without needing SF approval:
 - 1. Analyst’s notes (e.g. DEA-86, DEA-466, DEA-442, DEA-444, DEA-445, digital evidence examination notes, Case Details Report, Latent Print Details Report, etc.)
 - 2. Supporting examination documentation (e.g., instrument files, latent print images, copy of the archive, photographs, etc.), unless:
 - a. Dissemination is otherwise prohibited by law, such as digital evidence containing images of child pornography.
 - b. The material is maintained within an internal laboratory system document (e.g., study, accreditation document, etc.).
 - 3. Chain of custody documentation (e.g., DEA-12s, Chain of Custody report, etc.)
 - 4. Summary of Expert Testimony of the analyst
 - 5. Curriculum Vitae of the analyst
- B. Under no circumstance will laboratory personnel release any material not specifically listed in subparagraph A to approved recipients without obtaining SF approval. Refer to PRO-7003.2, Disclosing Case-Related Information.

7003.3 Complying with the Giglio Disclosure Policy

In accordance with the Department of Justice Policy Regarding the Disclosure to Prosecutors of Potential Impeachment Information Concerning Law Enforcement Agency Witnesses (“Giglio Policy”), DEA will disclose potential impeachment information regarding witnesses who testify on behalf of the Government. DEA must notify authorized requesters of potential impeachment information consistent with the Giglio Policy.

REDACTED.

7003.4 Monitoring Court Commitments

Employees must give priority to subpoenas issued by Federal courts over subpoenas issued by all other courts. If the employee receives more than one subpoena for the same date(s), the employee must advise the appropriate prosecuting attorneys of the conflict. Absent another arrangement between United States Attorney’s offices, the employee will respond to the first federal court subpoena received.

Laboratory personnel must monitor court commitments, resolve schedule conflicts, and notify their supervisor when the status or disposition of a case has changed.

DEA SENSITIVE

7003.5 Providing Testimony

The authorities permitting DEA laboratory personnel to testify based upon DEA information are found at 28 C.F.R. § 0.103, 28 C.F.R. § 16.21 *et seq.*, and 5 C.F.R. § 2635.805. As expert witnesses, forensic analysts may express reasons for conclusions and offer opinions within the scope of their expertise.

An employee may serve as an expert witness on behalf of the United States, and generally on behalf of a State or Local Government. However, an employee is prohibited from testifying as an expert witness on behalf of a private individual unless otherwise authorized. In such cases, the employee must consult with the Office of Chief Counsel, Ethics and Standards of Conduct Unit (CCE) and Domestic Criminal Law (CCM) sections to provide such expert testimony (see 5 C.F.R. § 2635.805).

- A. An employee provides testimony in response to a subpoena or demand issued by the prosecution in federal, state, or local criminal cases involving controlled substances (see 28 C.F.R. § 0.103(a)(3)).
- B. An SF Forensic Chemist will not provide testimony regarding whether or not a compound meets the scientific criteria of the Controlled Substances Analogue Enforcement Act of 1986, without consultation with the Office of Chief Counsel, Criminal Law Policy and Division Counsel Program (CCO).

NOTE: Requests for testimony regarding 7003.5.B may be referred to the Office of Diversion Control Policy, Drug and Chemical Evaluation (DPE).

- C. Requests for expert testimony unrelated to the analysis of evidence will be considered on a case-by-case basis in consultation with SF and CC.
- D. An employee may provide testimony on direct examination regarding the following topics:
 - 1. Position, qualifications, and experience
 - 2. Actions and opinion(s) concerning the analysis, testing, or handling of evidence that the employee analyzed, tested or handled
 - 3. Opinions regarding the manufacturing or synthetic routes of chemical substances
 - 4. General information concerning DEA procedures that the employee used in the case
- E. An employee must not disclose, unless authorized by SF in consultation with CCO:
 - 1. Information about other cases or investigations
 - 2. Investigative techniques, policies, or procedures outside the employee's area of expertise
 - 3. Documents (e.g., manuals, protocols, accreditation documents, log books, calibration records, reports, charts, etc.) that have not been provided to the defense through normal discovery procedures and in accordance with DEA policies and procedures. These documents may or may not be available to the defense from the prosecuting attorney through normal discovery procedures.
 - 4. Any other information that has not been previously authorized in accordance with 7003.5A or C above.
- F. If during testimony, an employee is asked to disclose information that has not been previously authorized in accordance with 7003.5A or C above, the employee:
 - 1. Must inform the court that they are prohibited from disclosing the information demanded (see 28 C.F.R. §16.21 *et seq.*).

NOTE: The employee may request an opportunity or brief recess to consult with the appropriate Department of Justice (DOJ) official, SF, and CCO, to obtain the necessary authorization.

DEA SENSITIVE

EXCEPTION: An appropriate DOJ official (e.g., the United States Attorney in the applicable district), in consultation with CCO and SF, may authorize disclosure.

2. If the court refuses to allow the employee to consult with the appropriate DOJ official, SF, and CCO, the employee will request that the court stay the demand, pending receipt of authorization from the appropriate DOJ official, SF, and CCO.
3. The employee will immediately contact the CCO Section Chief for assistance. If outside of duty hours, the laboratory employee will contact the Command Center to reach CCO.

7003.51 State and Local Proceedings

- A. State and local prosecution subpoenas or demands for testimony or documents that are not authorized by 7003.5A and defense subpoenas and demands for testimony or documents must comply with 28 C.F.R. § 16.21 *et seq.* (herein after referred to as the “*Touhy*” regulations).

NOTE: The “*Touhy*” regulations require that the requestor provide to the appropriate Department of Justice (DOJ) official (normally the United States Attorney in the applicable district) a declaration in writing indicating what testimony and/or documents are being requested. The requestor must state how the testimony and/or documents are relevant to the proceeding.

1. An employee who receives a subpoena or a demand must forward the subpoena or demand to the LD, who will consult with Chief CCO and SF.
 2. Upon receipt, the appropriate DOJ official, SF and CCO will consult and determine whether the testimony and/or documents being sought should be authorized.
 3. CCO will notify the employee whether all or any portion of the request for testimony and/or documents is authorized. If authorized, CCO will provide the employee with instructions regarding how to proceed.
- B. If a specific state rule requires a prosecution witness to submit to a defense deposition, CCO must authorize the employee to testify as a prosecution witness. When subpoenaed by the defense to testify at a deposition, the LD (or designee) will notify the prosecuting attorney and CCO.
 - C. DEA policy requires that the state prosecuting attorney attend the deposition. If the prosecutor declines or otherwise fails to attend the deposition, the employee will immediately contact the LD, who will notify CCO.

7003.52 Defense Subpoenas

- A. The LD must notify the prosecutor, SF, CCM, and CCE of any subpoena or demand for testimony requested by the defense.
- B. In certain states, the defense is authorized to take depositions of the state’s witnesses. In those instances, an employee responding to a defense deposition subpoena may testify regarding:
 1. Position, qualifications, and experience
 2. Actions, including opinions, concerning the analysis of evidence
 3. Opinions regarding the manufacturing of chemical substances

DEA SENSITIVE

4. General information concerning DEA procedures that were used in the case

REDACTED

REDACTED

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REDACTED.

7005 LIAISING WITH AND SUPPORTING FOREIGN FORENSIC ANALYSTS

SF encourages liaison between forensic analysts and their foreign counterparts through publications, seminars, and interactions at meetings.

The LD of DEA laboratories must provide a synopsis of each meeting to SF and the Country Attaché, or the foreign field office having jurisdiction, if a representative was not already present.

NOTE 1: Office of Chief's Counsel's International Law Section (CCI) may be consulted for guidance regarding foreign or DEA Country Office requests for information or assistance outlined in this section.

NOTE 2: Exhibit 1/7005 lists acronyms used in this subchapter.

7005.1 Providing Technical Information and Publications to Foreign Forensic Analysts

- A. Regional laboratories will forward requests from foreign nationals to provide technical information and publications to foreign forensic analysts (except those regarding scientific papers published in open literature by laboratory staff) to SF for reply. SF will forward correspondence to the foreign office.

DEA SENSITIVE

- B. SFL1 and SFL9 will respond directly to foreign requests with copies provided to SF and the DEA foreign office.

7005.2 Meeting With International Participants

SF may request that LDs provide an attendee for meetings with international participants. An LD may also initiate the request for international participation in meetings.

7005.3 Supporting Foreign Law Enforcement

7005.31 Providing Laboratory Services

- A. SFL1 provides laboratory services to foreign DEA offices and foreign law enforcement agencies, except those specifically assigned to other regional laboratories.
- B. Follow REDACTED for procedures to document importing small amounts of controlled substances from foreign offices for laboratory analysis.

REDACTED

REDACTED

- A. REDACTED.
- B. REDACTED.
- C. REDACTED.

7006 PROVIDING ADVISORY SERVICES

NOTE: Exhibit 1/7006 lists acronyms used in this subchapter.

7006.1 Other Government Agencies

The LD or SF Section Chief supplies scientific information requested by other government agencies within the scope of laboratory activity and specialization. DEA sensitive information will not be released without SF approval.

7006.2 Industry

The LD may provide information regarding technical matters within the area of the laboratory's functions to representatives of business or industry, only if it is determined to be in the interest of DEA, and approved by SF.

7007 COLLABORATING WITH PROFESSIONAL ORGANIZATIONS AND INSTITUTIONS

Laboratory personnel may collaborate with professional organizations and educational institutions, where results may be beneficial to the government, and when the collaboration is approved by SF. For additional information, refer to 7204.3 and 7601.

NOTE: Exhibit 1/7007 lists acronyms used in this subchapter.

DEA SENSITIVE

Exhibit 1/7001

AREAS OF RESPONSIBILITY

Laboratory	Area of Responsibility
Special Testing and Research Laboratory (SFL1)	All foreign offices and their jurisdictions except as noted for SFL2, SFL4, and SFL7.
Northeast Laboratory (SFL2)	New England, New York, New Jersey and Philadelphia Field Divisions, to include Connecticut, Delaware, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, Eastern Provinces of Canada (Labrador, Newfoundland, Nova Scotia, New Brunswick, Quebec, and Ontario), and Bermuda.
Mid-Atlantic Laboratory (SFL3)	Atlanta, Washington and Louisville Field Divisions, to include District of Columbia, Georgia, Kentucky, Maryland, North Carolina, South Carolina, Tennessee, Virginia, and West Virginia. SFL3 is also responsible for a sub-regional laboratory in Nashville, Tennessee.
Southeast Laboratory (SFL4)	Miami, New Orleans and Caribbean Field Divisions, to include Alabama, Arkansas, Florida, Louisiana, Mississippi, Nassau and Freeport, Bahamas, Cayman Islands, and areas of the Caribbean including (but not limited to): Curacao, Barbados, St. Croix, Dominican Republic, Haiti, Puerto Rico, Jamaica, and St. Thomas Virgin Islands.
North Central Laboratory (SFL5)	Chicago, Detroit, Omaha, and St. Louis Field Divisions, to include Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin.
South Central Laboratory (SFL6)	Dallas, Houston, and El Paso Field Divisions, to include New Mexico, Oklahoma, and Texas.
Western Laboratory (SFL7)	Seattle, San Francisco, and Denver Field Divisions, to include Alaska, California (except for counties listed as part of the Southwest Laboratory's jurisdictional area), Colorado, Idaho, Montana, Oregon, Utah, Washington, Wyoming, and the provinces of Canada from Manitoba westward.
Southwest Laboratory (SFL8)	San Diego, Los Angeles, and Phoenix Field Divisions, to include Arizona, Nevada, Hawaii, and Pacific Islands. The following California counties: Imperial, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, and Ventura.
Digital Evidence Laboratory (SFL9)	All domestic and foreign offices and their jurisdictions. SFL9 is also responsible for sub-regional laboratories in New York, New York; Chicago, Illinois; Houston, Texas; San Diego, California; and Salt Lake City, Utah.

DEA SENSITIVE

Exhibit 1/7002

ACRONYMS	
ADM	Analysis of Drugs Manual
CFR	Code of Federal Regulations
DEA	Drug Enforcement Administration
REDACTED	REDACTED
LD	Laboratory Director
LPEM	Latent Print Examination Manual
SFL1	Special Testing and Research Laboratory

DEA SENSITIVE

Exhibit 1/7003

ACRONYMS	
CC	Office of Chief Counsel
CCE	Office of Chief Counsel, Ethics and Standards of Conduct
CCM	Office of Chief Counsel, Domestic Criminal Law Section
CCO	Office of Chief Counsel, Criminal Law Policy and Division Counsel Program
CFR	Code of Federal Regulations
CV	Curriculum Vitae
DEA	Drug Enforcement Administration
DOJ	Department of Justice
DPE	Office of Diversion Control Policy, Drug and Chemical Evaluation
LD	Laboratory Director
SF	Office of Forensic Sciences

DEA SENSITIVE

Exhibit 1/7004

ACRONYMS	
ADM	Analysis of Drugs Manual
REDACTED	REDACTED
DEA	Drug Enforcement Administration
REDACTED	REDACTED
SFL1	Special Testing and Research Laboratory

Exhibit 1/7005

ACRONYMS	
REDACTED	REDACTED
CCI	Office of Chief Counsel International Law Section
DEA	Drug Enforcement Administration
REDACTED	REDACTED
LD	Laboratory Director
REDACTED	REDACTED
SF	Office of Forensic Sciences
SFL1	Special Testing and Research Laboratory

DEA SENSITIVE

Exhibit 1/7006

ACRONYMS	
DEA	Drug Enforcement Administration
LD	Laboratory Director
SF	Office of Forensic Sciences

DEA SENSITIVE

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Exhibit 1/7007

ACRONYMS	
SF	Office of Forensic Sciences

DEA SENSITIVE

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Date Posted: 11/15/2019

Exhibit 2/7001

ACRONYMS	
ADM	Analysis of Drugs Manual
AFIS	Automated Fingerprint Identification System
DEA	Drug Enforcement Administration
REDACTED	REDACTED
LD	Laboratory Director
LPEM	Latent Print Examination Manual
SF	Office of Forensic Sciences

DEA SENSITIVE

See Also: LOM 7002.52

ACTION BY:

Laboratory Director (LD)

ACTION:

1. **Receives** written request or DEA-222 to supply a drug reference material.
2. **Forwards** request to the reference materials monitor.

OR

If the request was from an organization outside the receiving laboratory's jurisdiction, **forwards** the request to the appropriate laboratory.

Reference Materials Monitor

3. **Verifies** the intended recipient has a current DEA registration (DEA-223) and provides a service to a law enforcement agency in accordance with 21 CFR 1301.24.
 4. **Reviews** the DEA-222, order form for Schedule I and II Substances.
 5. **Confirms** the availability of the reference material.
 - 5a. If the regional laboratory cannot fulfill the request, **endorses** the form on the reverse side with the following statement: "This form has been sent for filling to a laboratory having a sufficient supply of material" and **forwards** the request to the Special Testing and Research Laboratory.
- OR
- 5b. **Returns** the form to the requestor with directions to list the unfilled items on another DEA-222 and re-submit once the reference material becomes available.
 6. **Provides** an amount of material not exceeding 20 milligrams.

NOTE: The LD may authorize in writing the release of greater amounts in rare instances.

7. **Sends** reference materials by commercial carrier whose operations allow for precise point-to-point traceability (e.g., registered mail with return receipt, etc.).

End of Document

See Also: LOM 7003.1

ACTION BY:

ACTION:

Laboratory Personnel

1. **Creates** or **revises** a curriculum vitae (CV) using the CV template found in Blank Forms on the Office of Forensic Sciences Document Control Center (SFDCC) website.

NOTE: Instructions are located in Blank Forms on the SFDCC website.

2. **Submits** the CV to his/her immediate supervisor as a Portable Document Format (PDF) file.

Supervisor

3. **Reviews** the CV for administrative errors.

3a. If revisions are required, **returns** to laboratory personnel (Steps #1-2).

4. **Forwards** the CV to the quality assurance specialist (QAS) /Digital QAS.

QAS /Digital QAS

5. **Saves** the approved CV on the local laboratory share drive.

NOTE: File names should have a consistent naming format.

Laboratory Personnel

6. **Updates** the CV annually and when significant changes occur (Steps #1-5).

End of Document

See Also: LOM 7003.2

ACTION BY:

ACTION:

Laboratory Staff

1. **Receives** a request for case related documentation.
 - 1a. If the request is from a prosecuting attorney or law enforcement officer, **proceeds** to Step #2.
 - 1b. If the request is a court order, subpoena, defense request, or from an unapproved recipient, **forwards** request to the laboratory director (LD) (Step #3).
2. **Reviews** the request to determine if the information requested is listed in LOM 7003.2 A.
 - 2a. If requested information is a document listed in subparagraph A, **provides** the document(s) without SF approval. **Proceeds** to Step #7.
 - 2b. If the requested information is not a document listed in subparagraph A (not a court order or subpoena), **notifies** the prosecuting attorney or law enforcement officer that a written request must be sent to the LD requiring that the following information is provided:
 - Documents requested
 - DEA laboratory number or LIMS case number
 - Court case number
 - Name(s) of the defendant(s)
 - Name and contact information of the prosecuting attorney

LD

3. **Reviews** written request for documents.
4. **Forwards** the request to the Office of Forensic Sciences (SF) and the Office of Chief Counsel (CCM), including the following information:
 - DEA laboratory number(s) or LIMS case number(s)
 - Court case number
 - Name(s) of the defendant(s)
 - Name and contact information of the prosecuting attorney
 - Court order, subpoena or defense request, if any

SF

5. **Consults** with CCM and the LD to determine DEA's position on the release of the additional information.
6. **Provides** written response to the LD detailing action to be taken.

ACTION BY:

ACTION:

Laboratory Staff

7. **Prepares** correspondence to be sent to the approved recipient listing:

- Unique Case Identifier
- Specific item(s) being disclosed
- Encloses/attaches copies of items

8. **Redacts** all documents in accordance with REDACTED.

**Laboratory
Management**

9. **Reviews** prepared information and returns for correction, if necessary.

Laboratory Staff

10. **Provides** documents and correspondence to the approved recipient, (via email, commercial carrier, registered mail, or hand-delivery).

NOTE: A hand-delivery requires documentation using a DEA-12.

11. If the documents contain information in excess of LOM 7003.2 A, **copies** SF on the correspondence.

12. **Maintains** the following information in the laboratory case file:

- The disclosure request
- Copy of the correspondence (i.e., memorandum accompanying disclosed material, email, etc.)
- Copy of the disclosed material
- Request for SF approval, if any
- SF approval documentation, if required
- Commercial carrier tracking information if not sent by email
- DEA-12, if information disclosed in-person

End of Document

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CHAPTER 71 QUALITY ASSURANCE

7101 MANAGING DOCUMENTS

This policy applies to the Office of Forensic Sciences (SF) documents that address management system activities (e.g., manuals, handbooks, orders, etc.) and external documents that affect the management system. The quality management system policies and procedures for the laboratory system are maintained in Master List A and Master List B.

NOTE: Exhibit 1/7101 lists acronyms used in this subchapter.

7101.1 Quality System Document Management

Top Management (See 7201):

- A. Ensures management system documents posted on the Office of Forensic Sciences Document Control Center (SFDCC) have the following information:
 - 1. Unique identification
 - 2. Date of issue
 - 3. Page numbering
 - 4. Total number of pages or a mark to signify the end of the document
 - 5. The issuing authority

NOTE: This does not apply to Blank forms on the SFDCC.

- B. Approves management system documents prior to posting on the SFDCC.
- C. Maintains obsolete management system documents and ensures accessibility to staff.
- D. Identifies revisions or summarizes changes to edited documents.
- E. Reviews management system documents annually.

7101.2 Office of Forensic Sciences Document Control Center

See PRO-7101.2A, Reviewing, Approving, and Posting Controlled Documents: Laboratories and PRO-7101.2B, Reviewing, Approving, and Posting Controlled Documents: Headquarters (See TSK-7101.2C, Posting Controlled Documents – Headquarters Document Control Officer).

- A. Top Management ensures the ability to update the SFDCC is limited to the Headquarters Document Control Officer (HQDCO) and an alternate.
- B. Personnel access management system documents through the SFDCC, unless specified otherwise under “Official Location” on the Master Lists.
- C. The SFDCC contains the official current versions of documents.
- D. Copies printed or saved from the SFDCC are not official.
- E. Management system documents that were in effect when an examination was started will remain the applicable reference documents until the analysis is completed.

7102 MANAGING RECORDS

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7102.1 Quality System Record Management

- A. The Laboratory Quality Assurance Manager (LQAM) ensures management system records are stored so that they are easily retrievable and protected from damage, deterioration, or loss.
- B. The LQAM ensures records stored on any type of approved media (i.e., electronic media or hard copy) are controlled.
- C. Personnel will not maintain copies of management system records in any personal storage area or binder, or on any personal electronic media.
- D. Personnel responsible for filing hard copy quality records will store them in appropriate facilities in the location(s) stated on the Quality Records list and DEA Records Information System (DEARIS) File Plan.
- E. Responsibility for developing, revising, or completing records accurately and promptly resides with the personnel responsible for generating the quality record.

NOTE: Exhibit 1/7102 lists acronyms used in this subchapter.

7102.2 Disposing or Retaining Records

The LQAM ensures records are disposed or retained in accordance with the REDACTED.

7103 TESTING ANALYST PROFICIENCY

7103.1 Proficiency Testing Program Types

- A. Inter-laboratory proficiency testing program (PTP) samples
- B. Internal (intra-laboratory) proficiency testing program (IPTP) samples
- C. External proficiency testing program (EPTP) samples
- D. Blind proficiency testing program (BPTP) samples

NOTE: Exhibit 1/7103 lists acronyms used in this subchapter.

7103.2 Proficiency Testing Program Responsibilities

- A. Office of Forensic Sciences Quality Assurance Manager (SFQAM):
 - 1. Monitors results of all types of proficiency test samples and notifies Top Management of any analytical issues.
 - 2. Prepares the *Quarterly Proficiency Testing Program Report* which includes:
 - a. A summary of results of proficiency test samples analyzed during the previous quarter
 - b. Information regarding digital and fingerprint proficiency tests, when applicable
 - c. Authorization to destroy PTP and EPTP samples for which there are no outstanding issues
 - 3. Maintains laboratory system documentation related to proficiency testing for an accreditation cycle.

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B. Laboratory Director (LD):

1. Monitors the results of proficiency test samples and notifies SF of any analytical issues.
2. Includes review of proficiency test results in the management review report (See TSK-7105.3, Conducting a Management Review).
3. Authorizes destruction of IPTP samples for which there are no outstanding issues.

C. LQAM:

1. Issues a proficiency testing schedule to laboratory personnel on a rotational basis.
2. Ensures expected proficiency test results are not known to, or readily available to the test taker.
3. Ensures that all analyses are completed and that the results and all supporting documents are forwarded to the originating laboratories or test provider within the deadlines.
4. Informs laboratory personnel of the results of proficiency testing.
5. Issues supplementary proficiency tests to analysts, if applicable.
6. Maintains accountability of IPTP, EPTP, and PTP samples.
7. Maintains documentation related to proficiency testing for an accreditation cycle, including documentation of sample destruction.

D. Quality Assurance Specialist (QAS):

1. Serves as the PTP coordinator.
2. Ensures that each forensic analyst successfully completes a minimum of one proficiency test (IPTP, PTP or EPTP) each fiscal year in which accredited services are provided.
3. Ensures each location identified on the scope of accreditation successfully completes an EPTP each fiscal year.
4. Ensures proficiency tests include a representative sample of the components/parameters, methods, and key equipment listed on the scope of accreditation during the accreditation cycle.
5. Assigns an IPTP to a forensic chemist only if another proficiency testing program sample was not successfully completed by that chemist during the fiscal year.
6. Selects exhibits for reanalysis as drug IPTP samples.
7. Maintains proficiency test records on an annual basis.
8. Prepares summary reports of IPTP results on an annual basis.
9. Prepares summaries for the months when the drug PTP sample originates from the laboratory and forwards results to each laboratory and SF.
10. Reviews IPTP, PTP, and EPTP results.
11. Forwards results and supporting documentation to the LQAM.
12. Ensures EPTP results are sent to the test provider within established deadlines and notifies SFQAM.

E. Digital QAS:

1. Serves as the PTP coordinator.
2. Ensures that each Digital Forensic Examiner (DFE) successfully completes a minimum of one proficiency test (PTP, IPTP or EPTP) each fiscal year.
3. Ensures proficiency tests include a representative sample of the components/parameters, methods, and key equipment/technologies listed on the scope of accreditation during the accreditation cycle.
4. Maintains proficiency test records on an annual basis.
5. Ensures each location identified on the scope of accreditation successfully completes an EPTP each fiscal year.

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6. Reviews examination results and identifies any inconsistencies.
7. Forwards results and supporting documentation to the LQAM.
8. Ensures EPTP results are sent to the test provider within the established deadlines and notifies SFQAM.
9. Prepares a proficiency test summary report on an annual basis.

F. Forensic analyst:

1. Completes at least one proficiency sample per fiscal year in the analyst's forensic science discipline(s).
2. Handles, secures and analyzes proficiency test samples in the same manner as evidence.
3. Maintains a sufficient sample reserve to permit additional analysis (drug analysis only), whenever possible.

7103.3 Procedures for Preparing and Conducting Proficiency Tests

See the Analysis of Drugs Manual (ADM), REDACTED, and the Latent Print Examination Manual (LPEM) for discipline-specific proficiency test program procedures.

7104 GATHERING FEEDBACK

NOTE: Exhibit 1/7104 lists acronyms used in this subchapter.

7104.1 Customer Satisfaction Surveys

A. SFQAM:

1. Distributes a survey to senior-level customers that use laboratory services at least once each year.
2. Distributes a survey to laboratory report recipients at the DEA field offices and other law enforcement organizations that use laboratory services at least once each year.
3. Uses appropriate follow-up procedures to ensure that the surveys are returned.
4. Provides survey summary report to top management.
5. Notifies LD and LQAM of feedback received.

B. LD:

1. Uses feedback from the surveys to improve the laboratory's management system.
2. Attempts to resolve negative feedback.

7104.2 Managing Complaints and Recommendations for Improvement

A. For internal and external quality management system customer service complaints and recommendations for improvement, the LQAM:

1. Resolves a complaint as a *nonconformance* and a recommendation for improvement as an *area of concern* (See 7109).
2. Discusses the issue(s) with the complainant or the person making the recommendation to reach a resolution.
3. Refers complaints to the SFQAM if a resolution cannot be reached, if applicable.

B. See REDACTED for complaints that include harassment, Equal Employment Opportunity, Standards of Conduct, or grievances.

7104.3 Evaluating and Documenting Testimony

- A. A supervisor or the supervisor's discipline specific designee will technically evaluate each testimonial presentation provided by employees in a criminal proceeding by either direct observation or transcript review.
- B. The technical evaluation shall be documented on the Documenting Testimony Review form located in the Blank Forms section of the SFDCC within 30 days of either receipt of the transcript or direct observation of the testimonial presentation and shall assess whether:
 - 1. The examiner's testimony is consistent with mandatory component policies and procedures regarding testimony about the forensic analysis of evidence.
 - 2. Testimonial opinions, conclusions, and statements regarding the underlying case-specific facts or data were properly qualified and did not exceed the scientific limitations of the method performed or the discipline in question.
 - 3. Conclusions are in conformity with the directives of any applicable approved Uniform Language for Testimony and Reports document.
- C. Whenever possible, supervisors will also evaluate the overall presentation and professionalism of the employee's testimony through direct observation.
- D. Laboratory personnel must request transcripts of their testimony when supervisor observation is not possible.
- E. Attempts to obtain transcripts for each testimonial presentation as well as justification for the inability to obtain transcripts must be documented.

NOTE: A video or audio recording is considered equivalent to a transcript.

- F. If the reviewing official identifies a potential violation of any of the criteria listed above in bullet B, consult with the Office of Chief Counsel and the sponsoring prosecutor then, if the determination is made that the testimonial presentation is in substantive violation of those criteria, follow corrective action procedures in accordance with 7109. Additionally, the Office of Chief Counsel and the attorney who sponsored the examiner will make a legal determination regarding further notification to any appropriate official(s). The date(s) on which the attorneys are notified of an examiner's substantive violation of any of the listed criteria above shall be recorded on the Documenting Testimony Review form.
- G. The official who completed the testimonial evaluation shall review the results of the evaluation with the employee and document this activity using the Documenting Testimony Review form located in the Blank Forms section of the SFDCC. This will be done within 30 calendar days of either witnessing the testimony or obtaining the transcript.
- H. Laboratory management must maintain the completed reviews, transcripts, video or audio recordings, documentation of attempts to obtain transcripts, and evaluation forms as either hard copy or electronic files for at least one full accreditation cycle. For non-compliant testimony, the completed reviews, transcripts, video or audio recordings, and evaluation forms will be maintained indefinitely.

7105 CONDUCTING INTERNAL AUDITS AND MANAGEMENT REVIEWS

7105.1 Utilizing Qualified Personnel

- A. Only qualified personnel may conduct audits. Qualified personnel are those that have previously participated in a management visit, an inspection with the Office of Inspections (IN), an SF

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coordinated evidence inventory, or completed at least six hours of auditor training internally or through an outside provider.

NOTE: This requirement also applies to 7106.

- B. The LQAM maintains the names and qualifications of all individuals eligible to participate in the internal audit.

NOTE: Exhibit 1/7105 lists acronyms used in this subchapter.

7105.2 Internal Audit Responsibilities

The LQAM:

- A. Conducts or coordinates internal audits and provides the LD with the necessary documentation to conduct the management reviews (see TSK-7105.2, Conducting an Internal Audit).
- B. Includes direct observation of a sampling of testing within each discipline by a qualified individual.

7105.3 Management Review Responsibilities

The LD:

- A. Conducts a management review at least annually (see TSK-7105.3, Conducting a Management Review). This review may not be delegated.
- B. Forwards the final management review of the fiscal year to SFQAM.

7106 MONITORING LABORATORY COMPLIANCE

NOTE: Exhibit 1/7106 lists acronyms used in this subchapter.

7106.1 Administering the Self-Inspection Program

The LQAM:

- A. Coordinates the completion of the Self-inspection Program (SIP) report.
- B. Ensures qualified personnel complete audits. (See 7105.1).

7106.2 Annual Inspections

SFQAM:

- A. Provides an annual schedule for inspections.
- B. Determines the criteria and scope of the inspection and provides notification to the laboratory at least 60 days prior to the visit.
- C. Selects qualified personnel to perform inspections (audits) (See 7105.1).
- D. Reviews the audit report and disseminates the report to laboratory management within 30 days of the close out meeting.
- E. Monitors follow-up corrective actions issued to the laboratory (See 7109).

7106.3 Peer Review

See the Analysis of Drugs Manual (ADM), REDACTED, and the Latent Print Examination Manual (LPEM) for discipline-specific peer review policy.

The LQAM:

- A. Ensures that each proficiency-tested analyst is selected for peer review over the course of a calendar year.
- B. Ensures the peer review is documented.
- C. Reviews the results of the peer review for each exhibit.
- D. Ensures the analyst and the supervisor are notified to complete any corrections.

7106.4 Annual Laboratory Information Management System Validation

- A. SF and Laboratory Management annually review the privileges (e.g., assigned roles) of each user with access to the Laboratory Information System (LIMS) to validate the need for access.

NOTE: The review and validation are conducted through the automated process with the DEA's Account Management System (AMS).

- B. SF creates LIMS accounts, reassigns and removes LIMS privileges.

NOTE: Verification of account privileges is automated by AMS.

7107 THE QUALITY ASSURANCE COMMITTEE

7107.1 Office of Forensic Sciences Quality Assurance Committee

- A. The Office of Forensic Sciences Quality Assurance Committee (SFQAC):
 - 1. Meets with at least the following members present:
 - a. SFQAM
 - b. Section Chief from the Laboratory Management and Operations (SFM) section or the Forensic Sciences Instruction (SFT) section or the Forensic Science Advisor (SFS)
 - c. Program Manager from the Quality Assurance (SFQ) section
 - d. Discipline-specific Program Manager(s) from SFM
 - e. An assigned:
 - 1. LQAM
 - 2. QAS/Digital QAS
 - 3. Subject Matter Expert (SME) from the discipline-specific technical advisory committee or digital SME

NOTE: The LQAM, QAS and the SME serve on a rotational basis.

- 2. Meets to review nonconformances, and recommends closure, further action, or improvements to the management system.
- B. SFQAM:

1. Coordinates Office of Forensic Sciences Quality Assurance Committee (SFQAC) meeting times and prepares agendas.
2. Refers all recommendations that result from the committee meetings to SF Top Management for consideration.

NOTE: Exhibit 1/7107 lists acronyms used in this subchapter.

7107.2 Laboratory Quality Assurance Committee

The Laboratory Quality Assurance Committee (LQAC):

- A. Includes the LQAM, QAS/Digital QAS and designated laboratory personnel.
- B. Ensures operational and analytical consistency throughout the laboratory.
- C. Meets at least quarterly to review pending analytical inconsistencies, nonconformances, results of peer reviews, and any additional topics.
- D. Chooses a member to record meeting minutes.
- E. Makes meeting minutes available for the laboratory staff and SFQAM to review.

7108 RISK MANAGEMENT

A risk management strategy encompasses three stages: identifying risks, assessing risks, and mitigating risks. The LQAM will monitor the laboratory's ability to enhance opportunities and reduce risks.

NOTE: Exhibit 1/7108 lists acronyms used in this subchapter.

7108.1 Definitions.

Opportunity: a circumstance, or set of circumstances, that may improve the function of the laboratory or the products received by customers.

Risk: an issue that may be detrimental to the function of the laboratory or the products received by customers.

Risk priority: a determination of the magnitude of a risk intended to assist in addressing an area of concern or a nonconformance. The risk priority incorporates the severity, occurrence, and detection.

Severity: the impact that a nonconformance or area of concern has on a customer or customer decisions.

Occurrence: the frequency, or likelihood, of a specific nonconformance happening.

Detection: the ability of existing management and/or engineering controls to prevent a nonconformance from reaching a customer.

Analytical inconsistency: two (or more) reports of conflicting conclusions, or if reported results are unsupported by observed data.

Corrective action request: a plan or decision resulting from an identified nonconformance.

Preventive action request: a plan or decision resulting from an area of concern that has not resulted in a nonconformance.

7108.2 Identifying Risks

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Personnel identify risks through routine review, management and engineering controls, and other internal and external customer inputs (e.g., document review, LQAC, surveys, inspections and audits, complaints, recommendations, and root cause determinations, etc.).

7108.3 Assessing Risks

Personnel assess risk by assigning relative values in three areas: severity, occurrence, and detection.

7108.31 Calculating a Risk Priority Number

Calculate the risk priority number (RPN) from three areas: severity, occurrence, and detection (See TSK-7108.31, Calculating the Risk Priority Number). Assessing the value for each of the three areas calculates the RPN using a formula (Severity x (Occurrence + Detection) (See Exhibit 2/7108, Matrix for Calculating RPN).

NOTE: Determining the RPN can be accomplished individually by the LQAM or the SFQAM, or through majority consensus of the LQAC or the SFQAC.

7108.4 Acting on Risks

An effectively administered risk management plan leads to consistent action in the form of system improvements. SFQAM and LQAMs correct and prevent nonconformances as described in 7109.

7109 CORRECTING AND PREVENTING NONCONFORMANCE

NOTE: Exhibit 1/7109 lists acronyms used in this subchapter.

7109.1 Using the Risk Priority Number

- A. In the absence of a nonconformance, an $RPN \geq 20$ calculated from a process or activity requires that the LQAM initiate, log, implement, monitor, and complete a preventive action request (PAR). Instructions for completing the Office-Imposed corrective action request and preventive action request (CAR/PAR) and SF-Imposed CAR/PAR forms are within the document located in the Blank Forms section of the SFDCC.
- B. In the absence of a nonconformance, an $RPN < 20$ calculated from a process or activity requires that the LQAM log the area of concern; however, initiation, implementation, and monitoring of a PAR is discretionary.
- C. An $RPN \geq 20$ calculated from a process or activity that is identified as not conforming with established policy and procedures requires that the LQAM initiate, log, implement, monitor, and complete a corrective action request (CAR). Instructions for completing the Office-Imposed CAR/PAR and SF-Imposed CAR/PAR forms are within the document located in the Blank Forms section of the SFDCC.
- D. An $RPN < 20$ calculated from a process or activity that is identified as not conforming with policy and procedures requires that the LQAM initiate, log, and complete a correction.
- F. When a nonconformance with an $RPN > 50$ is calculated (or a severity determined to be a 9 or a 10), the LQAM will notify SFQAM within 2 business days and the SFQAC will determine if immediate action is required for the laboratory system.

MECHANISM FOR IMPROVEMENT:	Scenario	RPN	Convene LQAC?	Root Cause Analyses	Additional Monitoring
Preventive Action Request	Any process or activity that is identified as an area of concern during routine operations, audit events, etc.	Initiate when: RPN \geq 20, May be initiated when RPN < 20 at LQAM discretion.	At LQAM discretion	Not required unless proposed plan reveals underlying nonconforming processes or activities.	Usually no more than 6 months of monitoring from the date plan is implemented.
Corrective Action Request	Any process or activity that is identified as nonconforming with policy and procedures during routine operations, audit events, etc.	Initiate when: RPN \geq 20 RPN > 50 requires notification to SFQAM	Convene LQAC	Conduct root cause investigation with LQAC members.	Usually no more than 6 months of monitoring from the date corrective action plan is implemented. If plan is not correcting the problem, the LQAM must take a different course of action.
Correction	Any process or activity that is identified as nonconforming with policy and procedures during routine operations, audit events, etc.	Initiate when: RPN < 20 LQAM may initiate a CAR if problem is recurrent or indicates a systemic failure despite low RPN.	Not required	Not required.	No monitoring required. Revisit correction effectiveness through laboratory internal audit.

7109.2 Nonconforming Work Products

Corrective action results from an identified nonconformance and describes the reactive process of addressing an identified risk to the quality management system. The corrective action addresses processes or activities which led to a nonconformance. Instructions for completion of the Office-Assigned CAR/PAR and SF-Assigned CAR/PAR forms are found within the document located in the Blank Forms section of the SFDCC.

Many operational processes and laboratory programs are not directly related to the technical work products and the issuance of laboratory reports, but may impact the work product if a nonconformance occurs.

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7109.21 Analytical Inconsistencies

- A. An analytical inconsistency (AI) is defined as two (or more) reports of conflicting conclusions, or if reported results are unsupported by observed data.

NOTE 1: Typographical, or other administrative errors identified during the normal technical and administrative review process, and prior to issuance of a final report are not considered AIs.

NOTE 2: An investigation may include evidence reanalysis of previously tested exhibits.

- B. No type of analytical inconsistency is acceptable without resolution, or an attempt to determine the root cause for the discrepancy.
- C. SFQAM maintains a log of AIs.
- D. The SFQAC reviews all AIs with an RPN \geq 20.
- E. An AI resulting from an individual analyst's actions determined to have an RPN greater than 50 (or a severity value of 9 or 10) as calculated or determined by the SFQAC will be reported to the Deputy Assistant Administrator (DAA).
- F. If an analyst has multiple analytical inconsistencies, the SFQAC will calculate a separate RPN which takes into account the history of the analyst. If the resulting RPN is greater than 50, the SFQAC will report the actions to the DAA.

7109.3 Responsibilities for Correcting or Preventing Nonconformances

SF delegates responsibilities for resolving and preventing nonconformances as follows:

- A. LQAM:
 - 1. Logs AIs, corrective and preventive action requests on the SFQ site.
 - 2. Manages the laboratory quality assurance program to include tracking nonconformances, establishing a reasonable timeframe for completion of corrective actions, preparing summaries, and making recommendations to the LD.
 - 3. Investigates the root cause of nonconformances.
 - 4. Utilizes LQAC to conduct investigations in preparing a response to the LD.
 - 5. Proposes action to prevent, or prevent recurrence, of nonconformances.
 - 6. Maintains the associated documentation for at least one full accreditation cycle.
- B. LD:
 - 1. Maintains overall responsibility for addressing nonconformances.
 - 2. Approves recommendations for action to minimize or eliminate nonconformances.
- C. SFQAM:
 - 1. Manages the laboratory system quality assurance program to include tracking nonconformances, preparing summaries, and making recommendations to SF.
 - 2. Convenes meetings to resolve pending nonconformances.
 - 3. Recommends improvements to laboratory system policies and procedures based on successful plan implementation.

4. Maintains the associated documentation for at least one full accreditation cycle.

D. DAA:

1. Takes action to reduce risks to processes in the laboratory system.
2. In the event of analytical inconsistencies with an RPN > 50 (or a severity of 9 or 10) resulting from an individual analyst's actions, discloses the results of nonconformance root cause investigations to the Office of Chief Counsel (CC) so that they may review the facts and determine whether there are legal and/or policy obligations to disclose the information outside of the agency.
3. Develops strategic, quality-based goals as a result of the risk assessments for laboratory system continual improvement.

7109.4 Preventing or Correcting Nonconformances

Preventive and corrective action describes the action taken when areas of concern or nonconforming work events are identified.

7109.41 Preventive Action Requests

Preventive action describes the proactive process resulting from an identified potential risk to the quality management system. The preventive action addresses processes or activities which may lead to nonconformances.

- A. If a preventive action is required, the LQAM will develop a preventive action plan. A preventive action plan is issued to reduce the risk of occurrence of nonconformance and to improve the quality management system. The LQAM will use the CAR/PAR form located in the Blank Forms section of the SFDCC.
- B. The laboratory-developed preventive action plan includes:
 1. Implementation of the plan.
 2. Monitoring of the plan.
 3. Verification of plan effectiveness.
- C. The LQAM will provide a detailed summary of the preventive action taken, including any supporting documentation.

7109.42 Corrective Action Requests

If a corrective action is required, the LQAM will calculate the RPN and either convene the LQAC and investigate the nonconforming process or activity to improve the quality management system, or issue a correction. Corrective actions taken may include reissuance of work products, improvements to policy or procedure, personnel changes, or additional training. The LQAM will use the CAR/PAR form located in the Blank Forms section of the SFDCC.

- A. If the RPN scores above 20, the LQAC:
 1. Investigates further to determine the root cause(s) of the problem.
 2. Considers all aspects of the quality management system when determining the root cause (e.g., policies, customer requirements, samples, sample specifications, methods and procedures, skills and training, analytical supplies and services, instruments, etc.).
- B. The LQAM:

1. Leads the root cause analysis and implements a plan that is intended to minimize or eliminate the problem and prevent a recurrence. The corrective action plan includes:
 - a. Implementation of the plan.
 - b. Monitoring of the plan.
 - c. Verification of plan effectiveness.
 2. Ensures corrective actions taken are appropriate to the magnitude of the risk. Following the root cause analysis, the RPN will be recalculated to determine if further corrective action is necessary, or if the issue can be resolved as a nonconformance correction.
- C. The LQAM will provide a detailed summary of the corrective action taken, including the supporting documentation.

7109.5 Correcting Nonconformances with Training

- A. If an investigation reveals that a training deficiency is the root cause of a nonconformance, the LQAC may recommend a retraining period for the personnel involved. The LQAM must initiate a course of action, assign remedial training, and document the temporary suspension of work.
- B. The LQAM considers remedial training successful when the individual demonstrates compliance with policy and/or procedure. The LQAM documents permission for the resumption of work.

NOTE: In some cases, training may require an analyst to successfully complete additional competency samples.

Exhibit 1/7101

ACRONYMS	
HQDCO	Headquarters Document Control Officer
SF	Office of Forensic Sciences
SFDCC	Office of Forensic Sciences Document Control Center

Exhibit 1/7102

ACRONYMS	
REDACTED	REDACTED
LQAM	Laboratory Quality Assurance Manager

Exhibit 1/7103

ACRONYMS	
ADM	Analysis of Drugs Manual
BPTP	Blind Proficiency Testing Program
REDACTED	REDACTED
DFE	Digital Forensic Examiner
EPTP	External Proficiency Testing Program
IPTP	Internal Proficiency Testing Program
LD	Laboratory Director
LPEM	Latent Print Examination Manual
LQAM	Laboratory Quality Assurance Manager
PTP	Proficiency Testing Program
QAS	Quality Assurance Specialist
SF	Office of Forensic Sciences
SFQAM	Office of Forensic Sciences Quality Assurance Manager

Exhibit 1/7104

ACRONYMS	
DEA	Drug Enforcement Administration
LD	Laboratory Director
LQAM	Laboratory Quality Assurance Manager
SF	Office of Forensic Sciences
SFDCC	Office of Forensic Sciences Document Control Center
SFQAM	Office of Forensic Sciences Quality Assurance Manager

Exhibit 1/7105

ACRONYMS	
IN	Office of Inspections
LD	Laboratory Director
LQAM	Laboratory Quality Assurance Manager
SF	Office of Forensic Sciences
SFQAM	Office of Forensic Sciences Quality Assurance Manager

Exhibit 1/7106

ACRONYMS	
ADM	Analysis of Drugs Manual
REDACTED	REDACTED
DFE	Digital Forensic Examiner
LPEM	Latent Print Examination Manual
LQAM	Laboratory Quality Assurance Manager
SFQAM	Office of Forensic Sciences Quality Assurance Manager
SIP	Self-Inspection Program

Exhibit 1/7107

ACRONYMS	
LQAC	Laboratory Quality Assurance Committee
LQAM	Laboratory Quality Assurance Manager
QAS	Quality Assurance Specialist
SFM	Laboratory Management and Operations
SFQ	Quality Assurance
SFQAC	Office of Forensic Sciences Quality Assurance Committee
SFQAM	Office of Forensic Sciences Quality Assurance Manager
SFS	Forensic Science Advisor
SFT	Forensic Sciences Instruction
SME	Subject Matter Expert

Exhibit 1/7108

ACRONYMS	
LQAC	Laboratory Quality Assurance Committee
LQAM	Laboratory Quality Assurance Manager
RPN	Risk Priority Number
SFQAC	Office of Forensic Sciences Quality Assurance Committee
SFQAM	Office of Forensic Sciences Quality Assurance Manager

Exhibit 1/7109

ACRONYMS	
AI	Analytical Inconsistency
CAR	Corrective Action Request
CC	Office of Chief Counsel
DAA	Deputy Assistant Administrator
LD	Laboratory Director
LQAC	Laboratory Quality Assurance Committee
LQAM	Laboratory Quality Assurance Manager
PAR	Preventive Action Request
RPN	Risk Priority Number
SF	Office of Forensic Sciences
SFDCC	Office of Forensic Sciences Document Control Center
SFQ	Quality Assurance
SFQAC	Office of Forensic Sciences Quality Assurance Committee
SFQAM	Office of Forensic Sciences Quality Assurance Manager

DEA SENSITIVE

Exhibit 2/7108 – Severity x (Occurrence + Detection) Matrix

SEVERITY of Condition	Ranking	OCCURRENCE of Failure	Ranking	Probability of DETECTION	Ranking
Extreme - Significant effect on work product outcome(s); certain detriment of others. e.g., erroneous identification.	10	Very High: Failure is frequent, very likely, or recurring.	5	Very High: Nonconformance would not be uncovered through existing preventive measures.	5
Very High - Significant effect on work product outcome(s); will impact others.	9				
High - Certain effect on work product outcome(s); likely impact to others. e.g., missed identification.	8	High: Failure is repeated, probable or likely.	4	High: Nonconformance is not likely to be uncovered through existing preventive measures.	4
Severe - Certain effect on work product outcome(s); may impact others.	7				
Moderate - Likely effect on work product outcome(s); little or no impact to others.	6	Moderate: Failure is occasional or possible.	3	Moderate: Nonconformance may be uncovered through existing preventive measures by either users or reviewers.	3
Low - Likely effect on work product outcome(s). e.g., erroneous numerical value calculated resulting in an amended report.	5				
Very Low - Some effect on work product outcome(s).	4	Low: Failure is seldom, rare or remote.	2	Low: Nonconformance should be uncovered through existing preventive measures by either users or reviewers.	2
Minor - Some effect on work product outcome(s). e.g., administrative error resulting in an amended report.	3	Remote: Failure is not likely or improbable.	1	Remote: Nonconformance is likely to be uncovered through existing preventive measures.	1
Very Minor - Minimal effect on work product outcome(s).	2				
Not severe - No effect on work product outcome(s)	1				

DEA SENSITIVE

Risk Priority Number (RPN) Table

Severity		Likelihood (Occurrence + Detection)								
		Unlikely	Minor	Very Low	Low	Moderate	Serious	High	Very High	Critical
		2	3	4	5	6	7	8	9	10
Critical	10	20	30	40	50	60	70	80	90	100
Very High	9	18	27	36	45	54	63	72	81	90
High	8	16	24	32	40	48	56	64	72	80
Serious	7	14	21	28	35	42	49	56	63	70
Moderate	6	12	18	24	30	36	42	48	54	60
Low	5	10	15	20	25	30	35	40	45	50
Very Low	4	8	12	16	20	24	28	32	36	40
Minor	3	6	9	12	15	18	21	24	27	30
Very Minor	2	4	6	8	10	12	14	16	18	20
Not Severe	1	2	3	4	5	6	7	8	9	10

DEA SENSITIVE

See Also: LOM 7101.2A

PRO-7101.2B, *Reviewing, Approving, and Posting Controlled Documents: Headquarters*

TSK-7101.2C, *Posting Controlled Documents- HQDCO*

ACTION BY:

ACTION:

Laboratory Quality Assurance Manager (LQAM)

1. **Develops** or **revises** laboratory-issued quality system documents for administrative and technical accuracy and for compliance with policy in consultation with users and other relevant personnel.
2. **Ensures** each document has the following:
 - Title
 - Effective Date
 - Issue Date (date the office head approves the document)
 - Page numbering (e.g. 1 of 5, 2 of 5, etc.) including the total numbers of pages or designate the end of document.
 - Approving authority(ies)
 - Unique alpha-numeric designators

Example:

Standard Operating Procedures: SOP-SFLX-YY-01

- Document version

Examples:

Version 1.0 (first version)

Version 1.1 (non-substantive edits)

Version 2.0 (significant revision)

- Document history

Laboratory Director (LD)

3. **Reviews** proposed documents for administrative and technical accuracy and for compliance with policy.
4. **Approves** final drafts of laboratory-issued documents or **returns** to Step #1 for further revision.
5. **Notifies** the laboratory document control officer (DCO) of approval.

Laboratory Document Control Officer (DCO)

6. **Updates** the laboratory-specific Master List B with the required information and annotates changes in red text.
 - 6a. **Strikethrough** items to be removed.
 - 6b. **Remove** previously obsoleted items from spreadsheet.
 - 6c. **Add** rows for new items.
 - 6d. **Update** column information for new and revised items.
 - 6e. **Update** approved date.
 - 6f. **Save** as Excel Workbook.

DEA SENSITIVE

ACTION BY:

ACTION:

**Office of Forensic
Sciences Document
Control Officer (HQDCO)**

DCO

7. **Copies** LD approved documents and Master List B into the laboratory-specific folder on the Headquarters share drive REDACTED.
8. **Emails** the Office of Forensic Sciences Document Control Officer (HQDCO) REDACTED that documents are available for posting.
9. **Follows** PRO-7101.2B, Reviewing, Approving, and Posting Controlled Documents – HQS.
10. **Follows** TSK-7101.2C, Posting Controlled Documents - HQDCO.
11. **Confirms** the document control request was completed as requested and documents are updated and hyperlinked.
12. **Notifies** laboratory personnel that quality system documents are posted.

End of Document

See Also: LOM 7101.2B

PRO-7101.2A, *Reviewing, Approving, and Posting Controlled Documents: Laboratories*

TSK-7101.2C, *Posting Controlled Documents- HQDCO*

ACTION BY:

ACTION:

**Office of Forensic
Sciences Document
Control Officer (HQDCO)**

1. **Receives** a document control request.
2. **Enters** information from the notification email into the Document Control Working Database.
 - 2a. **Opens** Access database REDACTED
 - 2b. **Completes** initial fields in the *Document Posting Database*.
3. **Verifies** new documents are present the SF specific folder on the Headquarters share drive REDACTED.
4. **Ensures** each document has the following:
 - Title
 - Effective Date
 - Issue Date (date the office head approves the document)
 - Page numbering (e.g. 1 of 5, 2 of 5, etc.) including the total numbers of pages or designate the end of document
 - Approving authority(ies)
 - Unique alpha-numeric designators

Example:
Standard Operating Procedures: SOP-SF-YY-01

 - Document version

Examples:
Version 1.0 (first version)
Version 1.1 (non-substantive edits)
Version 2.0 (significant revision)

 - Document history
5. **Creates** a new review folder in SharePoint as "SFX Document Control Action YYYYMMDD".
6. **Copies** the document control request to SharePoint.
7. **Routes** the request to the appropriate SF section via workflow in SharePoint.

ACTION BY:

ACTION:

Workflow Personnel

8. **Reviews** proposed documents for administrative/technical accuracy and for compliance with policy.

9. **Proposes** revisions, if necessary.

10. **Creates** draft outgoing email with summary of document control action, if revisions are necessary.

11. **Approves** documents via SharePoint task.

Approving Authority (AA) in Workflow

12. **Reviews** proposed documents.

13. **Approves** documents and draft outgoing email via SharePoint task or returns to step #7.

NOTE: New SF approved documents must be approved by the Compliance Division Policy Review Unit. If applicable, **sends** documents to REDACTED for approval.

HQDCO

14. **Receives** email notification from SharePoint.

15. **Follows** TSK-7101.2C, Posting Controlled Documents – HQDCO, if approved.

End of Document

See Also: LOM 7101.2

PRO-7101.2B, *Reviewing, Approving, and Posting Controlled Documents: Headquarters*

PRO-7101.2A, *Reviewing, Approving, and Posting Controlled Documents: Laboratories*

To post documents to the Document Control Center (DCC), the Office of Forensic Sciences Document Control Officer (HQDCO):

1. **Receives** approval email notification from SharePoint for document control action request.
2. **Opens** the appropriate folder in the SFDC website and the corresponding OBSOLETE folder in the SFDC website.
3. **Copies** current documents to the corresponding OBSOLETE folder.
4. **Rename** file as REDACTED adding the archival date (YYYYMMDD) to the filename.
5. **Marks** obsolete documents including the Master Lists with a watermark (MS Word and PDF), or clip art (MS Excel) that annotates the documents as "OBSOLETE YYYYMMDD".
6. **Replaces** existing documents in the appropriate folders with new documents from the laboratory-specific folder on the Headquarters share drive REDACTED.

NOTE: When replacing existing documents with the new documents use the same file name that is in the folder in the SFDC website. Copying spreadsheets may result in broken hyperlinks.

7. **Updates** the Master List annotating all changes in red text.
 - a. **Strikethrough** items to be removed.
 - b. **Remove** previously obsoleted items from spreadsheet.
 - c. **Add** rows for new items.
 - d. **Update** column information for new and revised items.
 - e. **Hyperlink** documents.
 - f. **Update** approved and posted dates.
 - g. **Save** as Excel Workbook.
 - h. **Save** as Web Page.
8. **Updates** the "Specific Page", as appropriate, annotating all changes in red text.
 - a. **Open** tab.
 - b. **Strikethrough** items to be removed.
 - c. **Remove** previously obsoleted items from spreadsheet.
 - d. **Add** rows for new items.
 - e. **Hyperlink** documents.
 - f. **Return** to Index tab.
 - g. **Save** as Excel Workbook.
 - h. **Save** as Web Page.
9. **Send** email notification of completed document control actions
 - a. **From:** SFA mailbox

- b. **Subject Line:** SFLX Document Control Actions (DFN: X) YYYYMMDD, if laboratory-specific documents or Notification of Revised Documents (DFN: X) YYYYMMDD, if SF global or SF only documents.
 - c. **To:** LD, if laboratory-specific documents; All laboratory mailboxes and SF mailboxes, if SF global documents; SF mailboxes, if SF documents only.
 - d. **CC:** Forensic Sciences mailbox, ALD, and laboratory's DCO, if laboratory-specific documents.
 - e. **CC:** DAA, ADAAs, Section Chiefs, if SF global or SF only documents.
10. **Completes** information in the Document Control Database.
- a. **Open** Access database REDACTED.
 - b. **Complete** final fields in the *Document Control Working Database* for the corresponding Posting ID Number.
 - c. **Optional**-Save PDF of final notification email in Attachments field.
11. **Deletes** any previous obsolete documents in the laboratory-specific folder on the Headquarters share drive REDACTED.

End of Document

See Also: LOM 7105.2
TSK-7105.3, Conducting a Management Review

The **Laboratory Quality Assurance Manager (LQAM)** uses the standardized internal audit report format found in the Blank Forms on the Office of Forensic Sciences Document Control Center (SFDCC), and performs the following steps:

A. Preparing for an Internal Audit

1. **Uses** the *DEA Laboratory Assessment Checklist* blank form located on the SFDCC to ensure compliance with documented requirements.
2. **Adds** internal policies and supplemental instructions (e.g., standard operating procedures) to the laboratory's *DEA Laboratory Assessment Checklist*.
3. **Selects** trained and qualified personnel who are independent of the activity to be audited to assist with the audit (see 7105.1).

NOTE: The Office of Forensic Sciences maintains a list of previously qualified personnel on the HQ share drive at: REDACTED.

4. **Schedules** the internal audit.
5. **Documents** the audit objectives and scope. **Includes** the personnel participating in the audit and their assigned areas.
6. **Provides** the information to the Laboratory Director (LD) and to auditors.

B. Conducting an Internal Audit

1. **Provides** the laboratory *DEA Laboratory Assessment Checklist* to the auditors.
2. **Leads** the audit team in conducting a review of all requirements, procedures, processes, internal policies, and supplemental instructions on each module of the *DEA Laboratory Assessment Checklist*.
 - a. **Includes** random samplings of records and documents, as well as direct observations of actual activities and functions, ensuring compliance with laboratory policies and procedures.
 - b. **Incorporates** electronically stored objective evidence into the laboratory's version of the *DEA Laboratory Assessment Checklist*.
 - c. **Directs** personnel to the location of hard copy objective evidence whenever electronic storage is not possible or prohibited.

C. Evaluating the Audit

1. **Compares** observations from each auditor and **reviews** documented policies and procedures to verify compliance.

2. **Initiates** corrective and preventive actions whenever audit findings reveal a significant or systemic nonconformance in the quality system.
3. **Verifies** and **records** the implementation and effectiveness of the corrective/preventive action(s) taken until the next scheduled internal audit.

D. Finalizing the Audit Report

1. **Verifies** that laboratory-auditors have completed their assigned module(s) and have signed and dated the module signature sheet.
2. **Reviews, signs, and dates** the module signature sheet to signify concurrence with the audit. The module signature sheet will be electronically stored with the auditors' notes.
3. **Summarizes** and **records** the results, corrective actions, preventive actions, and recommendations in a written report for the LD's management review.
4. **Retains** all internal audit records in accordance with REDACTED.

End of Document

See Also: LOM 7105.3

TSK-7105.2, Conducting an Internal Audit

The **Laboratory Director (LD)** assigns the following steps to qualified staff, conducts a thorough review of quality inputs, and documents the review using the format found in the blank forms section of the Office of Forensic Sciences Document Control Center (SFDCC).

A. Review Inputs

1. **Reviews** and **summarizes** changes in previously reported internal or external issues that are relevant to the laboratory.
2. **Documents** the fulfillment of laboratory objectives:
 - a. **Summarizes** the procedure implemented to accomplish each goal.
 - b. **Details** criteria used to measure successful completion of each objective.
3. **Determines** the suitability of policies and procedures:
 - a. **Reviews** and **assesses** the Office of Forensic Sciences (SF) policies and procedures (LOM, Procedures and Tasks, ADM, LPEM, REDACTED, and other relevant policy documents).
 - b. **Details** recommendation(s) for creating additional policy, for clarifying policy, obsoleting policy or adjusting processes or practices.
 - c. **Justifies** each recommendation.
4. **Reviews** the status of actions from previous management reviews, to include preventative actions.
 - a. **Evaluates** the effectiveness of actions taken.
 - b. **Makes** recommendations that could potentially improve laboratory operations.
5. **Summarizes** the outcome of recent internal audits; **provides** a brief summary of the internal audits performed by the laboratory since the last management review.
6. **Details** corrective actions issued since the last management review.
 - a. **Reviews** the actions taken and the effectiveness of the actions.
 - b. **Makes** recommendations that could potentially improve laboratory operations.
7. **Lists** any assessments, audits, inspections or reviews from bodies outside of DEA. **Includes** the following:
 - a. Name of the auditing body
 - b. Date of the audit
 - c. Objective and scope of the audit

- d. Results of the audit
8. **Reviews** changes in the volume and type of work or in the range of laboratory activities.
- a. **Describes** any noticeable changes in work volume and/or type of exhibits submitted to the laboratory.
 - b. **Details** any modifications to the scope of laboratory activities.
 - c. **Summarizes** strategies employed to manage the changes, the impact of the changes, and the long-term outlook for the laboratory, if the changes are permanent.
 - d. **Evaluates** the effectiveness of decisions made.
9. **Summarizes** feedback provided by the laboratory's customers and personnel.
- a. **References** the "Corrective Action" section to address any corrective actions implemented as a result of customer feedback.
 - b. **Details** the process by which concerns and/or suggestions for improvement are addressed.
10. **Details** all customer, personnel, and management complaints in regard to the quality management system. **References** the "Corrective Action" section to address any corrective actions implemented as a result of a complaint.
11. **Summarizes** the effectiveness of improvements made to current laboratory processes, services, utilization of resources, etc.
12. **Evaluates** the status of current resources to determine whether they are sufficient to effectively support laboratory operations. Includes the following:
- a. Personnel
 - b. Equipment
 - c. Supplies
 - d. Availability of training
13. **Provides** the results of risks identified during internal or external audits, inspections, assessments, or reviews. **Includes** the following:
- a. Mechanism by which the risk was identified
 - b. Date risk identified
 - c. RPN associated with the risk
 - d. Steps taken to minimize potential impact on the laboratory, if applicable
 - e. An evaluation of any non-conforming work, including the significance as well as actions taken to address the non-conformance.

14. **Assures** validity of results through a review of all proficiency tests completed by the laboratory.
Includes:
 - a. Types of proficiency tests
 - b. Categories covered within the Scope of Accreditation
 - c. Results of the tests
 - d. Conclusions ascertained from review of the program
15. **Provides** information on the monitoring of applicable laboratory activities, including but not limited to the following:
 - a. Courtroom testimony
 - b. Professional development of laboratory personnel
 - c. Analytical research
 - d. Job-related certifications
 - e. Staff training

B. Review Outputs

1. **Summarizes** the findings of the review.
 - a. **Discusses** the effectiveness of the management system and its processes, to include any actions or decisions made to improve the laboratory quality management system.
 - b. **Describes** new procedures that will be implemented based on the year's review input.
2. **Lists** the laboratory's quality objectives for the coming year.
 - a. **Evaluates** laboratory resources and the need for change in different facets of laboratory operation as part of developing the objectives.
 - b. Quality objectives are specific, measurable, attainable, realistic, time-bound, and representative of SF's mission and quality policy statement.

C. Finalizing the Review

1. **Submits** the management review report to SF by October of each year.
2. **Retains** all management review documents in accordance with REDACTED.

End of Document

See Also: SOD Matrix

The **Quality Assurance Manager (QAM)**, calculates the risk priority number (RPN). The QAM uses the Severity, Occurrence, Detection (SOD) matrix and performs the following steps:

1. **Determines** the Severity of the condition by assigning a numerical value from column one of the SOD matrix. Assessment of the severity must consider the work products leaving the laboratory and the impact on the customer(s). A higher severity leads to a greater likelihood that customer use of nonconforming laboratory work products will result in corrective management decisions of customers.
 - a. Values of 1-2 are generally minimal and do not significantly adversely impact work products leaving the laboratory.
 - b. Values of 3-6 are moderate and adversely impact work products leaving the laboratory but have little to no impact on external customers.
 - c. Values of 7-9 are significant, adversely impact work products leaving the laboratory and may impact external customers.
 - d. A value of 10 would likely require notification of external customers if a nonconformance was identified.
2. **Determines** the Occurrence of failure by assigning a numerical value from column two of the SOD matrix. Assessment of the occurrence must consider the number of failures during a prescribed time frame and whether or not failures are clustered events.
 - a. Value of 1 is for scenarios that are not likely, or are theoretical to isolated. Subsequent occurrences would increase the value for this matrix element.
 - b. Values of 2-3 are for scenarios that occur rarely or occasionally.
 - c. Values of 4-5 are used for repeated, systemic and/or continual failures.
3. **Determines** the probability of Detection of failure by assigning a numerical value from column three of the SOD matrix. Assessment of this criterion must consider who can detect an issue at each stage of use or review.
 - a. Value of 1 is for scenarios where detection by most, or all, levels of review provide an opportunity of detection.
 - b. Values of 2-3 are for scenarios where detection by some levels of review would be apparent.
 - c. Values of 4-5 are not likely to be determined through existing internal management controls.
4. **Adds** the values of Occurrence and Probability of Detection together.
5. **Multiplies** the value obtained by the Severity to determine the Risk Priority Number (RPN).
6. If a nonconformance has not yet occurred, and the RPN is \geq to 20, **generates** a PAR.

TSK-7108.31

Calculating the Risk Priority Number

Revision: 0

Issue Date: October 1, 2019

Effective Date: October 7, 2019

Approved By: Nelson A. Santos

NOTE: If the RPN is < 20, **actions** by the QAM are discretionary, ranging from taking no action to creating a PAR.

7. If a nonconformance has already occurred, and the RPN is ≥ 20 (but ≤ 50), **generates** a CAR.

End of Document

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CHAPTER 72 STAFFING, TRAINING, AND PERSONNEL ACTIONS

7201 MANAGING AND ORGANIZING THE LABORATORY SYSTEM

7201.1 Top Management

Top management has system-wide or laboratory-wide authority and responsibility.

- A. In the Office of Forensic Sciences (SF), top management consists of the Deputy Assistant Administrator; the Associate Deputy Assistant Administrators (Laboratory Operations (SFL) and Operations and Compliance (SFO)); Forensic Science Advisor (SFS); and the Section Chiefs for Administrative Support and Financial Management (SFA), Environmental Management (SFE), Laboratory Management and Operations (SFM), Quality Assurance (SFQ), and Forensic Sciences Instruction (SFT).
- B. In the laboratory, top management consists of the Laboratory Director (LD) and the Associate Laboratory Director (ALD).
- C. Unless otherwise noted, top management may delegate responsibilities.

NOTE: Exhibit 1/7201 lists acronyms used in this subchapter.

7201.2 Key Management

Key Management has oversight responsibilities of processes or personnel in the laboratory.

- A. In SF, key management consists of Unit Chiefs and Program Managers.
- B. In the laboratory, key management consists of Supervisors and the Laboratory Administrative Officer (LAO).
- C. Unless otherwise noted, key management may delegate responsibilities.

7201.3 Table of Organization

- A. The Drug Enforcement Administration (DEA) Table of Organization outlines laboratory staffing. Individual Position Descriptions define duties and responsibilities.
- B. The LD may initiate changes to the table of organization.

7202 STAFFING LABORATORIES

7202.1 Laboratory Director

The LD is the top manager in charge of operations and personnel at the laboratory. The LD reports to the Associate Deputy Assistant Administrator (SFL).

NOTE: Exhibit 1/7202 lists acronyms used in this subchapter.

7202.2 Associate Laboratory Director

The ALD oversees the day-to-day operations of the laboratory and also serves as the Laboratory Quality Assurance Manager (LQAM). The ALD reports to the LD.

7202.3 Supervisor

The Supervisor manages a group of forensic examiners in the areas of chemistry, latent print examination, or digital evidence examination and reports to the ALD.

7202.4 Laboratory Administrative Officer

The Laboratory Administrative Officer (LAO) manages laboratory technical and administrative support staff and reports to the ALD.

7202.5 Quality Assurance Specialist

The Quality Assurance Specialist (QAS) or Digital QAS assists with managing all quality aspects of the laboratory and reports to the ALD.

7202.6 Forensic Chemist

Forensic chemists examine drug evidence and report the results of examination. They may also perform the following duties:

- A. Testify in court as an expert witness
- B. Train law enforcement personnel and other chemists
- C. Conduct research
- D. Provide technical and consultative services for Special Agents, Intelligence Analysts, Diversion Investigators, prosecutors, and other forensic analysts and law enforcement personnel
- E. Assist with field work

7202.7 Digital Forensic Examiner

Digital forensic examiners examine digital evidence and report the results of examination. They may also perform the following duties:

- A. Testify in court as an expert witness
- B. Provide technical training in areas relative to handling and investigation of digital evidence
- C. Provide technical and consultative services for Special Agents, Intelligence Analysts, Diversion Investigators, prosecutors, and other forensic analysts and law enforcement personnel
- D. Assist with field work

7202.8 Fingerprint Specialist

Fingerprint specialists develop, preserve, and compare latent prints on various substrates and report their findings. They may also perform the following duties:

- A. Testify in court as an expert witness
- B. Develop and conduct training to law enforcement personnel regarding photographing evidence and collecting, preserving, and processing evidence in the field

- C. Provide technical and consultative services for Special Agents, Intelligence Analysts, Diversion Investigators, prosecutors, and other forensic analysts and law enforcement personnel
- D. Assist with field work, including the processing of latent prints and photographs at crime scenes

7202.9 Evidence Specialist

Evidence specialists handle the evidence received by the laboratory. They may also perform the following duties:

- A. Testify in court
- B. Provide training on correct procedures for handling evidence

7202.10 Safety and Occupational Health Specialist

Safety and occupational health specialists manage safety, occupational health, workers compensation, environmental management, and security programs for the laboratory.

7202.11 Support Staff

Support staff is comprised of evidence specialists, safety and occupational health specialists, and additional technical (e.g. physical science technician) or administrative personnel.

7203 Assigning LABORATORY PERSONNEL

7203.1 Requesting Voluntary Reassignment

- A. For GS-1320 positions, follow the Forensic Chemist Career Progression Guide (CPG).
- B. All non-chemist SF employees that request a voluntary reassignment will be handled on a case-by-case basis and will follow PRO-7203.1, Requesting a Voluntary Reassignment.

NOTE: Exhibit 1/7203 lists acronyms used in this subchapter.

7203.2 Tour of Duty at the DEA Training Academy

- A. GS-13 forensic chemists assigned to the DEA Academy as Course Developer/Instructor will serve a standard tour of duty of 3-5 years absent a promotion, reassignment, or a change in the needs of the agency as determined by SF.
- B. Permanent Change of Station (PCS) is authorized for reassignments, pending available funding. See PRO-7203.2, Requesting a Permanent Reassignment from the DEA Academy.

7204 TRAINING AND DEVELOPING LABORATORY PERSONNEL

7204.1 General

- A. Basic technical training of analysts is accomplished through the Basic Forensic Chemist Course (BFCC), Fingerprint Specialist Training Program, or the Basic Digital Forensics Training Program.
- B. Additional courses may be developed in specialized topics, in cooperation with the Office of Training (TR).

- C. SF coordinates periodic conferences of personnel (e.g., LDs, working groups, supervisors, etc.) to discuss topics relevant to the attendees and may include training and/or professional development.

NOTE: Exhibit 1/7204 lists acronyms used in this subchapter.

7204.11 Responsibility for Training

- A. LD:
 - 1. Designates a training officer (and an alternate) with responsibility for technical training for each laboratory discipline.
 - 2. Ensures the training officers have technical competence and experience in the discipline.
- B. Laboratory Management:
 - 1. Provides oversight to subordinates' professional development.
 - 2. Assigns training to employees, based on the need.
 - 3. Ensures that sufficient time is allocated during work hours for approved training.
 - 4. Ensures that all training records are maintained either electronically or in paper files.
 - 5. Ensures that individuals assigned to ancillary duties are trained.

7204.12 Funding Training

- A. LDs authorize funding for technical and non-technical training from the laboratory's operating funds.
- B. LDs may request funding for non-technical training from TR.

7204.13 Documenting Training

The LD:

- A. Ensures documentation of training in the DEA Learning System (DEALS).

EXCEPTION: Training completed by digital forensic contract employees and applicable non-DEA personnel is documented outside of DEALS and records are maintained either electronically or in paper files.

- B. Documents successful completion of basic technical training by issuing a certificate or memorandum and course transcript (forensic chemist) to the trainee and by entering into DEALS within 15 business days of completion.
- C. Ensures internal and external continuing education is documented in DEALS within 15 business days of completion.

7204.14 Evaluating Training

- A. Employees and their supervisors will evaluate completed training.
- B. For external requests, supervisors will document their training evaluations during the verification step in DEALS.

7204.2 Meeting Training Requirements

7204.21 On-Boarding New Employees

Laboratory management conducts orientation briefings for all new employees in accordance with PM 2410.1.

7204.22 Basic Training of Forensic Analysts

- A. The LD reviews the background and experience of each forensic chemist, fingerprint specialist, and digital forensic examiner to determine suitability for supplemental training.
- B. The training programs for forensic chemists, fingerprint specialists, and digital forensic examiners must include: technical knowledge required for evidence analysis, applications of ethical practices in forensic sciences (see 7205), a general knowledge of DEA forensic disciplines, court testimony, and applicable criminal law and procedures (see 7204.1).
- C. New forensic chemists, including Student Career Experience Program students hired as forensic analysts, must **attend the BFCC conducted at the DEA Academy.**

EXCEPTION: Reinstatement-eligible applicants do not attend BFCC.

- D. The hiring laboratory provides on-the-job technical training for all other analysts. Background and experience determines the complexity of training necessary to enable the employee to perform the duties assigned.

7204.23 Establishing Competency of Forensic Analysts

- A. All laboratory analysts must demonstrate competency prior to analyzing evidentiary material. This is accomplished through:
 - 1. Successful completion of basic training and post-basic training. Forensic chemists follow PRO-7204.23, Post-BFCC Training.

NOTE: The laboratory may assign additional tasks or studies in post-basic training to establish competency.

- 2. Demonstrated knowledge of instruments, equipment, and techniques used to perform analyses.
 - 3. Review of the individual's education, training, and experience.
- B. The LD verifies competency through consultation with laboratory training officers and ensures successful completion of laboratory training assignments and final competency are recorded in DEALS.

EXCEPTION: Final competency for digital forensic contract employees and applicable non-DEA personnel is documented outside of DEALS and records are maintained either electronically or in paper files.

7204.24 Authorizing Forensic Analysts to Perform Work

- A. Upon establishing competency, the LD issues a memorandum notifying the employee and SF that the employee is competent and authorized to handle evidence, perform sampling and testing of evidence; operate all laboratory instrumentation; develop, modify, and validate methods; provide opinions and interpretations; and report, review, and authorize results specific to the individual discipline. Refer to discipline-specific templates located on the SFDC.

NOTE: For digital forensic analysts deemed competent in a specific area(s), the memorandum will authorize the analyst to perform work only in that specific area(s).

- B. Upon receipt of the memorandum, the employee is authorized to perform all duties outlined in the LD's memorandum.
- C. The LD ensures filing of the memorandum and/or the training certificate in the corresponding REDACTED file.

7204.25 Continuing Education/Training and Developing Leaders

- A. Laboratory analysts must complete a minimum of 20 hours of training/professional development per fiscal year on official duty hours.
 - 1. Analysts may receive instruction or training from other DEA personnel.
 - 2. Instructors/trainers must provide professional development which is relevant to the laboratory's mission.
 - 3. Analysts may apply time spent at training events needed to ensure recertification eligibility (e.g., International Association of Identification, American Board of Criminalistics, Clandestine Laboratory Recertification, etc.) to this requirement.
- B. Laboratory personnel trained for hazardous waste operations and emergency response (e.g. clandestine laboratories) attend required annual refresher training.
- C. All forensic analysts assigned to or selected for QAS or Digital QAS duties will complete training on laboratory accreditation within six months of assignment.
- D. All supervisors and managers must complete a minimum of 16 hours of training relevant to the laboratory's mission per fiscal year, of which at least 8 hours must be leadership training.

NOTE: Other mandatory training (e.g., safety, security, travel, etc.) does not satisfy this requirement.

7204.3 Participating In Private Organizations

Refer to document entitled *Interacting with Private Organizations* for guidance related to joining private organizations.

7204.31 Actively Participating in a Private Organization

- A. Employees wishing to actively participate in private organizations in their unofficial capacity must first obtain an ethics opinion from the Ethics and Standards of Conduct Unit (CCE). Active participation includes, but is not limited to, holding office, serving on committee, or organizing meetings.
- B. Employees must determine whether DEA Outside Employment approval is required prior to actively participating in an organization. (see *Interacting with Private Organizations*). If an employee is unsure whether they must submit an outside employment request, he or she should contact CCE (see NOTE below).
- C. Employees must seek an ethics opinion before interacting in their official capacity with an organization in which they actively participate in an unofficial capacity.

NOTE: Additional ethics guidance is available from CCE and requests for written opinions may be emailed to REDACTED.

7204.32 Attending Meetings and Conferences

- A. LDs may permit attendance at domestic conferences or scientific meetings if previously approved in their financial plan.

NOTE 1: See Laboratory Operations Manual (LOM) Chapter 75 for laboratory planning and authorizing travel.

NOTE 2: When laboratory personnel attend meetings or conferences outside their jurisdiction, the LD of the traveler should notify the LD who has jurisdiction of the name and date(s) of the scientific meeting or organization involved.

NOTE 3: The LD of the Special Testing and Research Laboratory may send individuals as presenters to any domestic location and should notify the appropriate LD of the name and date(s) of the scientific meeting or organization involved.

- B. Approval to attend domestic scientific meetings or conferences requires involvement in the meeting/conference to be attended (e.g., oral or poster presentation of information pertaining to the analyst's forensic discipline, serving as a moderator of a scientific session, etc.).

NOTE 1: The LD must determine if the employee actively participates in the private organization hosting the scientific meeting or conference. If so, the LD must seek an ethics opinion before approving the employee's attendance.

NOTE 2: LOM subchapter 7603 contains requirements regarding reporting technical/scientific findings to include abstract, presentation and publication submissions.

EXCEPTION 1: Forensic analysts may attend two meetings within their first three years of employment, without meeting the above requirement.

EXCEPTION 2: Fingerprint specialists certified through the International Association of Identification (IAI) may attend annual meetings to maintain certification without meeting the above requirement.

- C. SF approves requests to attend international meetings or specialized meetings requiring specific subject matter expertise.
- D. LDs may authorize administrative leave if the participant attends at personal expense in accordance with PM 2630.19-3.G.
- E. Conference participants provide a trip report to the LD within 30 days of return. This report will be included in the next monthly report (see 7001H).

NOTE: Attendees from a single laboratory may submit a consolidated report.

7205 PROMOTING LABORATORY PERSONNEL

7205.1 Initiating Personnel Actions

- A. Chemists follow the Forensic Chemist CPG.
- B. All other laboratory personnel follow Chapters 22 and 23 of the PM.

NOTE: Exhibit 1/7205 lists acronyms used in this subchapter.

7205.11 Promoting Laboratory Employees through GS-12 Grade Levels

See Chapters 22 and 23 of the PM for further information.

7205.12 Promoting Non-Supervisory Positions to GS-13

NOTE: This section does not apply to forensic chemists. See the Forensic Chemist CPG.

A. Career Ladder GS-13 Promotions

1. GS-12 digital forensic examiners, fingerprint specialists, and safety and security specialists may be promoted to non-supervisory GS-13s when the employee has completed three years as a GS-12.
2. The employee must have achieved a successful level of performance for the year preceding the time in grade promotion eligibility date.

B. Early Impact GS-13 Promotions

1. GS-12 digital forensic examiners, fingerprint specialists, and safety and security specialists may be promoted to non-supervisory GS-13s after one year as a GS-12 (see PRO-7205.12B, Impact Promotion to GS-13).
2. The employee must have achieved a successful level of performance at the GS-12 level and must have demonstrated successful performance at the GS-13 level.

7205.13 Promoting Non-Supervisory Forensic Chemists to GS-14

Refer to the Forensic Chemist CPG.

7205.14 GS-14 Supervisors/Program Managers

NOTE: This section does not apply to forensic chemists. Refer to the Forensic Chemist CPG.

- A. Laboratory management or SF makes selections.
- B. SF requests funding for permanent change of station (PCS) from the Career Board as needed.

NOTE: The Career Board decides if funding is available once requested.

7205.15 GS-15 Digital Top Management

GS-15 positions will be filled through the use of competitive promotions. GS-15 level digital forensic examiner positions include the ALD and LD positions at the Digital Evidence Laboratory.

7206 PRINCIPLES OF PROFESSIONAL RESPONSIBILITY

7206.1 Purpose

The DEA Office of Forensic Sciences ensures a consistent expectation of integrity for personnel within the laboratory system by providing guiding principles of ethical and professional responsibilities. The guideline (e.g., Department of Justice (*DOJ*) *Code of Professional Responsibility for the Practice of Forensic Science*) describes expected behavior and supplements the DEA Standards of Conduct (PM 2735).

NOTE: Exhibit 1/7206 lists acronyms used in this subchapter.

7206.2 Responsibility

The LD ensures:

- A. The review of guidelines are discussed annually with all laboratory staff.
- B. The guideline is signed and dated by each person in the laboratory to acknowledge the review and expectations. At a minimum, this form is signed upon starting employment with DEA and during the annual performance appraisal process.

Exhibit 1/7201

ACRONYMS	
ALD	Associate Laboratory Director
DEA	Drug Enforcement Administration
LAO	Laboratory Administrative Officer
LD	Laboratory Director
SF	Office of Forensic Sciences
SFA	Administrative Support and Financial Management
SFE	Environmental Management
SFL	Associate Deputy Assistant Administrator for Laboratory Operations
SFM	Laboratory Management and Operations
SFO	Associate Deputy Assistant Administrator for Operations and Compliance
SFQ	Quality Assurance
SFS	Forensic Science Advisor
SFT	Forensic Sciences Instruction

Exhibit 1/7202

ACRONYMS	
ALD	Associate Laboratory Director
LQAM	Laboratory Quality Assurance Manager
LAO	Laboratory Administrative Officer
LD	Laboratory Director
SFL	Associate Deputy Assistant Administrator for Laboratory Operations
QAS	Quality Assurance Specialist

Exhibit 1/7203

ACRONYMS	
CPG	Career Progression Guide
DEA	Drug Enforcement Administration
PCS	Permanent Change of Station
PM	Personnel Manual
SF	Office of Forensic Sciences

Exhibit 1/7204

ACRONYMS	
BFCC	Basic Forensic Chemist Course
CCE	Ethics and Standards of Conduct Unit
DEA	Drug Enforcement Administration
DEALS	DEA Learning System
REDACTED	REDACTED
IAI	International Association of Identification
LD	Laboratory Director
LOM	Laboratory Operations Manual
PM	Personnel Manual
SF	Office of Forensic Sciences
TR	Office of Training

Exhibit 1/7205

ACRONYMS	
ALD	Associate Laboratory Director
CPG	Career Progression Guide
LD	Laboratory Director
PM	Personnel Manual
PCS	Permanent Change of Station
SF	Office of Forensic Sciences

Exhibit 1/7206

ACRONYMS	
DEA	Drug Enforcement Administration
DOJ	Department of Justice
LD	Laboratory Director
PM	Personnel Manual

See Also: Personnel Manual 2335, Voluntary Reassignment Agreement
LOM 7203
Forensic Chemist Career Progression Guide

ACTION BY:

ACTION:

Employee

1. **Submits** a written request through the chain of command to the LD.

NOTE: This section does not apply to forensic chemists. See the Forensic Chemist Career Progression Guide (CPG).

The request must include:

- Name
- Series
- Grade
- Detailed reason for request
- Identification of requested laboratory or section
- Proposed date of reassignment, taking into consideration any pending court appearances and work assignments
- Reporting date of current assignment
- Copies of the last three performance appraisals

**Laboratory Director or
Section Chief (Losing)**

2. **Reviews** the request.

2a. If the request is denied, **provides** written notification to the employee to include the reason(s) for not granting the request. **Provides** a copy of the decision to the Office of Forensic Sciences (SF).

2b. If the request is approved, **forwards** the request to the gaining laboratory/section.

**Laboratory Director or
Section Chief (Gaining)**

3. **Reviews** the request.

3a. If the request is denied, **provides** written notification to the employee to include the reason(s) for not granting the request, through the losing LD. **Provides** a copy of the decision to SF.

3b. If approved, **forwards** request to SF and **notifies** losing LD.

SF

4. **Reviews** the request.

5. **Requests** integrity check and Giglio review.

6. If request is:

6a. Approved, **provides** written notification of the decision to the employee, the losing and gaining LDs and includes the voluntary reassignment agreement,

OR

ACTION BY:

ACTION:

6b. Denied, **provides** written notification to the employee to include the reason(s) for not granting the request, through the losing and gaining LDs.

Employee

7. **Acknowledges** and **signs** the voluntary reassignment agreement.

8. **Provides** the voluntary reassignment agreement to losing LD or section chief.

**Laboratory Director or
Section Chief
(Losing/Gaining)**

9. **Establishes** the effective date of reassignment.

10. **Notifies** SF in writing the effective date of reassignment and **attaches** the employee's voluntary reassignment agreement.

SF

11. **Notifies** HR field staffing unit in writing and **attaches** the reassignment SF-52, signed voluntary reassignment agreement and integrity check.

End of Document

See Also: LOM 7203

ACTION BY:

ACTION:

**Course
Developer/Instructor**

1. **Submits** a written request through the chain of command to the Forensic Sciences Instruction (SFT) section chief.

The request must include:

- Name
- Series
- Grade
- Identification of requested laboratory or section
- Proposed date of reassignment, taking into consideration any pending court appearances and work assignments
- Copies of the last three performance appraisals

Section Chief (Losing)

2. **Reviews** the request.
 - 2a. If the request is denied, **provides** written notification to the employee to include the reason(s) for not granting the request. **Provides** a copy of the decision to the Office of Forensic Sciences (SF).
 - 2b. If the request is approved, **forwards** the request to the gaining laboratory/section.

**Laboratory Director or
Section Chief (Gaining)**

3. **Reviews** the request.
 - 3a. If the request is denied, **provides** written notification to the employee to include the reason(s) for not granting the request, through the losing LD or the section chief. **Provides** a copy of the decision to SF.
 - 3b. If approved, **forwards** request to SF.

SF

4. **Reviews** the request.
 - 4a. **Approves** the request and **provides** written notification of the decision to the employee, the losing and gaining LDs/section chiefs and includes the voluntary reassignment agreement.
 - 4b. If request is denied, **provides** written notification to the employee to include the reason(s) for not granting the request, through the losing and gaining LDs/section chiefs.

5. **Requests** integrity check and Giglio review.

Employee

6. **Acknowledges** and **signs** the reassignment agreement.

ACTION BY:

ACTION:

**Laboratory Director or
Section Chief
(Losing/Gaining)**

SF

7. **Provides** the reassignment agreement to SFT section chief.
8. **Establishes** the effective date of reassignment.
9. **Provides** written notification to SF to include the effective date of reassignment and **attaches** the employee's voluntary reassignment agreement.
10. **Coordinates** the reassignment with HR.

End of Document

See Also: LOM 7204
LOM 7309

ACTION BY:

**Forensic Sciences
Instruction (SFT) Staff**

ACTION:

1. **Provides** at least six transition exhibits to the field laboratory upon graduation.

NOTE 1: Transition exhibits originate from SFT.

NOTE 2: One of the transition exhibits originates from the proficiency testing program and may be designated as the competency exhibit.

Training Officer (TO)

2. **Prepares** at least five different training exhibits that mimic routine laboratory submissions and **submits** to the vault.

NOTE1: Training exhibits originate from the field laboratory.

NOTE 2: The field laboratory may create the competency exhibit.

3. **Assigns** all training and transition exhibits and provides guidance for completion of assignment (e.g. due dates and technical guidance) to the new FC.

NOTE: Supervisors may assign exhibits.

4. **Documents** post-graduation training progress in the Laboratory Qualification Package (LQP).

Forensic Chemist (FC)

5. **Analyzes** all exhibits assigned within established timeframes as determined by the training officer.

6. **Prepares** reports of analysis for all exhibits.

7. **Submits** for review.

TO

8. **Reviews** all reports for accuracy (e.g. correct identification and purity values, quality, and compliance with policy, etc.).

8a. **Returns** to FC for corrections,

OR

8b. **Notifies** Supervisor to review.

Supervisor

9. **Reviews** report(s).

9a. **Returns** to FC for corrections,

OR

9b. **Approves** report and **notifies** TO.

- | ACTION BY: | ACTION: |
|----------------------------|---|
| TO | 10. Assigns competency exhibit after successful completion of all training and transition exhibits. |
| FC | 11. Analyzes competency exhibit assigned by the training officer within established timeframes as determined by the training officer.

12. Prepares report for the competency exhibit. |
| TO | 13. Reviews report(s) for accuracy (e.g. correct identification and purity values, quality, and compliance with policy, etc.).

13a. Returns to FC for corrections,

OR

13b. Notifies Supervisor to review. |
| Supervisor | 14. Reviews report.

14a. Returns to FC for corrections,

OR

14b. Approves report and notifies TO.

15. Ensures the LQP is complete and accurately reflects post-graduate training. |
| TO | 16. Forwards the completed LQP to LD for review. |
| Laboratory Director | 17. Notifies SFT that the chemist received the competency memorandum.

18. Submits a copy of the competency memorandum and the completed LQP to SFT. |

End of Document

See Also: LOM 7205
Forensic Chemist Career Progression Guide

ACTION BY:

ACTION:

Supervisor

1. **Drafts** the Promotion Recommendation memorandum which outlines the major duty differences between the GS-12 and GS-13 grades and the Request for Personnel Action (SF-52).

NOTE: This PRO does not apply to Forensic Chemists. See the Forensic Chemist Career Progression Guide (CPG).

2. **Recommends** the analyst/specialist for a promotion to the Associate Laboratory Director (ALD) by including the following:
 - Memorandum to Laboratory Director (LD) recommending and justifying the promotion.
 - Notification of Personnel Action (SF-50) listing the effective date of promotion to the GS-12 level.
 - Most recent Performance Appraisal Record (DEA-460).
 - Request for Personnel Action (SF-52).

ALD

3. **Reviews** the promotion package and **initiates** an integrity check.
 - 3a. **Forwards** the package (pending approval of integrity checks) and submits to LD for approval,

OR
 - 3b. **Returns** to the supervisor noting any deficiencies in the package.

LD

4. **Reviews** the submission package.
 - 4a. **Approves** the package,

OR
 - 4b. **Returns** to the supervisor noting any deficiencies in the package.
5. **Signs** a memorandum certifying that the employee has the time-in-grade as a GS-12 and has demonstrated the necessary breadth of experience by demonstrating the ability to perform at the GS-13 level.
6. **Signs** a copy of the Request for Personnel Action (SF-52).

LD or designee

7. **Forwards** the package to SF, to include the following:
 - 7a. Memorandum from the supervisor to the LD justifying promotion, signed by the LD.

ACTION BY:

ACTION:

- 7b. Signed memorandum from the LD certifying time-in-grade and experience requirements.
- 7c. SF-50 listing the effective date of promotion to the GS-12 level
- 7d. SF-52, signed by the LD.
- 7e. Copy of the most recent DEA-460.
- 7f. Copy of the GS-13 position description.
- SF** 8. **Reviews** the package for completeness and sufficiency of documentation.
- 9. **Decides** whether to promote, based upon a review of the submitted documentation.
 - 9a. If the promotion is denied, **drafts** a written explanation (go to step #10).
 - 9b. If the promotion is approved, **forwards** the documentation including integrity check to Human Resources Policy (HRP) staff for processing.
- 10. **Notifies** the LD.
- LD** 11. **Notifies** the employee.

End of Document

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CHAPTER 73 MANAGING LABORATORY EVIDENCE

7301 INTRODUCING RESPONSIBILITIES

7301.1 Definitions

- A. Analyst: an individual authorized to analyze evidence within the Drug Enforcement Administration (DEA) laboratory, which includes the Forensic Chemist (FC), the Fingerprint Specialist (FS), or the Digital Forensic Examiner (DFE).
- B. Evidence staff: individuals authorized to receive, store, and transact evidence, as described in subchapters 7302, 7303, 7304, 7305, and 7306, which includes the Laboratory Director (LD), Associate Laboratory Director (ALD), Group Supervisor (GS), Laboratory Administrator Officer (LAO), and Evidence Specialist (ES).
- C. Chain of custody: chronological documentation of laboratory transactions that begin with receipt of evidence by the DEA laboratory and includes the creation of records within the Laboratory Information Management System (LIMS), physical transfers of the evidence, and final disposition of the evidence (e.g., return to submitting agency, destruction, etc.).
- D. Laboratory manager: a permanent member of the laboratory management staff, which includes the LD, ALD, GS, or LAO. Unless specifically authorized in subchapters 7302, 7303, 7304, 7305, or 7306, acting supervisors do not perform evidence-handling duties.

NOTE: Exhibit 1/7301 lists acronyms used in this subchapter.

7301.2 Describing Responsibilities

- A. The LD maintains responsibility over the receipt, storage, and safeguarding of evidence submitted to the laboratory and for ensuring complete accounting of evidence and stockpile materials.
 - 1. Unless expressly prohibited elsewhere in this chapter, the LD may delegate these duties and authorities to other staff members.
 - 2. Unless expressly prohibited elsewhere in this chapter, the LD may request exemptions to the policies and procedures from the Office of Forensic Sciences (SF).
- B. The ALD ensures that laboratory managers and analysts adhere to the policies set forth in the Laboratory Operations Manual (LOM) and in discipline-specific manuals. The ALD assists with evidence receipt, handling and storage, as needed.
- C. The GS in the chemistry, fingerprint, and digital evidence disciplines ensures that laboratory analysts adhere to the policies set forth in the LOM and in discipline-specific manuals. The GS assists with evidence receipt, handling and storage, as needed.
- D. The LAO is responsible for the main vault and directly supervises the ES in carrying out evidence handling duties. The LAO is responsible for evidence handling processes within the laboratory, including receipt, storage, transfer, and disposition.
- E. The ES is responsible for the day-to-day activities regarding receipt, handling, storage and disposal of physical evidence.

- F. ESs and laboratory managers are authorized to receive, store, and transact evidence as described in subchapters 7302, 7303, 7304, 7305, and 7306. LDs authorize, in writing, other individuals to perform these functions.

EXCEPTION: Unless specifically authorized by SF in writing, contractors and interns are not allowed to receive evidence or perform any of the functions described in subsections 7302, 7303, 7304, 7305 or 7306. Contract DFE's may possess evidence assigned for examination (see 7305.11 and 7305.12).

- G. The FC, FS, and DFE positions are responsible for complying with those policies set forth in the LOM and those in discipline-specific manuals.
- H. Laboratory staff accurately documents events or actions involving the chain of custody.
- I. Laboratory staff maintains responsibility for wearing the specified personal protective equipment (PPE) in designated areas and for adhering to requirements as described in LOM Chapter 77.

7301.3 Collecting and Processing Evidence in the Field

- A. FCs, FSs, and DFEs participate in enforcement operations outside the laboratory to assist Special Agents (SAs), Task Force Officers (TFOs), and/or Diversion Investigators (DIs) in collecting evidence. These operations include, but are not limited to, clandestine laboratories and searches executed with a valid search warrant.
- B. Before participating, examiners refer to the Analysis of Drugs Manual (ADM), REDACTED, or the Latent Print Examination Manual (LPEM) for specific instructions regarding these activities.
- C. If a second SA, TFO or DI is not present, a laboratory employee at the scene witnesses the SA, TFO, or DI seal the evidence and signs the evidence label in the place provided.
- D. Once the evidence is sealed, the SA, TFO, or DI takes custody of, and processes the evidence seized in the operation.
- E. Laboratory personnel may not prepare evidence submission documents (e.g., DEA-7, DEA-7a, DEA-7b, etc.) or submit evidence to the laboratory.

7302 RECEIVING, REVIEWING, AND ACCEPTING EVIDENCE SUBMISSIONS

Review, acceptance, and entry of evidence into LIMS must be completed within 4 business days of receipt.

EXCEPTION: Improper evidence submissions must be accepted and entered into LIMS within 1 business day of resolution (see 7302.22.E).

NOTE: Exhibit 1/7302 lists acronyms used in this subchapter.

7302.1 Receiving Evidence

Evidence staff:

- A. Receives evidence obtained domestically either hand-delivered or shipped to the laboratory.

NOTE: See REDACTED for requirements for DEA evidence imported from foreign countries.

- B. Ensures that a DEA-7 accompanies submissions of drug evidence to the laboratory.

- C. Ensures that a DEA-7a and DEA-7b accompany submissions of non-drug evidence for fingerprint analysis.

EXCEPTION: Non-DEA agencies (without access to DEA forms) may request a laboratory examination by letter or by other appropriate means (see 7002.12).

- D. Ensures non-drug submissions to a Digital Evidence Laboratory (SFL9) include:

1. DEA-7a
2. DEA-7b
3. Search warrant and/or Consent to Search form
4. DEA-48a REDACTED

EXCEPTION: Foreign submissions do not require a search warrant.

- E. Ensures proficiency and training samples for the seized drug and latent print disciplines are submitted with a DEA-12.
- F. Consults with laboratory management before receiving seizures of hazardous evidence (see LOM Chapter 78), perishable items, or unusual seizures. Laboratory management consults with management of the seizing office to determine the best course of action.

NOTE 1: If the laboratory storage space is inadequate, representative samples may be submitted to the laboratory, and the remainder of the exhibit stored at an alternate location (see REDACTED).

NOTE 2: If the evidence is hazardous (see LOM 78), the laboratory only maintains a representative sample. The Office of Global Enforcement (OE) may authorize the destruction of the remainder of the exhibit upon consultation with the LD. Refer to REDACTED for large seizures of hazardous substances.

NOTE 3: The DEA field offices are the custodians of bulk amounts of marijuana (see REDACTED) and pseudoephedrine (see REDACTED).

- G. With regard to receiving evidence submissions, when a situation is not specifically addressed by policy, laboratory management contacts SF.

7302.11 Receiving Evidence Delivered in Person

Evidence staff:

- A. Receives evidence submitted in person. Follows TSK-7302.11A, Receiving Evidence Delivered in Person.
- B. Examines evidence for packaging integrity, proper seals and labeling (see REDACTED).
- C. Ensures submission paperwork appears complete and signs to indicate receipt.
- D. Provides a receipt copy to the submitter and stores evidence in the main vault, until reviewed.

NOTE: If evidence delivered in person is later determined to be an improper submission, refer to 7302.22.

7302.12 Receiving Evidence Delivered by Mail

Evidence staff:

- A. Receives deliveries from commercial carriers or the postal service. Follows TSK-7302.12A, Receiving Evidence Delivered by Mail.
- B. Reviews the receipt provided by the carrier and reconciles it against the delivered packages.
 - 1. Follows PRO-7302.12B1, Resolving Mail Receipt Discrepancies, when the package as described on the mail receipt provided by the carrier is not received by the laboratory.
 - 2. Receives delivery and follows PRO-7302.12B2, Resolving Problems with Damaged Shipping Containers, if a package appears to have been damaged in transit or shows signs of tampering.

NOTE: Appropriate follow-up action may include referral to the Office of Professional Responsibility (OPR).

- C. Maintains a delivery log to document shipping receipts.
- D. Assumes that deliveries contain evidence and stores them in the main vault until reviewed by the evidence staff. If a delivery appears suspicious, follows security procedures outlined in 7903.5.

REDACTED.

- E. Opens shipping containers containing evidence and reviews the evidence submissions in accordance with 7302.2.
- F. Delivers package to the recipient if determined that a package does not contain evidence or controlled substances (e.g., reference materials).

7302.2 Reviewing Evidence Submissions

Evidence staff:

- A. Ensures that evidence submissions meet the requirements as set forth in the REDACTED and LOM.
 - 1. If compliant, laboratory personnel:
 - a. Create a LIMS record for each submitted exhibit.
 - b. Affix a LIMS container label(s) to each evidence container.
 - c. Store the evidence containers in the main vault (see 7302.3 and 7303).

NOTE: Completion of these steps constitutes acceptance by the laboratory, and initiates the laboratory's chain of custody documentation.

- 2. If not compliant, see 7302.21 and 7302.22.
- B. Reviews evidence submissions. Follows TSK-7302.2B, Reviewing Evidence Submissions Received by Mail.
- C. Immediately obtains a witness to any improperly sealed evidence items, informs the LAO or other laboratory manager, and processes the items in accordance with PRO-7302.2C, Processing Unsealed Evidence Submissions.
- D. May not make changes to the Investigative Agency (IA) case number or IA exhibit number on submission paperwork for DEA evidence (e.g., DEA-7, DEA-7a, and DEA-7b).

NOTE 1: See 7302.22 for resolving improper evidence submissions.

NOTE 2: If the information on the form is inaccurate, submitting SAs, TFOs, and DIs deactivate the original form and create a new DEA-7, DEA-7a, or DEA-7b REDACTED.

REDACTED

- E. Receives mailed evidence packages that are missing the witnessing official's signature on the evidence label, provided that all the other criteria are met, and obtains written acknowledgment of the omission from the submitting SA, TFO, or DI (see REDACTED and REDACTED).
- F. Examines shipping containers and wrapping paper to ensure that all evidence has been removed prior to discarding any packaging material.
- G. Annotates the description of the contents of the package in the delivery log after opening.
 - 1. If the package contains evidence, the description identifies the IA case number and IA exhibit number of each exhibit submitted within the package.

REDACTED.

- 2. If the package does not contain evidence, the description identifies the sender and the intended recipient.
- H. Returns evidence sent to the incorrect laboratory (e.g., incorrect area of responsibility). Completes the following:
 - 1. Prepares two hand-written DEA-12s, one to show receipt of the item(s) and one for the return to the submitter.
 - 2. Includes written instructions for where to properly submit the evidence.
 - 3. Provides all chain of custody documentation to the proper laboratory for inclusion in the case file (once created in LIMS) (see 7302.3).

EXCEPTION: The LD may accept new evidence submitted to an incorrect laboratory at their discretion.

7302.21 Correcting Discrepancies on the Submission Paperwork and Evidence Containers

Evidence staff:

- A. May only correct information on submission paperwork from other (non-DEA) agencies, if authorized by the submitting agent.
- B. Receive authorization in writing from the submitting agent before making any change to the information listed on the submission paperwork or on the evidence containers.
- C. Initial and date the evidence label next to where the correction was made.
- D. Initial and date the submission paperwork next to where the correction was made.
- E. Attach corrected version of submission paperwork and correspondence authorizing corrections to the LIMS case.

7302.22 Logging Improperly Submitted Evidence

NOTE: Evidence submissions that do not meet the requirements set forth in the REDACTED, LOM, or TSK-7302.2B, Reviewing Evidence Submissions Received by Mail, are improper evidence submissions.

Evidence staff:

- A. Ensures issues with improper evidence submissions are resolved before entry into LIMS and accepted by the laboratory.
- B. Logs and tracks resolutions for improper evidence submissions in a bound logbook. Follows PRO-7302.22C, Resolving Improper Evidence Submissions.
- C. Ensures the improper evidence logbook contains the following information:
 - 1. Delivery date
 - 2. Case identifying information, IA case number and IA exhibit number
 - 3. Physical description of evidence, including the number of containers, container type (e.g., Self-Sealing Evidence Envelope (SSEE), Heat-Sealed Evidence Envelope (HSEE), box, etc.), and contents, if visible
 - 4. Actual gross weight (GW), obtained by the ES at the laboratory for each container, and recorded as a separate weight for each container. (This is not required for SFL9.)
 - 5. Notes documenting communication with the submitting office
 - 6. Notes describing the resolution of the problem, or statement indicating that the evidence has been returned to the submitting office
 - 7. Date resolved or date returned
 - 8. Initials of the person resolving or returning the evidence
- D. Attempts to resolve evidence submission problems through email or through memoranda to the submitting SA, TFO, DI or group supervisor.
- E. Accepts and enters the evidence into LIMS within 1 business day once all problems are resolved. (see 7302.3).
- F. Attaches correction memoranda and other correspondence in LIMS.

7302.23 Storing Improperly Submitted Evidence

Evidence staff:

- A. Stores improper evidence in an area of the main vault specifically designated for this purpose.
- B. Does not co-mingle improper evidence submissions with other evidence until resolved.

7302.24 Returning Improperly Submitted Evidence

Evidence staff:

- A. Does not routinely return improper evidence submissions. Follow PRO-7302.22C, Resolving Improper Evidence Submissions.
- B. Returns the item(s) to the submitting office with a written explanation (e.g., memorandum, printed email, etc.) if the problems are not resolved within 14 calendar days.

EXCEPTION: SFL1 does not return evidence to foreign DEA offices. SFL1 evidence staff contacts the submitting agent to determine a resolution. If after 14 days no resolution has been reached, the LD contacts the Country Attaché, or Regional Director of the submitting office to determine a resolution.

7302.3 Accepting Evidence and Creating LIMS Records

Evidence staff:

- A. Processes compliant evidence submissions within 4 business days of receipt by entering into LIMS (see 7302.2A and TSK-7302.3A).

EXCEPTION: Evidence reconciled as an improper submission must be accepted and entered into LIMS within 1 business day of resolution (see 7302.22.E).

NOTE 1: Creation of the evidence in LIMS signifies acceptance by the laboratory.

NOTE 2: The LIMS system automatically creates unique numbers for the IA exhibit and each evidence container upon entry by the evidence staff.

- B. Affixes the LIMS container label to each evidence container, and the case number barcode label to the submission paperwork (e.g., DEA-7, DEA-7b, etc.) once LIMS records are created.
- C. Ensures the evidence container(s) and paperwork are properly labeled with LIMS case numbers.

EXCEPTION: Digital evidence laboratories use the LIMS case number range on search warrants and other documents when multiple LIMS case numbers apply (e.g., 2015-SFL9-00120 – 2015-SFL9-00150).

- D. Creates a new LIMS case number for each exhibit transferred when evidence is received from another laboratory (see 7305.23).
- E. Does not cover or obliterate the original LIMS container label if an exhibit of evidence receives a second LIMS number and label.

REDACTED.

- F. Creates a new LIMS case number for each exhibit in a non-DEA case re-submitted to the laboratory for either reanalysis or further analysis.
- G. Provides a receipt copy of the annotated submission paperwork to the submitting SA, TFO or DI containing the LIMS case number.
- H. Follows TSK-7302.3H, Repackaging Digital Evidence Submissions, if digital evidence submissions are packaged in a way that does not protect the device or the data on the device.

7303 STORING EVIDENCE

NOTE: Exhibit 1/7303 lists acronyms used in this subchapter.

- A. DEA laboratories are the primary custodians of drug evidence collected by DEA offices.
- B. DEA laboratories do not permanently store non-drug evidence or non-DEA evidence.

EXCEPTION 1: Fingerprint evidence derived from DEA drug evidence (e.g., packaging) will remain in the laboratory's custody with the drug evidence.

REDACTED.

- C. Evidence staff:
 - 1. Stores drug and temporarily stores non-drug evidence in accordance with the REDACTED.
 - 2. Ensures LIMS accurately reflects the physical location of evidence (e.g., vault location, out to examiner, out to court, etc.).
- D. REDACTED.

7303.1 Maintaining Storage and Processing Areas

Evidence staff:

- A. Follows TSK-7303.1A, Storing Evidence in the Main Vault.
- B. REDACTED.
- C. Stores evidence requiring special storage conditions (e.g., suspected khat, volatile liquid, etc.) in a container fit for this purpose (e.g., within a refrigerator, a freezer, solvent cabinet, etc.) in a vault.
- D. May not keep trash receptacles in the main vault.
- E. Only uses trash receptacles with self-closing lids in the evidence reception and processing areas.
- F. May not use unsuitable containers (e.g., manila envelopes) to store evidence.
- G. Stores unanalyzed evidence and analyzed evidence separately.

NOTE: Stores evidence submitted for storage only with analyzed evidence.

7303.11 Storing Unanalyzed Evidence

Evidence staff:

- A. Stores plastic sealed evidence envelopes (PSEEs) in uncovered bins or in boxes without lids, and ordered sequentially by LIMS case number or container code.

EXCEPTION: Evidence containers that are too large or bulky for sequential filing in bins (e.g., boxes, buckets, oversized PSEEs, etc.), will be stored on shelves or pallets within the main vault.

- B. Stores evidence submitted for storage only in the analyzed evidence section.

7303.12 Storing In-Process Evidence

Analysts:

- A. Store in-process evidence in a manner that prevents cross-contamination between exhibits.
- B. Store evidence in a locked security container, locker, or cage within the in-process vault when not being processed.

NOTE: For SFL9, in-processing area is interchangeable with in-process vault.

- C. Store security containers in the in-process vault for overnight storage, or when the analyst is out of the laboratory facility.

REDACTED.

REDACTED.

- D. May not store evidence in office desks or on laboratory benches.

1. If evidence containers are too large to fit into the security container, analysts store the exhibit in secure storage lockers, or in lockable cages within the in-process vault.
 2. If lockers or cages are unavailable, or if the items are too large to be stored in the in-process vault, analysts will store exhibits overnight in the main vault under temporary seal.
 - a. Record the transfer to the evidence staff on a DEA-12 (see 7305.1).
 - b. Do not co-mingle evidence stored under a temporary seal in the main vault with other evidence in the main vault.
 - c. Lock and store any portion removed for analysis, or small enough to fit into the security container, in the in-process vault.
- E. Consult with laboratory management for procedures regarding evidence requiring special handling (e.g., bulk evidence, wet samples, and latent print processing) or special storage conditions (e.g., temperature).

NOTE: If a bulk exhibit is transferred to the analyst electronically in LIMS, the sealed bulk container(s) may remain in the physical custody of the vault if weighing and sampling of the exhibit was previously completed and a representative portion was removed for further testing.

7303.13 Storing Analyzed Evidence

- A. Analysts return completed evidence to the evidence staff for storage.
- B. The evidence staff places the evidence in the main vault.
- C. Evidence staff stores PSEEs in uncovered bins or boxes without lids, and orders sequentially by either LIMS case number or container code.

EXCEPTION: Evidence containers that are too large or bulky for sequential filing in bins (e.g., boxes, buckets, oversized PSEEs, etc.), will be stored on shelves or on pallets within the main vault.

7303.14 Storing Evidence and Other Received Materials Under Proper Environmental Conditions

Evidence staff:

- A. Receives mail within the laboratory and notifies intended recipient of non-evidentiary items (e.g., reagent chemicals, reference materials, etc.). Ensures that the items are placed in a proper storage device and under the prescribed storage conditions while awaiting pick-up.
- B. Places evidence in a proper storage device within the laboratory's vault if the evidence requires special storage conditions.

7304 ACCOUNTING FOR EVIDENCE

NOTE: Exhibit 1/7304 lists acronyms used in this subchapter.

- A. The LD completes the Annual Evidence Inventory (see 7304.1).
- B. The LD completes an Internal Evidence Inventory when a member of the evidence staff no longer requires access to the main vault (e.g., transfers to another office, leaves the agency, etc.) (see 7304.2).
- C. An internal evidence inventory may satisfy 7304.A if the inventory is reconciled with the DEA enforcement offices (see 7304.1C).
- D. The LD designates a laboratory manager to lead the evidence inventory.

7304.1 Completing the Annual Evidence Inventory

LD:

- A. Notifies SF in writing of the start date of the annual evidence inventory.
- B. Ensures that the physical evidence is scanned and reconciled in LIMS. Follows PRO-7304.1B, Conducting an Evidence Inventory.
 1. The designated lead completes the inventory audit within 30 calendar days from the start of the inventory.
 2. For those laboratories that reconcile with the DEA Field Divisions (see 7304.1C), the designated lead completes the inventory audit for individual sub-laboratories separately, but within the same 30 days.
 3. If evidence is determined to be missing, the LD creates a file, to be maintained indefinitely, for copies of related documentation.
 - a. After referral to OPR, maintains records of the missing evidence in LIMS, until completion of the next annual inventory.
 - b. At this time, or when notified by OPR that the investigation is complete, the LD submits a memorandum to SF seeking SF's written concurrence to reconcile the missing exhibit(s) from the evidence accountability databases (e.g., database update in LIMS, permanent transfer to OPR, etc.).
 4. Upon completion, the LD will report the completion and the results of the inventory audit to SF in writing.
- C. Ensures reconciliation of the annual inventory with the DEA Field Divisions. Follows PRO-7304.1C, Reconciling the Annual Inventory with the DEA Field Divisions.

EXCEPTION: Digital evidence laboratories are not required to reconcile their evidence inventories with the DEA Field Divisions.

1. The LD completes the reconciliation within 180 calendar days from the completion of the LIMS inventory audit.
2. The LD provides the Special Agent in Charge (SAC) of each division a listing of the inventoried exhibits (either in the laboratory's custody or temporarily transferred) within 20 days of completion of the LIMS inventory audit with a request to complete the field reconciliation.
3. The LD sends a follow-up memorandum to those offices not responding within 90 days, asking the SAC to reconcile the inventory and reply within 45 days.
4. If no response is received within 45 days, the LD sends a memorandum, with the original request and follow-up correspondence to the SAC and to SF. SF prepares correspondence from the Operational Support Division (SC) to the SAC to help resolve the issue.
5. The LAO compares responses to the LIMS Inventory Report and resolves discrepancies with the division office's designee.
6. Division offices provide written responses. The LAO maintains copies of correspondence in LIMS as part of the inventory audit.
7. If the laboratory cannot resolve a discrepancy with the field office, the LD prepares a memorandum to OPR and to SF.
 - a. After referral to OPR, maintains records of the missing evidence in LIMS, until completion of the next annual inventory.
 - b. At this time, or when notified by OPR that the investigation is complete, the LD submits a memorandum to SF seeking SF's written concurrence to reconcile the missing exhibit(s) from the evidence accountability databases (e.g., database update in LIMS, permanent transfer to OPR, etc.).

8. Upon completion, the LD will report the results of the inventory reconciliation to SF (in writing).

7304.2 Completing the Internal Evidence Inventory

LD:

- A. Initiates an internal evidence inventory within 30 days of the reassignment, retirement, or resignation of any individual having direct access to the main vault. Follow PRO-7304.1B, Conducting an Evidence Inventory.
 1. The LD may request an extension in writing to SF.
 2. If an extension is requested to coincide with the annual evidence inventory, the LD may request an extension of up to 90 days (see 7304.1).
- B. Submits written notification to the SF Deputy Assistant Administrator (DAA) stating the reason for the inventory and the beginning date.
- C. Ensures completion of an inventory audit for each site where the individual had access to the main vault, including the main laboratory and any sub-regional laboratories.
- D. Creates a special file, to be maintained indefinitely, for copies of related documentation if evidence is determined to be missing.
 1. After referral to OPR, maintains records of the missing evidence in LIMS, until completion of the next annual inventory.
 2. At this time, or when notified by OPR that the investigation is complete, the LD submits a memorandum to SF seeking SF's written concurrence to reconcile the missing exhibit(s) from the evidence accountability databases (e.g., database update in LIMS, permanent transfer to OPR, etc.).
- E. Reports the results of the internal evidence inventory to SF in writing upon completion of the inventory audit.
- F. Ensures that the LAO reconciles the inventory with the DEA field divisions upon completion of the inventory audit in LIMS (See 7304.1C) if an internal evidence inventory coincides with the annual evidence inventory (see 7304A).

7305 TRANSFERRING CUSTODY OF EVIDENCE

NOTE: Exhibit 1/7305 lists acronyms used in this subchapter.

Evidence staff:

- A. Only transfers custody of evidence from the main vault for purposes specifically authorized in the REDACTED, LOM, ADM, LPEM, or REDACTED.

NOTE 1: Transfers described in this section (7305) do not require a DEA-48. See 7306 for policy on permanent transfers of evidence requested on a DEA-48.

NOTE 2: Except for evidence returns described in 7305.24-28, transfers described in this section (7305) are temporary.

- B. Accurately records transfers of evidence (including the temporary transfer reason) in LIMS.
- C. May not receive unsealed evidence containers from analysts.

- D. Records evidence transactions in a bound logbook dedicated for this purpose in the event that LIMS is non-operational.
 - 1. Records the following information into the logbook:
 - a. Date of the transaction.
 - b. IA case number, IA exhibit number, LIMS case number (including the Container ID).
 - c. Initials of the individuals involved in the evidence transfer in the appropriate To and From column.
 - d. The name of the agency in the appropriate column if the evidence is transferred To or From another agency.
 - e. The date the transaction is recorded in LIMS.
 - 2. Records the transaction in the logbook into LIMS within 2 business days of LIMS returning to an operational status.
 - 3. Attaches a memorandum in the LIMS case file to document the actual date of the transaction.

NOTE: The memorandum explains why the LIMS transaction date is not the same day as the actual transfer.

7305.1 Transferring Custody within the Laboratory

Laboratory personnel:

- A. Use LIMS to record custody transfers of evidence to/from the main vault and between analysts.

EXCEPTION: Transfers of evidence under temporary seal for overnight storage, as described in 7303.12.D.2 will be recorded on a DEA-12.

- B. Ensure that the transaction is accurately recorded in LIMS.

7305.11 Transferring Custody to Analyst for Analysis

- A. Case assignment in LIMS provides authority for analysts to possess evidence.
- B. Evidence staff transfers all evidence containers associated with the assigned LIMS case to the analyst.

7305.12 Returning Custody to the Vault from Analyst After Analysis

Analysts:

- A. Reseal the original evidence containers in accordance with the ADM, LPEM and REDACTED before returning the evidence to the main vault.
- B. Return the original and any newly created evidence containers to the main vault in a timely manner.
 - 1. Upon approval of the analytical report, FCs return evidence to the main vault within 7 calendar days.
 - 2. Upon completion of the administrative review, DFEs return the evidence to the main vault within 7 calendar days.
 - 3. Upon approval of the administrative review, FSS return the evidence to the main vault within 7 calendar days.

- C. May not possess evidence for more than 30 calendar days each time that the LIMS case is assigned.

EXCEPTION 1: If the analyst will possess the evidence for more than 30 days, the analyst requests an extension from their supervisor. If granted, the supervisor will issue a memorandum to authorize the extension and include it in the case file.

EXCEPTION 2: Working copies and exhibits containing more than 10 GB of data at digital evidence laboratories are excluded, and do not require an extension from a supervisor.

7305.13 Transferring Evidence between Analysts

- A. Evidence containers in the custody of one analyst may be transferred directly to another analyst (see ADM, LPEM and REDACTED).
- B. Case assignment in LIMS provides authority for analysts to transfer evidence to another analyst.
- C. FCs may transfer unsealed evidence containers to FSs, and vice versa.

7305.14 Transferring Evidence in the Absence of the Custodian

LD or ALD:

- A. In extenuating circumstances, opens or authorizes another laboratory manager to open an assigned security container in the absence of the analyst.
- B. May not authorize an analyst who is acting for their supervisor to access the security container.
- C. Documents the access in writing and includes:
 - 1. The name of the laboratory manager who will perform these actions.
 - 2. Specifies the reason why the container needs to be opened in the absence of the custodial analyst.
- D. Once authorized, refers the laboratory manager to follow PRO-7305.14D, Opening a Security Container When the Analyst is Not Present.

7305.2 Transferring Custody Outside the Laboratory

- A. Laboratory employees may not transport evidence outside of the laboratory (e.g., to and from court, for examinations by the defense, etc.).

Evidence staff:

- B. May not temporarily transfer evidence (e.g., out to court) or permanently transfer evidence (e.g., transfer of DEA evidence to another agency for prosecution) out of the laboratory without a written request authorizing the transfer pursuant to 7305 or 7306.
- C. Records custody transfers of evidence outside the laboratory using LIMS.

NOTE: The person conducting a transfer of evidence out of the laboratory is responsible for ensuring that the transfer is accurately recorded in LIMS.

- D. Transfers evidence by:
 - 1. Shipping the evidence to the submitting office or to the DEA office requesting evidence for official purposes (e.g., court, examination by defense, etc.).

REDACTED.

2. Providing the evidence in-person to the recipient (e.g., SA, TFO, DI, officer, etc.).
- E. Ships DEA evidence to a DEA office unless directed by a court order to ship the evidence elsewhere.
- F. REDACTED.
- G. Ensures the recipient of the evidence displays official identification (e.g., credentials) and signs a DEA-12, if transferred in-person.
- H. Includes a copy of the DEA-12 with the evidence shipment to be signed by the recipient.
- I. Uses LIMS to monitor evidence that is out of the laboratory and to track DEA-12s that have not been signed and returned to the laboratory for all transfers.
 1. Weekly, the ES:
 - a. Reviews the confirm receipt alert in LIMS and identifies DEA-12s not received within 14 calendar days.
 - b. Contacts recipients to request the return of the DEA-12.
 - c. Documents the correspondence in the case file.

NOTE: Additional correspondence by the ES seeking the DEA-12 is not necessary.

2. Monthly, the LAO:
 - a. Reviews the confirm receipt alert in LIMS and identifies DEA-12s not received within 28 calendar days.
 - b. Contacts the recipient supervisor to request the return of the DEA-12.
 - c. Documents the correspondence in the case file.
 - d. For DEA-12s not received within 45 calendar days, refers each item to the ALD or LD for follow-up.

NOTE: Additional correspondence by the LAO seeking the DEA-12 is not necessary.

3. The ALD or LD:
 - a. Contacts the recipient Assistant Special Agent in Charge (ASAC) or SAC (or equivalent personnel for non-DEA offices) to request the return of the DEA-12.
 - b. Documents the correspondence in the case file.
- J. If at any time the evidence is believed to be lost in transit, notifies the LD who will notify SF and OPR, in writing.
- K. Records the receipt of signed DEA-12s using the confirm receipt function in LIMS.

7305.21 Transferring Custody Temporarily for Presentation in Court

Evidence staff:

- A. May not release DEA evidence for court without receiving a signed written request that must include:
 1. Authorization from a supervisory SA or DI (GS-14 or above)
 2. The IA case number and IA exhibit number of the items needed
 3. The method of transfer (i.e., mailed or picked up in person)

4. The name of the authorized recipient

NOTE: See REDACTED for additional requirements when evidence submitted by one DEA office will be used in a trial by a different DEA office, even if the offices are in the same division.

- A. Only releases evidence to the authorized recipient after their identity is verified.
- B. Transfers the threshold amount and any fingerprint evidence when the requested exhibit is a bulk exhibit.
- C. May not transfer bulk amounts, unless specifically requested by a supervisory SA or DI, and authorized by the LD in writing.
- D. Conducts the temporary transfer in LIMS. Follow TSK-7305.21E, Conducting Temporary Transfers in LIMS.
- E. Ensures the recipient (e.g., SA, TFO, NDEC, etc.) signs and returns the enclosed DEA-12.
- F. Monitors evidence out to court via PRO-7305.21G, Tracking Evidence Out to Court.

NOTE: If evidence is required to be in court for more than 90 calendar days, the SAC must request an extension from the LD, via memorandum (see REDACTED).

EXCEPTION: Copies of digital evidence made specifically for court are not normally returned to the laboratory. Do not track via PRO-7305.21G.

- H. Ensures evidence returned from court originated from their laboratory (see REDACTED).

EXCEPTION: Copies of digital evidence made specifically for court are not normally returned to the laboratory and need not be tracked via PRO-7305.21G.

- I. Reviews and evaluates evidence returning from court. Follows PRO-7305.21I, Processing Evidence Returning from Court or Other Purposes.
- J. Refers to 7306.1 for the permanent transfer of DEA evidence to another agency for prosecution (see REDACTED) while out of the laboratory for court.

7305.22 Transferring Custody Temporarily for Examination by the Defense

- A. Laboratory personnel may not provide a representative sample for examination or allow a reweigh of the original evidence by the defense without receiving a proper authorization document. These actions require either:
 - 1. An executed court order, or
 - 2. A signed, stipulated agreement between the defense and the prosecution that mandates the defense's compliance with DEA's safekeeping procedures.
- B. The LD appoints a defense analysis coordinator (DAC) to ensure compliance with the authorization document.
- C. Before complying with the court order or signed agreement, the DAC ensures that the court order or signed agreement addresses requirements. Requirements that may be addressed in the court order or signed agreement include, but are not limited to:

1. Specific reference to the LIMS case number and laboratory exhibit number subject to reanalysis, as well as any categories of reanalysis to occur (reweigh, qualitative, quantitative, etc.).
 2. Specific identification of both the defense expert and defense laboratory (including a full mailing address with zip code).
 3. A statement that the exhibit(s) may not be released for any reanalysis before DEA receives information sufficient to prove proper DEA registration.
 4. An acknowledgement (where applicable) that law enforcement personnel must be present throughout the reweighing process, and that the Government reserves the right to videotape the process.
 5. Deadlines for reweigh, retesting, and return of the exhibit(s) and/or sample(s).
 6. A statement that a reweigh precedes any retesting, if applicable.
 7. A directive to the defense expert to return any remaining sample after reanalysis.
 8. A statement by the defense that articulates (where applicable): the quantity of the entire exhibit as reweighed; the quantities consumed during testing; and either the weight of the remaining sample, or a statement that the sample is wholly consumed during retesting.
 9. A statement that the defense provides sufficient facilities, equipment, and manpower to perform necessary tasks where applicable.
 10. A provision that defense personnel may not use DEA equipment and must comply with the DEA safety policies and security procedures when present at a DEA laboratory.
- D. Before complying with the court order or a signed agreement, the DAC ensures that the defense analyst possesses a current Controlled Substance Registration Certificate (DEA-223 form) to handle the controlled substances to be tested.
- E. The DAC ensures that DEA laboratory facilities or equipment will not be used for defense analysis purposes.
- F. If, despite the court order, the defense expert is not a DEA registrant, is not equipped to handle the particular exhibit, or a signed agreement between the prosecution and defense does not comply with the requirements listed in C above, the LD must notify the Office of Chief Counsel (CC) in writing.
- G. The DAC ensures that a defense analysis sample is provided from the original evidence. Follows PRO-7305.22G, Providing Samples for Defense Analysis.

NOTE: Procedures for creating the defense sample in LIMS are found in the ADM.

- H. The DAC oversees or coordinates reweighs of original evidence. Follows PRO-7305.22G, Providing Samples for Defense Analysis.
- I. The DAC ensures that any remaining material, after the defense analysis, is returned to the DEA laboratory.

NOTE: ADM provides guidance for FCs participating in the reweighing event.

- J. Evidence staff provides the exhibit to the coordinating SA, TFO or DI, if the entire exhibit is required for testing or a reweigh.
- K. Laboratory personnel provide the sample directly to the defense expert and/or testing laboratory or directly to the coordinating SA, TFO or DI for delivery to the defense expert and/or testing laboratory if a representative sample is required.
- L. Evidence staff records temporary transfers in LIMS. Follow TSK-7305.21E, Conducting Temporary Transfers in LIMS.

7305.23 Transferring Custody Temporarily to another DEA Laboratory

- A. The SF DAA approves evidence transfers between laboratories for backlog assistance before laboratory personnel initiate the transfer.

EXCEPTION 1: Evidence transfers between the Mid-Atlantic Laboratory (SFL3) and the Nashville Laboratory will be approved by the SFL3 LD. Evidence transfers between SFL9 and its satellite laboratories will be approved by the SFL9 LD.

EXCEPTION 2: If a laboratory requires analytical assistance from SFL1 (e.g., structural elucidation in ADM), the LD of the requesting laboratory authorizes the transfer of an exemplar.

- B. Evidence staff conducts temporary transfers in LIMS. Follow TSK-7305.21, Conducting Temporary Transfers in LIMS.
- C. The receiving laboratory may not obliterate the LIMS evidence container label from the originating laboratory (see 7302.3E).
- D. Once analyzed, evidence staff returns the evidence to the submitting laboratory.

7305.24 Returning Non-DEA Evidence to the Submitting Agency

- A. Laboratory personnel may not return non-DEA evidence to the submitting agency until an approved laboratory report is available.

EXCEPTION: When specified in the search warrant, digital evidence may be returned before the laboratory report is available.

- B. Evidence staff returns non-DEA evidence to the submitting office within 30 calendar days once the analytical report is approved through the technical and administrative review (see 7307.1).

REDACTED.

- C. Evidence staff returns FBI fingerprint evidence to the submitting office along with the drug evidence containers.
- D. Evidence staff records these transactions in LIMS. Follow TSK-7305.24D, Conducting Transfers in LIMS via the Retain/Return Form.
- E. If the returned non-DEA evidence needs to be re-submitted to the laboratory for further testing, evidence staff creates a new LIMS case number for each exhibit (see 7302.3F).

7305.25 Returning Non-Drug Evidence to the Submitting DEA Office

- A. Once the analytical report is distributed, evidence staff returns non-drug evidence to the submitting DEA office within 30 calendar days.

EXCEPTION 1: When specified in the search warrant, digital evidence will be returned before the laboratory report is available.

REDACTED.

- B. Evidence staff may not return non-drug evidence to the submitting DEA office until an approved laboratory report is available. This requirement also applies to archive copies created at digital evidence laboratories.

- C. Evidence staff records these transactions in LIMS. Follow TSK-7305.24D, Conducting Transfers in LIMS via the Retain/Return Form.

REDACTED

REDACTED

- A. REDACTED.
- B. REDACTED.

REDACTED

- A. REDACTED.
- B. REDACTED.

REDACTED

- A. REDACTED.
- B. REDACTED.
- C. REDACTED.

7306 HANDLING REQUESTS FOR FINAL DISPOSITION

NOTE 1: REDACTED.

NOTE 2: Exhibit 1/7306 lists acronyms used in this subchapter.

- A. REDACTED:
 - 1. REDACTED.
 - 2. REDACTED.
 - 3. REDACTED.

- B. Evidence staff:
 - 1. Date stamps DEA-48s upon receipt.

NOTE: For DEA-48s submitted electronically, the date on the email serves as the date received.

- 2. Reviews submitted DEA-48s and resolves discrepancies or other problems through email or memoranda to the case agent and signing group supervisor before initiating any disposal actions.
 - a. Original signatures are required.

NOTE: Original signatures are electronic signatures or ink signatures, as well as those that are scanned or faxed.

- b. The DEA-48 must be returned to the submitting SA, TFO or DI if any of the following items are incorrect or omitted:
 - 1. Case Number (Item #2)
 - 2. Originator (Item #5)
 - 3. Information in Item #7a, to include a mark for bulk, threshold or total exhibit

4. Exhibit (Item #8a)

3. May only edit the following sections on the DEA-48 or DEA-48a:
- a. Name of DEA Laboratory (Item # 6a)
 - b. Name of Custodian (Item #6b)
 - c. Laboratory Number (Item #8b) (This field does not require completion.)

C. REDACTED.

D. Laboratory program coordinators (PC) REDACTED may retain evidentiary materials for official purposes (see 7403).

7306.1 Disposing of Drug Evidence by Permanent Transfer

Transfers described in sections 7306.11, 7306.12, and REDACTED are permanent. Once transferred, the evidence cannot be re-submitted to any DEA laboratory.

Upon receipt of a valid DEA-48 and a memorandum from a supervisory SA to the LD REDACTED, evidence staff:

- A. Conducts the permanent transfer of evidence. Follows PRO-7306.1A, Processing DEA-48 for Permanent Transfer of Evidence.
- B. Provides the evidence with a DEA-12 (see 7305.2H) and ensures that signed DEA-12s are received (see 7305.2I):
 1. One DEA-12 showing receipt by the SA, TFO, or DI if not submitted directly to the third party
 2. One DEA-12 showing receipt by the third party (e.g., other agency, court, etc.)
- C. Signs the DEA-48 only after receiving a signed DEA-12, showing receipt by the third party designated on the DEA-48.

7306.11 Transferring Drug Evidence to Another Agency

- A. Evidence from active DEA cases may be transferred to another agency for prosecution; however, evidence staff only initiates the transfer upon receipt of a memorandum from a supervisory SA to the LD REDACTED.
- B. Evidence staff follows PRO-7306.1A, Processing DEA-48 for Permanent Transfer of Evidence.

7306.12 Transferring Drug Evidence Back to Owner

- A. CC authorizes the return of drug evidence to the owner. If the owner is a DEA registrant and the evidence is a pharmaceutical controlled substance, listed chemical or synthetic substance, the Diversion Control Division must also authorize the return REDACTED.
- B. Upon receipt of a DEA-48 and the required authorization, the evidence staff conducts the transfer. Follows PRO-7306.1A, Processing DEA-48 for Permanent Transfer of Evidence.
- C. The evidence staff initiates the return of evidence (e.g., seized pharmaceuticals) to the property owner by supplying the evidence to the coordinating DEA SA, TFO or DI who completes the final transfer to the property owner on a DEA-12 (see 7306.1).

REDACTED

- A. REDACTED.
- B. REDACTED.
- C. REDACTED.
- D. REDACTED.

REDACTED

- A. REDACTED.

REDACTED.

- B. REDACTED.

- C. REDACTED:

- 1. REDACTED.
- 2. REDACTED.

REDACTED.

- 3. REDACTED.
- 4. REDACTED.
- 5. REDACTED.
- 6. REDACTED.

REDACTED.

REDACTED

REDACTED:

- A. REDACTED.

- B. REDACTED.

- C. REDACTED:

- 1. REDACTED
- 2. REDACTED
- 3. REDACTED
- 4. REDACTED
- 5. REDACTED
- 6. REDACTED
- 7. REDACTED

- D. REDACTED.

REDACTED

- E. REDACTED.

- F. REDACTED.

G. REDACTED.

REDACTED

A. REDACTED:

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REDACTED

A. REDACTED.

B. REDACTED.

C. REDACTED.

D. REDACTED.

REDACTED

REDACTED:

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B. REDACTED.

C. REDACTED.

D. REDACTED.

E. REDACTED.

REDACTED

REDACTED:

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B. REDACTED.

C. REDACTED:

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3. REDACTED.

D. REDACTED.

E. REDACTED.

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REDACTED

REDACTED

REDACTED:

- A. REDACTED.
- B. REDACTED.
- C. REDACTED.
- D. REDACTED:

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5. REDACTED
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3. REDACTED.

- A. REDACTED.
- B. REDACTED.
- C. REDACTED.
- D. REDACTED.

REDACTED.

E. REDACTED:

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2. REDACTED.
3. REDACTED.

REDACTED

- A. REDACTED.

B. REDACTED.

C. REDACTED.

REDACTED

A. REDACTED.

B. REDACTED.

C. REDACTED.

D. REDACTED

7307 ANALYZING AND REPORTING LABORATORY ANALYTICAL RESULTS

NOTE: Exhibit 1/7307 lists acronyms used in this subchapter.

A. Analysts follow discipline-specific procedures outlined in the ADM, LPEM, and REDACTED for the analysis of evidence and the reporting of results.

B. Analysts generate a laboratory report for each analyzed evidence submission (see ADM, LPEM, and REDACTED for discipline specific procedures).

REDACTED.

EXCEPTION 2: Laboratory reports will not be generated for DEA evidence submitted as storage only (see REDACTED).

EXCEPTION 3: Laboratory reports will not be generated for exhibits submitted to a digital laboratory that do not have storage capabilities.

C. SFL1 transmits analytical results for submissions from foreign operations by REDACTED (or email) in lieu of a DEA-7 or laboratory report to the originating office.

1. The REDACTED (or email) must include the IA case, the registry number, the amount of drugs received, and the results of analysis.
2. Distribution includes appropriate sections in the Operations Division, the Office of Administration Records Management Unit (SARR), and other DEA offices concerned with the investigation.

7307.1 Reviewing Drug, Latent Print, and Digital Evidence Analysis Reports

A. The LD ensures that a technical review and administrative review are performed on every laboratory report produced.

B. Technical reviewers must have a thorough knowledge of laboratory policies and procedures and possess the expertise gained through training and casework experience to review testing procedures.

C. Technical reviewers ensure reported conclusions are consistent with quality standards established in the ADM, LPEM, and REDACTED.

D. Technical reviewers ensure that reported conclusions are consistent with and supported by the associated data.

- E. Administrative reviews include a review of the laboratory report and supporting documentation for spelling and grammatical accuracy, unique identifiers, and inclusion of key information.
- F. If permitted in the discipline specific manual, technical and administrative reviews may be combined.
- G. Technical and administrative reviews may not be conducted by the author or co-author of the examination records or reports under review.

7307.2 Disseminating Analytical Reports

The LD:

- A. Ensures that analysis reports are reviewed prior to dissemination.
- B. Ensures that reports are disseminated via LIMS.

EXCEPTION: The above only applies to SFL2-8 and their sub-regional laboratories. REDACTED.

7307.3 Amending Laboratory Reports

- A. Laboratory analysts issue amended reports when corrections to the content of the original report are required.
- B. When issuing an amended report, laboratory analysts:
 1. Include a statement describing the reason for the amended report (e.g., corrected information) and reference the date of the previously issued report. (See the ADM, LPEM, and REDACTED for discipline specific requirements.)
 2. Include the information from the original report, substituting the changed information or adding supplementary information to ensure that the report is unambiguous.
- C. Reviewers perform technical and administrative reviews on every amended report in accordance with 7307.1.

7307.4 Providing Supplemental Laboratory Reports

- A. Laboratories will issue supplemental reports when additions to the content of the original report are required. (See the ADM, LPEM, and REDACTED for discipline-specific requirements.)
- B. When issuing a supplemental report, laboratory analysts:
 1. Include a statement describing the reason for the supplemental report (e.g., additional examination conducted, reanalysis, etc.), and reference the date of the previously issued report. (See the ADM, LPEM, and REDACTED for discipline-specific requirements.)
 2. Include the information from the original report and/or add any supplementary information to ensure that the report is unambiguous.
- C. Reviewers perform technical and administrative reviews on every supplemental report in accordance with 7307.1.

7308 MAINTAINING LABORATORY CASE FILES AND RECORDS

NOTE: Exhibit 1/7308 lists acronyms used in this subchapter.

7308.1 Maintaining Laboratory Case Files

- A. LDs maintain a laboratory case file (paper or electronic) for submitted exhibits.
- B. If the laboratory is using LIMS to generate analytical reports, LIMS is the electronic case file.
- C. Laboratory staff may not keep other written laboratory records or analytical data associated with enforcement investigations outside of the case file (e.g., logs, personal notes, etc.).

EXCEPTION: This does not apply to written records associated with research or method development projects.

- D. Case files must include documents regarding receipt, acceptance, analysis, chain of custody, and disposition to include the following documents, as applicable:
 - 1. DEA-7 or letter requesting analysis
 - 2. For digital evidence submissions, DEA-7a, DEA-7b, DEA-6, search authorization, and photos documenting condition at intake
 - 3. Analyst notes (e.g., CDR, LPDR, DEA-86, DEA-86a, DEA-466, etc.)
 - 4. Supporting data and analytical results (e.g., charts, graphs, etc.)
 - 5. Laboratory Report(s) (e.g., DEA-113, DEA-111, Digital Evidence Examination Report(s), etc.)
 - 6. A copy of the digital evidence findings

NOTE: In the event that the digital or fingerprint evidence report includes findings or mixed media, for practical purposes these will be stored separately in a secured file room, vault or network location.

- 7. Administrative documentation with unique identifier

NOTE: If bound, the unique identifier need only be on the front page.

EXCEPTION: In a digital evidence laboratory, use the LIMS case number range on documents when multiple LIMS case numbers apply (e.g., 2015-SFL9-00120 – 2015-SFL9-00150).

- 8. Any investigative photographs and/or negatives
- 9. DEA-12s
- 10. Copies of electronic communications regarding chain of custody or any case-related issue between a laboratory employee and any other individual (see 7305)

- E. Case files for DEA cases also include the following documents, as applicable:

- 1. REDACTED
- 2. For exhibits whose net weight exceeds threshold amounts specified in ADM, the SAC's 60-day letter for bulk evidence submissions (see REDACTED) notifying the appropriate United States Attorney or the responsible state/local prosecutor REDACTED, as well as any additional response or appeals of same.
- 3. A copy of the DEA-500 and DEA-6 from clandestine laboratory investigations
- 4. Commercial carrier receipts for evidence returns
- 5. Copies of clandestine laboratory investigation documents, such as defendant's personal notes and synthesis notes
- 6. Printed copies of electronic communications regarding chain of custody or any case-related issue between a laboratory employee and any other individual

- F. Laboratory personnel ensure that appropriate attachment type is selected when adding documents to LIMS (e.g. for court-related documents, select court attachments).

- G. The LD closes the laboratory paper case file when:

1. All submitted drug exhibits in a DEA case have been REDACTED permanently transferred (see 7306.1), and all non-drug evidence has been returned to the submitting office (see 7305.25).
 2. All submitted exhibits in the non-DEA case have been returned to the submitting agency (see 7305.24). Non-DEA cases that have not received a subsequent exhibit within two years are considered closed.
- H. The LD ensures that closed paper case files are stored separately from active/open case files within the file room.
- I. Upon closure, the SFL9 LD ensures that case files created in a digital sub-regional laboratory are forwarded to SFL9 for storage and archival.

7308.2 Archiving Laboratory Case Files

- A. Laboratory case files stored in the file room must be forwarded to the Federal Records Center (FRC). Follow PRO-7308.2A, Archiving Laboratory Case Files.
- B. Laboratory case files become eligible for archiving 2 years after the case is closed.

REDACTED.

- C. The LD ensures that eligible case files are archived within 1 year.
- D. Prior to transferring case files to the FRC, the laboratory ensures that the documents contained within each file correlate with the exhibits identified under the case file number.
- E. The case file is retained at the FRC for 8 years (REDACTED).
- F. If required, the laboratory may retrieve archived case files. Follow PRO-7308.2F, Retrieving Archived Laboratory Case Files.
- G. Archive LIMS case files in accordance with agency policies for electronic records.

End of Document

Exhibit 1/7301

ACRONYMS	
ADM	Analysis of Drugs Manual
ALD	Associate Laboratory Director
DEA	Drug Enforcement Administration
REDACTED	REDACTED
DFE	Digital Evidence Examiner
DI	Diversion Investigator
ES	Evidence Specialist
FC	Forensic Chemist
FS	Fingerprint Specialist
GS	Group Supervisor
LAO	Laboratory Administrative Officer
LD	Laboratory Director
LIMS	Laboratory Information Management System
LOM	Laboratory Operations Manual
LPEM	Latent Print Examination Manual
PPE	Personal Protective Equipment
SA	Special Agent
SF	Office of Forensic Sciences
TFO	Task Force Officer

Exhibit 1/7302

ACRONYMS	
ADM	Analysis of Drugs Manual
ALD	Associate Laboratory Director
REDACTED	REDACTED
REDACTED	REDACTED
DEA	Drug Enforcement Administration
DI	Diversion Investigator
ES	Evidence Specialist
GW	Gross Weight
HSEE	Heat-Sealed Evidence Envelope
REDACTED	REDACTED
IA	Investigating Agency
REDACTED	REDACTED
LAO	Laboratory Administrative Officer
LD	Laboratory Director
LIMS	Laboratory Information Management System
LOM	Laboratory Operations Manual
REDACTED	REDACTED
OE	Office of Global Enforcement
OM	Office of Operations Management
OPR	Office of Professional Responsibility
REDACTED	REDACTED
SA	Special Agent
SF	Office of Forensic Sciences
SFL1	Special Testing and Research Laboratory
SFL9	Digital Evidence Laboratory
SSEE	Self-Sealing Evidence Envelope
TFO	Task Force Officer

Exhibit 1/7303

ACRONYMS	
ALD	Associate Laboratory Director
DEA	Drug Enforcement Administration
LAO	Laboratory Administrative Officer
LD	Laboratory Director
LIMS	Laboratory Information Management System
REDACTED	REDACTED
PSEE	Plastic Sealed Evidence Envelope
SFL9	Digital Evidence Laboratory
REDACTED	REDACTED

Exhibit 1/7304

ACRONYMS	
DAA	Deputy Assistant Administrator
DEA	Drug Enforcement Administration
LAO	Laboratory Administrative Officer
LD	Laboratory Director
LIMS	Laboratory Information Management System
OPR	Office of Professional Responsibility
SAC	Special Agent in Charge
SC	Operational Support Division
SF	Office of Forensic Sciences

Exhibit 1/7305

ACRONYMS	
ADM	Analysis of Drugs Manual
ALD	Associate Laboratory Director
REDACTED	REDACTED
ASAC	Assistant Special Agent in Charge
CC	Office of Chief Counsel
DAA	Deputy Assistant Administrator
DAC	Defense Analysis Coordinator
DEA	Drug Enforcement Administration
DEC	Drug Evidence Custodian
REDACTED	REDACTED
DFE	Digital Forensic Examiner
DI	Diversion Investigator
DOJ	Department of Justice
ES	Evidence Specialist
FBI	Federal Bureau of Investigation
FC	Forensic Chemist
FS	Fingerprint Specialist
IA	Investigating Agency
LAO	Laboratory Administrative Officer
LD	Laboratory Director
LIMS	Laboratory Information Management System
LOM	Laboratory Operations Manual
LPEM	Latent Print Examination Manual
NDEC	Non-Drug Evidence Custodian
REDACTED	REDACTED
OPR	Office of Professional Responsibility
REDACTED	REDACTED
SA	Special Agent
SAC	Special Agent in Charge
SF	Office of Forensic Sciences
SFL1	Special Testing and Research Laboratory

ACRONYMS	
SFL3	Mid-Atlantic Laboratory
SFL9	Digital Evidence Laboratory
TFO	Task Force Officer

Exhibit 1/7306

ACRONYMS	
REDACTED	REDACTED
ASAC	Assistant Special Agent in Charge
CA	Country Attaché
CC	Office of Chief Counsel
CCI	International and Intelligence Law Section
CFR	Code of Federal Regulations
COD	Certificate of Disposal/Destruction
REDACTED	REDACTED
DEA	Drug Enforcement Administration
DI	Diversion Investigator
DOJ	Department of Justice
EPA	Environmental Protection Agency
ES	Evidence Specialist
LAO	Laboratory Administrative Officer
LD	Laboratory Director
LIMS	Laboratory Information Management System
OE	Office of Global Enforcement
PC	Program Coordinator
POC	Point of Contact
SA	Special Agent
SAC	Special Agent in Charge
SFE	Environmental Management Section
SFL1	Special Testing and Research Laboratory
SFL9	Digital Evidence Laboratory
SOHS	Safety and Occupational Health Specialist
TFO	Task Force Officer

Exhibit 1/7307

ACRONYMS	
ADM	Analysis of Drugs Manual
REDACTED	REDACTED
DEA	Drug Enforcement Administration
REDACTED	REDACTED
IA	Investigative Agency
LD	Laboratory Director
LIMS	Laboratory Information Management System
LPEM	Latent Print Examination Manual
SARR	Office of Administration Records Management Unit
REDACTED	REDACTED
SFL1	Special Testing and Research Laboratory
SFL2	Northeast Laboratory
SFL3	Mid-Atlantic Laboratory
SFL4	Southeast Laboratory
SFL5	North Central Laboratory
SFL6	South Central Laboratory
SFL7	Western Laboratory
SFL8	Southwest Laboratory

Exhibit 1/7308

ACRONYMS	
ADM	Analysis of Drugs Manual
CDR	Case Detailed Report
DEA	Drug Enforcement Administration
REDACTED	REDACTED
FRC	Federal Records Center
LD	Laboratory Director
LIMS	Laboratory Information Management System
LPDR	Latent Print Details Report
SAC	Special Agent in Charge
SFL1	Special Testing and Research Laboratory
SFL9	Digital Evidence Laboratory

See Also: LOM 7302.2
PRO-7302.22C, *Resolving Improper Evidence Submissions*
TSK-7302.2B, *Reviewing Evidence Submissions Received by Mail*
PRO-7302.12B2, *Resolving Problems with Damaged Shipping Containers*

ACTION BY:

ACTION:

Evidence Staff

1. **Notifies** the Laboratory Administrative Officer (LAO) when the laboratory receives unsealed evidence.

1a. If the LAO is not available, **notifies** another laboratory manager.

**Evidence Staff and LAO
(or other manager)**

2. **Inspects** and **verifies** contents and gross weight of the evidence with the DEA-7 or DEA-7b.
3. If evidence is missing or shows signs of tampering, **STOPS** and **reports** to the Laboratory Director (LD), who will report to the Office of Forensic Sciences (SF) and to the Office of Professional Responsibility (OPR).
4. **Photographs** package(s) in the condition received, to include identifying data (e.g., *Case Number, Exhibit Number, Serial Number, Model Number, etc.*), and saves photos in LIMS, once entered.
5. **Records** the item in the *Improper Submission Logbook*.
6. **Places** the original, unsealed container and contents in a new evidence envelope (or other acceptable container) and seals.
7. **Completes** the receipt portion of the original DEA-7 or DEA-7b, and **marks** Item #33 or Item #17, respectively, as "Broken."
8. **Prepares** a memorandum documenting the gross weight and contents of the unsealed evidence and includes the personnel involved and actions taken to seal the evidence.

LAO (or other manager)

9. **Reviews** the accuracy of the memorandum
10. If concurs, **signs** the memorandum.
11. **Scans** and **attaches** the memorandum or email through case management.
12. **Sends** a copy of the memorandum to the submitting office or agency.

Evidence Staff

13. **Creates** the LIMS record.

End of Document

See Also: LOM 7302.12
TSK-7302.12A, *Receiving Evidence Delivered by Mail*
TSK-7302.2B, *Reviewing Evidence Submissions Received by Mail*

ACTION BY:

ACTION:

Evidence Staff

1. **Determines** there is a discrepancy between the mail receipt and the packages delivered to the laboratory (per TSK-7302.12A, *Receiving Evidence Delivered by Mail*).
2. **Locates** a witness to assist with the review.
3. If there is an extra package that is not addressed to the laboratory, **returns** the package to the deliverer and **ensures** the mail receipt is accurate.
 - 3a. If the tracking number is not listed, **returns** the package to the delivery person.
 - 3b. If the tracking number is listed on the receipt, **returns** the package to the delivery person and **strikes** through the tracking number on the receipt.
4. If there are more tracking numbers listed on mail receipt than delivered, **strikes** through the extra tracking number(s) on the receipt. **Initials** and **dates** next to the additional tracking number.
5. If there are extra packages that are not listed on the receipt, **adds** the tracking number(s) to the receipt. **Initials** and **dates** next to the additions.

Witness

6. **Initials** and **dates** next to the annotations on the mail receipt.

Evidence Staff

7. **Stores** the packages in the evidence vault.
8. **Shows** the annotated receipt to the Laboratory Administrative Officer (LAO).

LAO

9. **Reviews** the receipt and delivered packages.
 - 9a. If there is concurrence with annotations, **signs** and **dates** the receipt. **Goes** to Step #11.
 - 9b. If there is no concurrence with annotations, **reports** to the carrier and **seeks** resolution.

Evidence Staff

10. **Inspects** the package(s) for damage.
 - 10a. If the package is damaged or is leaking, **proceeds** with PRO-7302.12B2, *Resolving Problems with Damaged Shipping Containers*.

ACTION BY:

ACTION:

11. **Files** the receipt in the *Mail Delivery Log*.
12. **Proceeds** with TSK-7302.B, *Reviewing Evidence Submissions Received by Mail*.

End of Document

See Also: LOM 7302.12

LOM 7302.3

TSK-7302.12A, *Receiving Evidence Delivered by Mail*

PRO-7302.12B1, *Resolving Mail Receipt Discrepancies*

TSK-7302.2B, *Reviewing Evidence Submissions Received by Mail*

ACTION BY:

ACTION:

Evidence Staff

1. **Identifies** damaged shipping container (TSK-7302.12A, PRO-7302.12B1, or TSK-7302.2B).
2. **Contacts** the Laboratory Administrative Officer (LAO) immediately.
 - 2a. If the LAO is not available, **notifies** another laboratory manager.
3. **Photographs** the damaged shipping container.

LAO or other manager

4. **Inspects** the package.

**Evidence Staff and LAO
(or other manager)**

5. **Opens** the package.
6. **Reviews** contents to determine if items are evidence.
 - 6a. If the contents are not evidence, **contacts** the addressee or other designated employee.
7. **Inspects** the contents of the damaged container.
 - 7a. If evidence is missing or shows signs of tampering, **STOPS** and **reports** to the Laboratory Director (LD), who will report to the Office of Forensic Sciences (SF) and to the Office of Professional Responsibility (OPR).
 - 7b. If the evidence container or contents are damaged, leaking, or unsealed, **repackages** the evidence according to PRO-7302.2C, *Processing Unsealed Evidence Submissions*.
 - 7c. If all evidence is determined to be present and no items require repackaging, **returns** to TSK-7302.12A, *Receiving Evidence Delivered by Mail*.
8. **Prepares** a memorandum or Digital Evidence Repackaging or Discrepancy Report to describe the condition of the damaged shipping container.
 - 8a. **Includes** the tracking number and origin location.
 - 8b. **Includes** a description of the problem and/or damage.
 - 8c. **Includes** a description of any actions taken to prevent further leakage.

ACTION BY:

ACTION:

LAO or other manager

9. **Signs** the memorandum.

Evidence Staff

10. After entry, **scans** the memorandum or Digital Evidence Repackaging or Discrepancy Report into the Laboratory Information Management System (LIMS) case file.

11. **Adds** the photographs to the LIMS case file.

12. **Sends** a copy of the memorandum and photographs to the submitting office or agency.

13. **Returns** to TSK-7302.12A, *Receiving Evidence Delivered by Mail*.

End of Document

See Also: LOM 7302.22

REDACTED
REDACTED
REDACTED
REDACTED

PRO-7302.2C, *Processing Unsealed Evidence Containers*

ACTION BY:

Evidence Staff

ACTION:

1. **Records** information in the *Improper Submission Logbook* (e.g., date received, Investigating Agency (IA) case number, exhibit number, etc.).
2. **Initials** and **dates** the logbook entry.
3. **Contacts** submitting personnel (e.g., Special Agent (SA), Task Force Officer (TFO), Diversion Investigator (DI), etc.) within 1 day.
4. If the problem is related to the DEA-7 or DEA-7b and the evidence is:
 - 4a. DEA, **contacts** the submitting agent/officer, and **requests** a new DEA-7 or 7b via IMPACT.
 - 4b. Non-DEA, **requests** written authorization from the submitting agent/officer to correct the deficiencies.
5. If the problem is related to the evidence container(s):
 - 5a. "IA case number", "IA exhibit numbers", or other labeling errors, **requests** a correction via written communication authorizing the evidence staff to correct the evidence containers.
 - 5b. If the problem is related to the evidentiary seals or to the condition of the container, **requests** a correction via written communication authorizing the evidence staff to repackage the evidence containers. (Proceed with PRO-7302.2C, *Processing Unsealed Evidence Submissions*.)
 - 5c. If the problem cannot be corrected, **contacts** the Laboratory Administrative Officer (LAO).
6. **Records** all communications in the *Improper Submission/Problem Evidence Logbook*.
7. **Reviews** the *Improper Submission Logbook* weekly.
8. **Records** this review by entering the date, and initialing in the resolution area of the *Improper Submission Logbook*.
9. If the problem is unresolved for more than 7 calendar days, **prompts** evidence staff (via email) to resolve the problem(s).

LAO

ACTION BY:

ACTION:

10. If the problem is unresolved for more than 14 calendar days, **contacts** the supervisor of the submitting SA, TFO, DI, Officer, etc., and **records** this communication in the *Improper Submission Logbook*.

NOTE: Foreign submissions cannot be returned to the submitter. If after 14 days no resolution has been reached, the Laboratory Director will contact the Country Attaché (CA), or Regional Director (RD), responsible for the evidence to determine the disposition.

11. Once 14 calendar days have passed, and if the problem cannot be resolved by a correction, **prepares** an explanatory memorandum, and **instructs** the evidence staff to return the evidence to the submitting office.

Evidence Staff

12. **Returns** the evidence along with a DEA-12 to the originator. **Records** the tracking number for the return in the *Improper Submission Logbook*.

OR

Once the problem is resolved, **records** the resolution in the *Improper Submission Logbook*.

13. **Initials** and **records** the date next to the resolution area of the *Improper Submission Logbook*.
14. **Accepts** the evidence, and **creates** Laboratory Information Management System (LIMS) records. **Attaches** communications in LIMS case file after creation.

End of Document

See Also: LOM 7302.2

REDACTED

TSK-7302.12A, *Receiving Evidence Delivered by Mail*

When evidence is mailed to the laboratory, the **Evidence Staff:**

1. **Examines** the submission to ensure that the evidence packages are properly sealed.
(REDACTED)
 - 1a. If the evidence is not sealed, **proceeds** to PRO 7302.3C, *Processing Unsealed Evidence Containers*.

2. **Ensures** the submission paperwork is present and is complete, and complies with established policies.
 - 2a. If the submission paperwork is *not* complete, **communicates** to the submitting agent/officer the deficiencies before accepting the evidence.
 - 2b. If the evidence is from a DEA office, **ensures** that the paperwork complies with REDACTED, or go back to Step #2a.

NOTE: For DEA evidence, corrections to the DEA-7, DEA-7a, or DEA-7b must be made in REDACTED.
 - 2c. If this is a bulk evidence submission from a DEA office, **ensures** that a copy of the 60-day notification letter (REDACTED) is included. If a copy of the 60-day notification letter is not included, go to Step #4.
 - 2d. If a fingerprint examination is requested, **ensures** that fingerprint cards (or copies) are submitted (REDACTED) or **ensures** that Item #22a of the DEA-7 is completed (REDACTED).

NOTE: If neither fingerprint cards nor Item #22a are available, a memorandum from the DEA Assistance Special Agent in Charge (ASAC) is required for acceptance per REDACTED.
 - 2e. If a digital examination is requested, **ensures** the evidence is accompanied by the following documents: DEA-7b, DEA-12, DEA-48a (for on-site backup), and legal search authority (REDACTED).

3. **Examines** the evidence to ensure that *the "Case Number," "Exhibit Number,"* and number of packages match the submission paperwork (e.g., DEA-7 or DEA-7b).
 - 3a. If the identifying information on the evidence does not match the submission paperwork, **communicates** to the submitting agent/officer the deficiencies before accepting the evidence.
 - 3b. If the evidence is from a DEA office, **ensures** that the evidence complies with REDACTED, or go back to Step #3a.

4. If any deficiencies with paperwork or evidence packaging are identified in Steps #1-3, **proceeds** to PRO-7302.22C, *Resolving Improper Evidence Submissions*. NOTE: **Does not proceed** to Step #5.
5. **Annotates** and **signs** the submission paperwork to show receipt of the evidence.
 - 5a. **Enters** the deliverer and the tracking number of the container in Item #32a of the DEA-7 (or Item #16a of the DEA-7b).
 - 5b. **Enters** the date the delivery was received in Item #32a of the DEA-7 (or Item #16b of the DEA-7b).
 - 5c. If not submitted on a DEA-7 or DEA-7b, **goes** to Step #6.
6. **Provides** a signed and received copy of the submission paperwork to the submitting party.
7. **Creates** Laboratory Information Management System (LIMS) Records.
 - 7a. If not processed into LIMS immediately, **stores** the evidence in the vault until it can be processed.

End of Document

See Also: LOM 7302.1
LOM 7302.2
LOM 7302.3
PRO-7302.22C, *Resolving Improper Evidence Submissions*
TSK-7303.1A, *Storing Evidence in the Main Vault*

In order to create a Laboratory Information Management System (LIMS) record the **Evidence Staff**:

1. **Utilizes** the Reception Wizard on the LIMS dashboard.

NOTE: Table A provides additional details on entering information into the fields of the Reception Wizard.

2. For DEA cases:

- 2a. **Scans** the barcode on the DEA-7 to transfer the information into the Reception Wizard.

NOTE: In the event the barcode does not scan correctly, **follows** procedure for non-DEA cases.

- 2b. **Checks** "Storage Only" for exhibits submitted for storage.

3. For non-DEA or non-drug cases:

- 3a. **Enters** the case number as it appears on the submission paperwork, to include any hyphens, dashes, and spaces.

- 3b. **Selects** the corresponding investigating agency.

NOTE: If the corresponding agency is not available, **notifies** a laboratory manager and **requests** that the agency be added to the LIMS Agencies Management table.

4. **Completes** all other required fields in the Reception Wizard that do not automatically populate.

- 4a. For DEA cases, **completes** the following, if applicable: Program Code, I.A. Group Number, Date Delivered to Lab, Date Accepted into Lab, Number of Exhibits, Storage Location, Exhibit Number(s), Delivery Method and corresponding tracking number, Container Type, and Container Code.

- 4b. For non-DEA or non-drug cases, **completes** the following, if applicable: Where Obtained, Date Collected, Date Delivered to Lab, Date Accepted into Lab, Number of Exhibits, Storage Location, Exhibit Number(s), Delivery Method and corresponding tracking number, Alleged Drug, Description, How Obtained, Cost, Amount Seized, Amount Submitted, Container Type, and Container Code.

NOTE 1: The default storage location is Unanalyzed HSEE. Evidence containers may be moved later using the Move Containers feature in LIMS.

NOTE 2: Multiple exhibits on one DEA-7 under the same case number may be processed together.

5. **Uses** the exhibit flags to identify biohazard evidence, fingerprint requests, special program selections, or non-drug evidence submissions.

NOTE: The laboratory may designate a special programs coordinator to evaluate special program requirements and flag selected exhibits.

6. **Selects** appropriate Container Code.
 - 6a. For bulk exhibits, **selects** "BUL" as the Container Code for all containers in the exhibit.
 - 6b. If an exhibit is a non-drug submission from a DEA office and the IA Exhibit Number begins with "N", **selects** "NDE" as the Container Code.

Note: The default Container Code for SFL9 is "NDE."
7. **Scans** the DEA-7 and any other submission paperwork (e.g. DEA-7a/b, memoranda, emails, other agency laboratory reports, etc.).
8. **Selects** the appropriate exhibit route from the menu.
9. **Selects** "Finish" to create the LIMS case record(s). LIMS will create case number barcode labels and container barcode labels.
10. For exhibits received by mail, **emails** the signed DEA-7 to the listed agent contact(s).

NOTE: Multiple DEA-7s can be attached and sent in a single email.

Table A: Description of Reception Wizard fields:

Fields in Record of Evidence	Description
IA Case Number/Submitting Case Number:	Case number, as supplied by DEA SA, TFO or DI or other requesting agency
Program Code:	Defined in DEA-7 or 7a.
GDEP:	Defined in DEA-7 or 7b.
IA Agency/Submitting Agency:	The agency submitting the evidence to the laboratory (e.g., DEA Miami Division Office)
IA Group Number:	Defined in DEA-7 or 7a.
Referring Agency:	Defined in DEA-7.
Referring Case Number:	Defined in DEA-7.
Seizure Number:	Defined in DEA-7.
Case Type:	DEA case or Non-DEA case
Country/State/City:	Defined in DEA-7 or 7a.
Date Prepared:	Defined in DEA-7 or 7b.
Date Seized:	Defined in DEA-7 or 7a.

Fields in Record of Evidence	Description
Date Delivered to Lab:	<ul style="list-style-type: none"> • Defined as the date the exhibit was received by the laboratory, as recorded in the DEA-7 or DEA-7b. • If evidence was received as improper evidence, the date delivered will be the date of delivery recorded in the <i>Improper Submission/Problem Evidence Logbook</i>.
Date Accepted in Lab:	<ul style="list-style-type: none"> • Defined as the date the exhibit was accepted into evidence, as recorded in the DEA-7 or DEA-7b. • If evidence was received as improper evidence, the date accepted will be the date of resolution.
Received By:	The individual receiving the evidence in the laboratory, as recorded in the DEA-7 or DEA-7b.
Number of Exhibits:	Defined as the total number of exhibits on a single DEA-7 or DEA-7b
Storage Location:	Location of the evidence in the vault.
Delivery Method:	Walk-in by SA, TFO, DI, etc., or delivery by commercial carrier, registered mail, etc. with the same delivery tracking information.
IA Exhibit Number:	Exhibit identification number provided by the submitter.
Number of Evidence Containers:	The correct number of containers in the IA exhibit, as recorded in the DEA-7 or DEA-7b.
Exhibit Details:	<ul style="list-style-type: none"> • Biohazard Flag – Select, if evidence is a biohazard. • Fingerprint Flag – Select, if Item #22 of the DEA-7 is marked. • Special Program Flags – Select, if evidence is selected for a special program. • NDE (non-drug evidence) – Select, if evidence is non-drug. • FDIN – Defined in the DEA-7 • Alleged Drug – Defined in the DEA-7 • Description – Defined in the DEA-7 or DEA-7b • Seized and Units – Defined in the DEA-7 • Submitted and Units – Defined in the DEA-7 • How Obtained – Defined in the DEA-7, or other submission paperwork
Exhibit Evidence Containers:	<ul style="list-style-type: none"> • Container Type – Description of packaging • Container Code – Description of evidence type
Exhibit Attachments:	Attach the DEA-7 or 7b and any other documentation submitted with the evidence.

TSK-7302.3A
Creating Laboratory Information Management System Records
Revision: 1
Issue Date: October 1, 2019
Effective Date: October 7, 2019
Approved By: Nelson A. Santos

End of Document

See Also: LOM 7302.3

When the laboratory receives digital evidence that appears improperly packaged and/or presents the possibility of an adverse change occurring, the **Evidence Staff:**

1. **Opens** and **repackages** the evidence:
 - 1a. For Plastic Sealed Evidence Envelopes (PSEE):
 - **Cuts** along the edge opposite the sealing agent's evidence seal.
 - **Annotates** the plastic strip with initials, the date opened, and the Laboratory Information Management System (LIMS) case number.
 - **Places** the strip inside the PSEE.
 - **Enters** the date opened in the appropriate section on the envelope label.
 - 1b. For boxes:
 - **Opens** and **repackages** boxes and large Mylar bags on the side opposite the sealing agent's evidence seal.
 - **Enters** the date opened in the appropriate section on the envelope label.
2. **Documents** the repackaging on an *Evidence Repackaging Report (ERR)*.
3. **Provides** a copy of the ERR to the submitting office.
4. **Files** the ERR in the case file.
5. **Reports** corrective actions taken to the vault manager or other Group Supervisor (GS).

End of Document

See Also: LOM 7302.11
REDACTED
REDACTED
PRO-7302.2C, *Processing Unsealed Evidence Containers*

When evidence is hand-delivered to the laboratory, the **Evidence Staff:**

1. **Examines** the submission to ensure that the evidence packages are properly sealed.
(REDACTED)
 - 1a. If the evidence is not sealed, **does not receive** the evidence and immediately **returns** it to the submitting agent/officer for an on-site correction.
2. **Examines** the submission paperwork to ensure that the paperwork is complete, and complies with established policies.
 - 2a. If the submission paperwork is *not* complete, the submitting agent/officer **corrects** the deficiencies before evidence staff receives the evidence.
 - 2b. If the evidence is from a DEA office, **ensures** that the paperwork complies with REDACTED, or go back to Step #2a.

NOTE: For DEA evidence, corrections to the DEA-7, DEA-7a, or DEA-7b must be made in IMPACT.
 - 2c. If this is a bulk evidence submission from a DEA office, **ensures** that a copy of the 60-day notification letter (REDACTED) is included. If a copy of the 60-day notification letter is not included, go to Step #4.
 - 2d. If a fingerprint examination is requested, **ensures** that fingerprint cards (or copies) are submitted (REDACTED) or **ensures** that Item #22a of the DEA-7 is completed (REDACTED).

NOTE: If neither fingerprint cards nor Item #22a are available, a memorandum from the DEA Assistant Special Agent in Charge (ASAC) is required for acceptance per REDACTED.
 - 2e. If a digital examination is requested, **ensures** the evidence is accompanied by the following documents: DEA-7b, DEA-12, DEA-48a (REDACTED), and legal search authority (REDACTED).
3. **Examines** the evidence to ensure that *the "Case Number", "Exhibit Number",* and number of packages match the submission paperwork (e.g., DEA-7 or DEA-7b).
 - 3a. If the identifying information on the evidence does not match the submission paperwork, the submitting agent/officer **corrects** the deficiencies before receiving the evidence.
 - 3b. If the evidence is from a DEA office, **ensures** that the evidence complies with REDACTED, or **goes** back to Step #3a.
4. If any deficiencies with paperwork or evidence packaging identified in Steps #1-3 cannot be corrected immediately, **does not accept** the evidence submission and **returns** the evidence and paperwork to the submitting agent/officer. NOTE: **Does not proceed** to Step #5.

5. **Annotates** and **signs** the submission paperwork to show receipt of the evidence.
 - 5a. If not submitted on a DEA-7 or DEA-7b, **goes** to Step #6.
 - 5b. If submitted on a DEA-7, **completes** Item #34 and Item #34a.
 - 5c. If submitted on a DEA-7b, **completes** Item #16a and #16b.
6. **Provides** a signed and received copy of the submission paperwork to the submitting party.
7. **Creates** Laboratory Information Management System (LIMS) records.
 - 7a. If not processed into the LIMS immediately, **stores** the evidence in the vault until it can be processed.

End of Document

See Also: LOM 7302.12
PRO-7302.12B1, *Resolving Mail Receipt Discrepancies*
PRO-7302.12B2, *Resolving Problems with Damaged Shipping Containers*
TSK-7302.2B, *Reviewing Evidence Submissions Received by Mail*

When a commercial carrier or the postal service arrives with evidence, the **Evidence Staff** performs the following:

1. **Verifies** that each package is addressed to the laboratory.
2. **Counts** the packages and **examines** the delivery receipt.
 - 2a. If a receipt is not provided by the deliverer, **records** the unique tracking number manually for each item received, **records** the date of delivery and **obtains** the initials of the person delivering the packages. **Proceeds** to Step #5.
3. **Reconciles** the tracking numbers on the receipt to those on each package.
 - 3a. **Ensures** that there is a package for each number listed on the receipt.
 - 3b. **Ensures** that the tracking number(s) on the receipt match the tracking numbers on the package(s).
4. If there are discrepancies, **refers** to PRO-7302.12B1, *Resolving Mail Receipt Discrepancies*.
5. **Inspects** the package for signs of leaking or other damage. **Annotates** the receipt for each leaking or damaged item.
 - 5a. If the package is leaking, or if there are signs that it was damaged during transit, refer to PRO-7302.12B2, *Resolving Problems with Damaged Shipping Containers* after Step #6.
6. **Accepts** the packages from the deliverer. If receipt not provided, proceeds to Step #7.
 - 6a. **Ensures** the correct number of packages is listed on the receipt.
 - 6b. **Signs** and **dates** the receipt.
 - 6c. **Returns** a copy to the carrier (if applicable).
 - 6d. **Retains** a copy of the signed receipt.
7. **Stores** the package(s) in the vault, until reviewed.
8. **Stores** the signed receipt in the delivery log, until reviewed.
9. **Reviews** the packages to determine the contents.
 - 9a. If the package does not contain evidence:
 - Delivers to the addressee or other Receiver. (See PRO-7501.2, *Purchasing, Handling and Maintaining Critical Consumables, Supplies, and Services*.)

TSK-7302.12A

Receiving Evidence Delivered by Mail

Revision: 2

Issue Date: October 1, 2019

Effective Date: October 7, 2019

Approved By: Nelson A. Santos

- Annotates the receipt to indicate that the tracking number(s) did not contain evidence.
- Annotates the receipt with the name of the person who received the package.

9b. **Processes** package via TSK-7302.2B, *Reviewing Evidence Submissions Received by Mail*.

End of Document

See Also: LOM 7303.1
REDACTED

Once evidence staff has received, reviewed, and accepted the evidence, **Evidence Staff:**

1. **Obtains** the evidence container label and Laboratory Information Management System (LIMS) case number label created via the Reception Wizard.
2. **Verifies** the Investigating Agency (IA) case number and IA exhibit number on the evidence container label versus the label on the physical evidence.
3. **Places** the evidence container label on the evidence.

NOTE 1: Do not obliterate or cover existing labels or markings.

NOTE 2: May place a LIMS case number label on the evidence.

4. **Files** evidence sequentially by LIMS case number or container number.
 - 4a. **Stores** analyzed and unanalyzed evidence in separate locations.
 - 4b. **Stores** evidence not intended for analysis with analyzed evidence.
 - 4c. **Stores** evidence intended for return, or permanent transfer, in a separate location.
 - 4d. **Uses** the Move Containers function in LIMS to record the exact shelf location of boxes or other oversized evidence.

Stores the evidence in the main vault, or in an approved safe, except when removed for an authorized purpose.

End of Document

See Also: LOM 7304
REDACTED

ACTION BY:

ACTION:

Laboratory Director (LD)

1. **Establishes** the dates for the inventory and **designates** a laboratory manager to lead the inventory.
2. **Submits** written notification to the Office of Forensic Sciences (SF) with dates and a reason for the inventory.

Laboratory Administrative Officer (LAO)

3. **Prepares** the operational plan.

Evidence Specialist (ES)

4. **Suspends** creation of new Laboratory Information Management System (LIMS) evidence prior to the physical inventory.

NOTE: Exceptions can be made by the LD or Associate Laboratory Director (ALD).

5. **Verifies** that all opened and received evidence is entered into LIMS.

6. **Reconciles** for out of laboratory evidence.

6a. **Runs** *Temporarily Transferred Items* reports and **ensures** that authorizations are documented in Attachments.

7. REDACTED.

NOTE: REDACTED.

8. **Stores** evidence in the vault and **processes** evidence in LIMS that has returned.

9. **Programs** CK3 readers for inventory with the current date and time.

Laboratory Analyst

10. **Returns** all completed evidence to the vault.

11. **Does not create** new evidence containers (e.g., special programs, fingerprint, etc.)

NOTE: Creation of splits is permitted.

ES

12. **Suspends** evidence transactions (if practical), until completion of physical inventory.

Laboratory Manager

13. **Establishes** teams of two individuals, at least one of which does not have access to the vault.

ACTION BY:

ACTION:

Scanning Team

14. **Meets** with inventory teams (participants) to address the operational plan prior to the physical inventory.
15. **Ensures** that the physical evidence is properly sealed and labeled. The “*IA Case Number*” and “*Exhibit Number*” on the evidence label must agree with the LIMS label.

NOTE: Evidence in the custody of the analysts must also be scanned and may not be in a sealed condition.

Laboratory Manager

16. **Scans** each LIMS evidence label (hand-keyed entries are not permitted).
17. **Downloads** CK3 files onto the workstation.
18. **Evaluates** “raw” data to identify errors (e.g., incorrect time stamps, etc.).

NOTE: Combining “raw” CK3 files provides a tool for locating misfiled items after the inventory is complete.
19. **Creates** the inventory audit event in LIMS and **uploads** files into LIMS.
20. **Previews** Items Not Scanned to determine if additional containers requiring scanning.
21. **Generates** the *LIMS Discrepancy Report* and **uploads** it into LIMS. This report includes: *Items Not Scanned, Extra Items, and Location Mismatches*.

NOTE 1: The Discrepancy Report will be automatically archived once the audit is sent for review.

NOTE 2: Duplicates are not included on the *LIMS Discrepancy Report* but these items must still be reconciled. (See Step 24).

Laboratory Manager and a Witness

22. **Submits** audit for review.
23. **Reconcile** location mismatches. Immediately **investigate** and **resolve** each entry. **Clear** LIMS mismatches from the *Discrepancy Report* with the reason for removal.
24. **Reconcile** duplicate scans. Immediately **investigate** and **resolve** each entry. **Clear** LIMS duplicates from the *Discrepancy Report* with the reason for removal.
25. **Reconcile** extra items. Immediately **investigate** and **resolve** each entry. **Clear** LIMS “*Extra Items*” from the *Discrepancy Report* with the reason for removal.

ACTION BY:

ACTION:

26. **Reconcile** "*In Inventory But Not Scanned*". **Locate** and **scan** each entry.

NOTE: REDACTED.

27. **Continue** until no items appear or until those remaining are documented with a reason.

Laboratory Manager

28. **Generates** and **attaches** *Audit Report*.

29. **Signs** and **attaches** the *Reconciliation Report*.

30. **Attaches** the final *Discrepancy Report*.

LD

31. **Completes** the audit in LIMS.

End of Document

See Also: LOM 7304
REDACTED
REDACTED

ACTION BY:

ACTION:

Laboratory Director (LD) or designee

Laboratory Management (LM) or designee

A. Reconciling with the Field

1. **Notifies** the Office of Forensic Sciences (SF) that the Laboratory Information Management System (LIMS) has been reconciled with the physical evidence.
2. **Locates** the *Field_Division_Report* attached to the completed LIMS Inventory Audit.
3. **Separates** report by DEA Field Division and prepares individual reports.

NOTE: Further separation may be warranted based upon customer needs.

4. **Drafts** the *Inventory Reconciliation Response Request* memoranda, which includes an inventory printout and instructions on how to respond.

NOTE: The memoranda also include a request that the Special Agent in Charge (SAC) initiates an audit of DEA field office records (REDACTED) to ensure that the location of the evidence listed on the *Inventory Report* (In Vault or Out-to-Court) is correct and that unanalyzed evidence is reviewed to determine if analysis is still required or if the evidence may be placed into storage.

LD

5. **Signs** *Inventory Reconciliation Response* memoranda.
6. **Ensures** transmittal of the cover memoranda to SAC(s) along with separated *Evidence Inventory Reports*, sorted by office designator.

B. Reviewing Division Responses

LM

7. **Ensures** that a response from each office is received indicating that unanalyzed evidence was reviewed to determine if analysis is required or if the evidence may be placed into storage.
8. **Ensures** that a response from each office is received regarding the need to retain drug evidence for cases three years and older (REDACTED)
9. **Ensures** that an affirmative response from each office is received indicating that all items are accounted for, with the exception of any itemized discrepancies.

ACTION BY:

ACTION:

10. **Resolves** any identified discrepancies with the division office designee.

10a. If reconciliation of a discrepancy is deemed unresolvable, **proceeds** to Step #11.

10b. If all are resolved, **proceeds** to Step #15.

LD

11. **Notifies** SF and the Office of Professional Responsibility (OPR) in writing.

LM

12. **Creates** a special file to be maintained indefinitely when evidence is determined to be missing and referred to OPR.

NOTE: After referral to OPR, open records of the missing evidence remain open in LIMS until completion of the next annual inventory. When notified by OPR that the investigation is complete, the LD will request (by memorandum) SF concurrence to remove the missing exhibit(s) from all evidence accountability databases.

LD

13. Upon receiving SF concurrence, **updates** the accountability records (using the date of SF's concurrence) as follows:

13a. Permanently **transfers** the exhibits to OPR. **Scans** and **attaches** SF concurrence memorandum into LIMS.

13b. **Places** a copy of the memorandum containing SF's concurrence to administratively close all records in the case file and a copy in the LD's special OPR file for this case.

LM

14. **Files** copies of all correspondence with the evidence inventory report.

C. Reporting the Completion of the Annual Inventory to SF

LD

15. **Notifies** the SF Deputy Assistant Administrator (DAA) of the inventory results, in writing, within 180 days of the completed audit. The notification includes:

15a. A statement that all evidence is present or accounted for, or

15b. That the audit is complete with all evidence present or accounted for, with itemized exceptions which were reported to OPR.

NOTE: The itemized exceptions must be listed in the report.

End of Document

See Also: LOM 7305.14

ACTION BY:

ACTION:

Laboratory Management (LM)

1. **Notifies** the Laboratory Director (LD), or the Associate Laboratory Director (ALD) of the need to open the container.

2. **Prepares** an authorization memorandum.

LD or ALD

3. **Signs** the authorization memorandum to approve the removal of the evidence for return to the vault and reassignment, as needed.

Safety and Occupational Health Specialist (SOHS)

4. **Provides** the sealed combination code, or key to the security container to LD or ALD.

LM and a Witness

5. **Retrieves** and **opens** the security container.

6. **Locates** and **removes** the designated evidence container(s).

6a. If the evidence is not sealed, **seals** the evidence.

7. **Places** a temporary seal on the security container, unless empty.

LD, ALD, or Supervisor

8. **Searches** for items in the Laboratory Information Management System (LIMS) chain of custody transactions screen under Unit Supervisor Options *Select Item for Release Acting as Unit Supervisor* button.

9. For each item searched, in the LIMS chain of custody transactions screen under Unit Supervisor Options, **selects** *Release Items from/to Acting as Unit Supervisor* button to transfer the evidence containers to Central Receiving.

10. **Documents** actions regarding the removal, and/or any repackaging or sealing, in a memorandum.

Supervisor

11. **Attaches** the memorandum to the LIMS case record.

12. **Assigns** the LIMS case to another examiner, if applicable.

SOHS

13. When the analyst returns, **assists** the analyst with changing the combination.

13a. **Provides** a new SF-700 to the analyst.

13b. **Maintains** the new SF-700 with the new combination code.

End of Document

See Also: LOM 7305.21
TSK-7305.21E, *Conducting Temporary Transfers in LIMS*

ACTION BY:

ACTION:

Evidence Staff

1. **Runs** the *Temporarily Transferred Items* report, where the Transfer Purpose selected is "Send to Court."
2. If listed items are out fewer than 75 days, **STOPS**.
3. If listed items are out more than 75 days, **notifies** the Laboratory Administrative Officer (LAO) unless an extension has been granted.
4. For evidence out to court for more than 75 days, **contacts** the recipient or the recipient's supervisor to notify him/her of the pending deadline.

**LAO
Evidence Staff**

5. If listed items are out more than 90 days and the recipient did not receive an extension, **prepares** a memorandum to notify the Special Agent in Charge (SAC) of the missed deadline and **requests** the return of the evidence or an extension to maintain the evidence.
6. **Provides** memorandum to the LAO.

LAO

7. For evidence out to court for more than 90 days, **reviews** the memorandum and **provides** it to the Laboratory Director (LD) for approval.

LD

8. **Signs** the memorandum.

LAO

9. **Sends** the memo to the office head or to the SAC.
10. **Scans** and **attaches** correspondence to Laboratory Information Management System (LIMS) case file.

LD

11. If the evidence is not returned or if an extension is not granted, **contacts** the SAC in writing.

End of Document

See Also: LOM 7305.21
ADM Chapter 2-10.5
TSK-7305.21E, *Conducting Temporary Transfers in LIMS*
PRO-7305.22B, *Providing Samples for Defense Analysis*

ACTION BY:

ACTION:

**Evidence Specialist
(ES)**

1. **Receives** evidence returning from court or other purposes.
 - 1a. If the evidence was returned to an incorrect laboratory, **proceeds** to Step #2.
 - 1b. If the evidence was returned to the proper laboratory, **proceeds** to Step #3.
2. **Completes** the following steps:
 - 2a. **Signs** the chain of custody documentation (i.e., DEA-12) and **returns** a copy to the submitter with notification that the evidence will be forwarded to the proper laboratory.
 - 2a. **Forwards** evidence to the proper laboratory using a new DEA-12.
 - 2c. **Provides** a copy of the signed chain of custody documentation received from the submitter to the originating laboratory for inclusion in the case file.
 - 2d. **Files** chain of custody documentation according to the REDACTED.
3. **Processes** as returned in the Laboratory Information Mangement System (LIMS) and **attaches** the DEA-12 to *Case Attachments*.
4. **Inspects** the integrity of the evidence container/analyst's evidence seals for signs of tampering.
 - 4a. If not opened or altered, **proceeds** to Step #13.
 - 4b. If opened or altered, **documents** the non-intact seals in LIMS and **notifies** the respective laboratory supervisor and the original analyst.

Supervisor

5. **Reopens** exhibit(s) in LIMS and **Assigns** to the original analyst (or alternate if original analyst is unavailable).

Analyst

6. **Receives** and **inspects** the evidence and **verifies** the contents against the last documented reserve evidence description in the presence of a witness.
 - 6a. If the internal evidence seals/containers are intact, **reseals** the evidence and **documents** new reserve description as per

ACTION BY:

ACTION:

Analysis of Drugs Manual (ADM) 2-8.1, 2-8.2 or Latent Print Examination Manual (LPEM) 2-7.1. **Proceeds** to Step #9.

6b. If the internal evidence seals/containers are altered, **notifies** the supervisor and **performs** reanalysis in accordance with ADM 2-9 (for drug evidence).

Supervisor

7. **Contacts** the Special Agent (SA), the Task Force Officer (TFO), or the Diversion Investigator (DI) in writing regarding the observed alteration, and **verifies** whether items were opened in court. **Requests** additional information, if necessary and **attaches** the response or other documentation to the LIMS case file.

7a. If the item was opened in court, **instructs** analyst to conduct a reanalysis as per ADM 2-9 (for drug evidence). **Proceeds** to Step #8.

7b. If the item was *not* opened in court, **notifies** the Laboratory Director (LD).

LD

8. **Notifies** the Office of Forensic Sciences (SF) and the Office of Professional Responsibility (OPR).

Analyst

9. **Notifies** the supervisor that the returned evidence is ready for review.

Supervisor

10. **Reviews** any analytical results, attachments, and Case Details Report (CDR).

11. **Attaches** the CDR to *Case Attachments*.

Analyst

12. **Returns** the evidence to ES for storage.

Evidence Staff

13. **Stores** the evidence in the vault.

End of Document

See Also: LOM 7305.22
ADM

ACTION BY:

**Defense Analysis
Coordinator (DAC)**

ACTION:

1. **Reviews** the court order or agreement.
 - 1a. If the order or agreement is for a reweigh only, **proceeds** to Step #12.
2. If not specified in the order or agreement, in consultation with the Laboratory Director (LD):
 - 2a. **Determines** the amount of evidence to be provided.
 - 2b. **Determines** where the sample is taken from (composite or reserve evidence).
3. **Acquires** a copy of the DEA-223 for the intended recipient.

NOTE: If the intended recipient is not legally authorized to receive controlled substance, **notifies** the Office of Chief Counsel (CC) and **does not provide** the sample(s).

**Supervisor
Original Analyst**

4. **Notifies** Supervisor and the original Forensic Chemist (FC), if available, to obtain a sample for the defense.
5. **Assigns** the FC the exhibit.
6. **Samples** the specified amount of evidence and **documents** the sampling procedures as per the Analysis of Drugs Manual (ADM).
7. **Places** the sample in a suitable container and **seals** it in an evidence envelope.
8. **Creates** a DFA unit in the Laboratory Information Management System (LIMS) for the exemplar.
9. **Includes** the gross weight on the Self-Sealing Evidence Envelope (SSEE) evidence label.

**Laboratory Director
(LD) or designee**

10. **Generates** a supplemental laboratory report.
11. **Returns** the evidence and the defense sample to the vault.
12. **Prepares** a letter of transmittal (depending on the content of the order or agreement) to accompany the sample(s) to be released from the laboratory for defense analysis/ reweighing.

The transmittal **summarizes** and **instructs** the recipient to:

- 12a. **Sign** and **return** the DEA-12 accompanying the exhibits, immediately upon receipt.
- 12b. **Complete** all analyses within the time frame dictated in the order or agreement from the date of receipt of the exhibits.

ACTION BY:

ACTION:

12c. **Return** all remaining sample material or evidence to the originating DEA laboratory, within the time frame indicated in the order or agreement.

12d. **Provide** documentation to the DEA laboratory, if all sample material was consumed during testing.

13. **Includes** letter of transmittal along with the evidence.

14. **Records** the temporary transfer of the sample(s) in LIMS.

15. **Maintains** a suspense file for all evidence released for defense analysis or reweigh.

NOTE 1: **Notifies** the DAC if the defense analysis or reweigh is not returned in the time frame established by the order or agreement.

NOTE 2: The DAC **notifies** in writing the LD, case agent and prosecutor that the sample(s) has not been returned. **Scans** and **files** the correspondence in LIMS.

Evidence Specialist (ES)

16. **Receives** defense sample or defense reweigh.

17. **Accepts** return in LIMS.

Supervisor

18. **Assigns** returned defense reweigh exhibit to original analyst, if available.

Original Analyst

19. **Receives** returned defense reweigh exhibit from evidence staff.

20. **Verifies** and **documents** the evidence as per the ADM.

21. **Notifies** the supervisor that the documentation is complete

Supervisor

22. **Reviews** the documentation and **saves** the Case Details Report (CDR) in Case Attachments.

23. **Reports** any discrepancies to the LD.

End of Document

See Also: REDACTED
REDACTED

ACTION BY:

REDACTED

ACTION:

1. **REDACTED.**

REDACTED:

- REDACTED

2. **REDACTED.**

3. **REDACTED.**

REDACTED

4. **REDACTED.**

5. **REDACTED.**

REDACTED

6. **REDACTED.**

7. **REDACTED:**

REDACTED

8. **REDACTED.**

End of Document

See Also: LOM 7305.21

When evidence is transferred out to the laboratory, the **Evidence Staff:**

1. **Uses** the Laboratory Information Management System (LIMS) to record the transfer.
2. **Clicks** Chain of Custody (COC) Transactions from the dashboard.
3. **Clicks** *Temporary Transfer*.
4. **Chooses** the office of the recipient.
5. **Selects**, or **adds** new, the recipient.
6. **Scans** the LIMS container label(s).
7. When finished, **clicks** cancel to close the scanning window.
8. **Selects** the appropriate transfer reason.
 - 8a. If for court, **selects** *Send to Court*.
 - 8b. If for defense analysis, **selects** *Send for Defense Analysis*.
 - 8c. If for Permanent Transfer using a DEA-48, **selects** *Permanent Transfer*.
 - 8d. If for workload assistance/backlog reduction assistance, **selects** *Backlog Reduction Assistance*.
9. **Selects** the *Method of Transfer*.

NOTE: The tracking number must be entered if delivery is not in person.

10. **Ensures** that the DEA-12 is complete.
11. **Transfers** the evidence with the DEA-12.
 - 11a. If picked up in person, **completes the following:**
 - **Provides** the evidence.
 - **Ensures** that the receiver signs the DEA-12.
 - **Confirms** receipt in LIMS.
 - 11b. If sent by commercial carrier, **completes** the following:
 - **Packages** the evidence in a shipping container.
 - **Encloses** the DEA-12.
 - **Affixes** the tracking/address label(s).
12. **Ensures** receipt of a signed DEA-12.

End of Document

See Also: LOM 7305.24

When non-DEA evidence, non-drug evidence, and Special Program samples are submitted to the vault, the **Evidence Staff:**

1. **Stores** the evidence until returning it to the submitter or forwarding it to the Special Testing and Research Laboratory (SFL1) or another agency.
2. **Selects** evidence containers in the *Retain/Return* form within the Laboratory Information Management System (LIMS).
3. **Selects** the appropriate transaction at the top of the *Retain/Return* form within LIMS.
 - 3a. If it is non-DEA evidence, **selects** "Return to Agency".
 - 3b. If it is DEA non-Drug evidence, **selects** "Return to Agency".
 - 3c. REDACTED
 - 3d. REDACTED
4. **Specifies** the name of the person receiving the evidence and the tracking number, if sent by mail or commercial carrier.
5. **Scans** the LIMS container label when returning evidence using LIMS transaction "Return To Agency."

Returns the evidence by *registered mail, commercial carrier, or pick-up in person* using the DEA-12 form.

End of Document

See Also: LOM 7306

TSK-7305.21E, *Conducting Temporary Transfers in LIMS*

ACTION BY:

ACTION:

Evidence Staff

1. **Receives** the DEA-48 along with a memorandum from the DEA supervisory special agent to the laboratory director (See REDACTED).

NOTE: **Ensures** the memorandum includes the case number, exhibit number(s), reason for transfer, to where the exhibit(s) will be transferred, the custodian who will receive the exhibit(s), and the contact information for the custodian (see REDACTED).

2. **Reviews** the DEA-48 and accompanying memorandum to ensure that a transfer is requested.
3. **Reviews** the DEA-48 to ensure that the recipient is a law enforcement agency.

EXCEPTION: With the proper approvals, drug evidence will be returned to the owner (see 7306.12).

4. If the DEA-48 is incomplete or erroneous and discrepancies cannot be resolved through email or memoranda to the case agent, **returns** the DEA-48 to the submitting office with a written explanation (see 7306).
5. If the DEA-48 and accompanying memorandum are acceptable, **forwards** it to the REDACTED.

5a. If the laboratory has a paper case file, **retrieves** and **forwards** it to the REDACTED.

REDACTED

6. **Reviews** the DEA-48 and accompanying memorandum to ensure that a transfer is requested.
7. **Reviews** the DEA-48 to ensure that the recipient is a law enforcement agency.

EXCEPTION: With the proper approvals, drug evidence will be returned to the owner (see 7306.12).

8. If the DEA-48 is incomplete or erroneous, and discrepancies cannot be resolved through email or memoranda to the case agent, **returns** the DEA-48 to the submitting office with written explanation (see 7306).
9. If the DEA-48 is acceptable, **records** approval by annotating with initials and date next to the box indicating a transfer.
10. **Returns** the DEA-48 to the evidence staff.

ACTION BY:

ACTION:

Evidence Staff

11. **Records** the transfer in Laboratory Information Management System (LIMS) via TSK-7305.21E, *Conducting Temporary Transfers in LIMS*.

11a. **Selects** "Permanent Transfer" as the reason.

12. **Annotates** Part III of the DEA-48 and DEA-12 with the statement "This is a permanent transfer, and will not be returned to DEA."

13. **Packages** evidence and **encloses** the DEA-12.

14. **Sends** the evidence via a commercial carrier or **provides** the evidence in-person.

15. **Tracks** the receipt and the return of the DEA-12.

16. **Ensures** the DEA-12 from the laboratory to the Special Agent (SA), Task Force Officer (TFO) or Diversion Investigator (DI) is signed and returned.

17. **Ensures** the DEA-12 transferring the evidence to a third party is received.

18. **Confirms** receipt and **marks** items permanently off-site in the LIMS.

19. **Completes** the DEA-48 Item #12 to indicate the date of and reason for the transfer.

20. **Completes** Item #12a, and **signs** Item #12b of the DEA-48 as the Evidence Specialist (ES).

21. **Forwards** the DEA-48 to the REDACTED.

REDACTED

22. **Completes** Item #12e, and **signs** Item #12f of the DEA-48, as the witness.

23. **Forwards** the DEA-48 and accompanying memorandum to the Laboratory Director (LD).

LD

24. **Completes** Item #12c and **signs** Item #12d of the DEA-48.

25. **Returns** the DEA-48 accompanying memorandum to the evidence staff.

Evidence Staff

26. **Scans** the DEA-48 and accompanying memorandum into LIMS.

26a. If the laboratory has a paper case file for this case, **files** copies of the DEA-12s and the DEA-48 in the case file.

ACTION BY:

ACTION:

27. **Emails** a copy of the DEA-48 to the SA, TFO, DI and records the correspondence in LIMS.

End of Document

REDACTED

REDACTED

Revision: 1

Issue Date: October 1, 2019

Effective Date: October 7, 2019

Approved By: Nelson A. Santos

See Also: REDACTED
REDACTED
REDACTED
REDACTED

ACTION BY:

ACTION:

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18. REDACTED.

B. REDACTED

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REDACTED

Revision: 1

Issue Date: October 1, 2019

Effective Date: October 7, 2019

Approved By: Nelson A. Santos

ACTION BY:

ACTION:

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34. REDACTED.

35. REDACTED.

End of Document

See Also: REDACTED

REDACTED.

ACTION BY:

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ACTION:

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End of Document

REDACTED

REDACTED

Revision: 1

Issue Date: October 1, 2019

Effective Date: October 7, 2019

Approved By: Nelson A. Santos

See Also: REDACTED
REDACTED

ACTION BY:

REDACTED

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6. REDACTED.

ACTION:

End of Document

REDACTED

REDACTED

Revision: 2

Issue Date: October 1, 2019

Effective Date: October 7, 2019

Approved By: Nelson A. Santos

See Also: REDACTED
REDACTED
REDACTED
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REDACTED

ACTION BY:

ACTION:

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 - 1a. REDACTED.
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 - 3a. REDACTED.
 - 3b. REDACTED
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 - 4a. REDACTED
 - 4b. REDACTED
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 - 9a. REDACTED.
 - 9b. REDACTED.
 - 9c. REDACTED.
10. REDACTED.

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Revision: 2

Issue Date: October 1, 2019

Effective Date: October 7, 2019

Approved By: Nelson A. Santos

ACTION BY:

ACTION:

11. REDACTED.

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13. REDACTED.

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14. REDACTED.

14a. REDACTED.

15. REDACTED.

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17a. REDACTED.

17b. REDACTED.

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18a. REDACTED.

18b. REDACTED.

18c. REDACTED.

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Revision: 2

Issue Date: October 1, 2019

Effective Date: October 7, 2019

Approved By: Nelson A. Santos

ACTION BY:

ACTION:

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26. REDACTED.

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27. REDACTED.

End of Document

REDACTED

REDACTED

Revision: 2

Issue Date: October 1, 2019

Effective Date: October 7, 2019

Approved By: Nelson A. Santos

See Also: REDACTED
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ACTION BY:

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ACTION:

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Revision: 2

Issue Date: October 1, 2019

Effective Date: October 7, 2019

Approved By: Nelson A. Santos

ACTION BY:

ACTION:

15a. REDACTED.

15b. REDACTED.

15c. REDACTED.

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15d. REDACTED.

15e. REDACTED.

15f. REDACTED.

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15g. REDACTED.

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18. REDACTED.

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C. REDACTED

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22. REDACTED.

23. REDACTED.

24. REDACTED.

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Revision: 1

Issue Date: October 1, 2019

Effective Date: October 7, 2019

Approved By: Nelson A. Santos

See Also: REDACTED
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ACTION BY:

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A. REDACTION

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D. REDACTION

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9. REDACTION.

9a. REDACTION.

9b. REDACTION.

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Revision: 1

Issue Date: October 1, 2019

Effective Date: October 7, 2019

Approved By: Nelson A. Santos

ACTION BY:

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10. REDACTION.

E. REDACTION

11. REDACTION.

F. REDACTION

12. REDACTION.

G. REDACTION

13. REDACTION.

14. REDACTION.

14a. REDACTION.

15. REDACTION.

16. REDACTION.

End of Document

REDACTED

REDACTED

Revision: 0

Issue Date: January 10, 2017

Effective Date: January 10, 2017

Approved By: Nelson A. Santos

See Also: REDACTED
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ACTION BY:

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ACTION:

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B. REDACTED

6. REDACTED.
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9. REDACTED.

10. REDACTED.

C. REDACTED

11. **REDACTED:**
 - 11a. REDACTED.
 - 11b. REDACTED.
 - 11c. REDACTED.
 - 11d. REDACTED.
 - 11e. REDACTED
 - 11f. REDACTED

D. REDACTED

12. REDACTED.
13. REDACTED.

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Revision: 0

Issue Date: January 10, 2017

Effective Date: January 10, 2017

Approved By: Nelson A. Santos

ACTION BY:

ACTION:

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14. REDACTED.

End of Document

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REDACTED
Revision: 1
Issue Date: October 1, 2019
Effective Date: October 7, 2019
Approved By: Nelson A. Santos

See Also: REDACTED
REDACTED

REDACTED:

1. REDACTED.
2. REDACTED.
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4. REDACTED.
5. REDACTED.
6. REDACTED.

End of Document

See Also: LOM 7308.2
DEARIS, Chapter 5
www.archives.gov/frc/arcis

ACTION BY:

ACTION:

Laboratory Staff (LS)

1. **Reviews** file room to identify case files eligible for archival.
2. **Checks** that files are complete (e.g., contain laboratory reports, DEA-86s, DEA-48s, DEA-307s, etc.).
3. **Prepares** the SF-135, *Records Transmittal Receipt* through the Archives and Records Centers Information System (ARCIS).

Laboratory Management

4. **Reviews** items for archive.

LS

5. **Acquires** records boxes.

NOTE: Boxes are available from the Federal Supply Service.
Only catalog number NSN 8115-00-1178249 is permitted.

6. **Packs** boxes in accordance with instructions printed on the box.
7. **Creates** an itemized list of the contents of each box.
8. **Checks** the approval status through ARCIS.
9. **Delivers/sends** archive records to the appropriate Federal Records Center (FRC).

End of Document

See Also: LOM 7308.2
DEARIS, Chapter 5
www.archives.gov/frc/arcis

ACTION BY:

ACTION:

Laboratory Management (LM)

1. **Identifies** the case and exhibits which are required.

Laboratory Staff (LS)

2. **Identifies** the accession number containing the files.
3. **Ensures** that the Federal Records Center (FRC) has the specific box/file(s) requested.
4. **Completes** the request form, OF-11.

Laboratory Director (LD)

5. **Signs** and **dates** the form.

LS

6. **Sends** the request to the FRC.

LM or Analyst

7. **Ensures** the correct file was received.
8. When finished, **returns** the file to appropriate LS.

LS

9. **Returns** the file(s) to FRC.

End of Document

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- 7401.2 Recording the Manufacture of Controlled Substances
- 7401.3 Disposing or Transferring Manufactured Controlled Substances
- 7401.4 Maintaining Records on the Manufacture of Controlled Substances

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7403 CREATING LABORATORY STOCKPILES

- 7403.1 Authorizing Laboratory Stockpiles
- 7403.2 Creating Laboratory Stockpiles

7404 MAINTAINING LABORATORY STOCKPILES AND OTHER NON-EVIDENTIARY MATERIALS

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- 7404.2 Recording Transactions Involving Stockpile Materials
- 7404.3 Accounting for Stockpile Materials
- 7404.4 Handling Reference Materials
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- REDACTED REDACTED
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- 7404.9 Managing Training Samples
- 7404.91 Training Samples Sent by the Forensic Sciences Instruction Section
- 7404.92 Training Samples Created in the Laboratory

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CHAPTER 74 MANAGING LABORATORY STOCKPILES AND SPECIAL PROGRAMS

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1/7401 – 1/7406 Acronyms

PRO-7403.2A Converting Evidence to Laboratory Program Stockpiles

PRO-7403.2F Providing Stockpile Materials to Another Laboratory

PRO-7404.3C Conducting an Inventory of Stockpile Item

PRO-7404.4D Providing Reference Materials to Forensic Laboratories

PRO-7404.91B Providing Transitional Training Exhibits from SFT

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CHAPTER 74 MANAGING LABORATORY STOCKPILES AND SPECIAL PROGRAMS

7401 MANUFACTURING AND DISPOSING OF CONTROLLED SUBSTANCES FOR TRAINING OR FOR RESEARCH PURPOSES

The Laboratory Director (LD):

- A. Authorizes laboratory personnel to manufacture controlled substances for any lawful purpose as authorized in Title 21 of the *Code of Federal Regulations*, Section 1301.24.
- B. Ensures transfer of manufactured controlled substances into a stockpile (see 7403), or disposal (see 7401.3).
- C. Ensures disposal of hazardous waste generated from such manufacture (see Chapter 78).

NOTE: Exhibit 1/7401 lists acronyms used in this subchapter.

7401.1 Requesting Approval to Manufacture Controlled Substances

- A. The LD approves requests to manufacture a controlled substance. This approval may not be delegated, and the Research Coordinator (RC) must obtain approval prior to the manufacture.
- B. The RC requests approval to manufacture a controlled substance by a memorandum to the LD directed through the chemist's chain of command. The memorandum must include:
 - 1. Purpose for the manufacture (e.g., reference material, training, etc.)
 - 2. Person(s) manufacturing the substance(s)
 - 3. Controlled substance(s) to be manufactured
 - 4. Approximate amount of the controlled substance(s) to be manufactured
 - 5. Estimated amount of (solvents, reagents, etc.) required for the manufacture
 - 6. Estimated amount of hazardous waste to be generated
 - 7. If intended for a stockpile, name of the stockpile and the person to whom the substance will be transferred
- C. The memorandum must include an area for the manufacturer and a witness to record specifics of the manufacture (see 7401.2A) REDACTED.

7401.2 Recording the Manufacture of Controlled Substances

- A. The RC records the manufacture on the request memorandum that documents:
 - 1. Amount of controlled substance(s) manufactured
 - 2. Amount of hazardous waste generated
 - 3. Signatures of the witnesses of the manufacture
- B. At least two DEA employees witness the manufacture of a controlled substance, one of which must be the manufacturer.

7401.3 Disposing or Transferring Manufactured Controlled Substances

- A. The RC ensures the material will be transferred into a reference collection REDACTED.

- B. The RC coordinates the transfer of the materials to a stockpile/collection (see 7403.1) REDACTED.
 - 1. For manufactured substance transfer to a stockpile (see 7403), the manufacturing chemist will:
 - a. Transfer the material to the stockpile/collection coordinator on a DEA-12.
 - b. Provide a copy of the request to manufacture memorandum and a copy of the DEA-12 to the stockpile/collection coordinator and to the RC.
 - 2. REDACTED:
 - a. REDACTED.
 - b. REDACTED.

C. REDACTED:

- 1. REDACTED
- 2. REDACTED
- 3. REDACTED

D. REDACTED:

- 1. REDACTED
- 2. REDACTED
- 3. REDACTED

7401.4 Maintaining Records on the Manufacture of Controlled Substances

- A. The RC creates a file for each request memorandum that documents the manufacture REDACTED of controlled substances.
- B. Each file includes the following:
 - 1. Request memorandum documenting the manufacture and the LD's written approval
 - 2. DEA-12s documenting the transfer of controlled substances or hazardous waste
 - 3. REDACTED
 - 4. REDACTED
- C. REDACTED, the RC maintains the file for two years.

7402 REDACTED

- A. REDACTED.
- B. REDACTED.

REDACTED.

- C. REDACTED.
- D. REDACTED.

REDACTED.

REDACTED

- A. REDACTED.

- B. REDACTED.
- C. REDACTED.
- D. REDACTED.
- E. REDACTED.
- F. REDACTED.

REDACTED

REDACTED

REDACTED

- A. REDACTED.
- B. REDACTED:

- 1. REDACTED
- 2. REDACTED
- 3. REDACTED
- 4. REDACTED
- 5. REDACTED
- 6. REDACTED
- 7. REDACTED
- 8. REDACTED
- 9. REDACTED

REDACTED:

REDACTED

- C. REDACTED:

- 1. REDACTED.

REDACTED.

- 2. REDACTED.
- 3. REDACTED.
 - a. REDACTED.
 - b. REDACTED.
- 4. REDACTED:
 - a. REDACTED
 - b. REDACTED
 - c. REDACTED
 - d. REDACTED
- 5. REDACTED.

REDACTED

- A. REDACTED.

- B. REDACTED.
- C. REDACTED.
- D. REDACTED.
- E. REDACTED.

7403 CREATING LABORATORY STOCKPILES

NOTE: Exhibit 1/7403 lists acronyms used in this subchapter.

7403.1 Authorizing Laboratory Stockpiles

- A. SF DAA authorizes LDs to maintain stockpiles/collections of controlled substances in the following programs (see 7306.D):
 - 1. Reference Materials, including controlled and non-controlled substances (see 7404.4)
 - 2. Training Materials (see 7404.5)
 - 3. REDACTED
- B. SF DAA authorizes the SFL1 LD to also maintain collections of controlled substances in the following stockpiles:
 - 1. REDACTED
 - 2. Research Reference Collections (see 7404.7)
 - 3. REDACTED
- C. SF DAA authorizes the LD in a regional laboratory to maintain a research collection containing controlled substance(s), if associated with approved special studies.
- D. REDACTED.
- E. The SF DAA approves the retention of evidence for historical purposes (see 7404.73).
- F. LDs designate PCs and alternate coordinators to manage laboratory stockpiles, and to ensure compliance with the policies stated in 7403, 7404, REDACTED.

7403.2 Creating Laboratory Stockpiles

- A. The PC and DC may retain evidence. Follows PRO-7403.2A, Converting Evidence to Laboratory Program Stockpiles.
- B. PCs track the material, received in a stockpile in accordance with 7404 and REDACTED.

NOTE: Additional program-specific requirements are listed in 7404 and REDACTED.

- C. Based upon program needs, the PC reviews DEA-48s and LIMS records to determine exhibits suitable for inclusion in program stockpiles.
- D. The PC requests retention of evidentiary materials from the LD. The request memorandum must specify:

1. The IA case number, IA exhibit number, LIMS case number, and sub-exhibit number of the exhibit to be retained
2. The amount to be retained
3. The retention purpose or name of the stockpile where the material will be incorporated

E. REDACTED.

REDACTED.

- F. If the materials are in a different laboratory, the LD in the requesting laboratory or the Section Chief (SC) at the Office of Forensic Sciences Forensic Science Instruction (SFT) section requests the material from the custodial laboratory. Once approved, the custodial laboratory provides the materials. Follow PRO-7403.2F, Providing Stockpile Materials to Another Laboratory or SFT.

7404 MAINTAINING LABORATORY STOCKPILES AND OTHER NON-EVIDENTIARY MATERIALS

- A. PCs track stockpile materials in a logbook (either electronic or paper). The logbook must contain the following:
 1. IA case number and laboratory exhibit number or source for reference materials
 2. Date transferred into the stockpile or date received for reference materials
 3. Unique stockpile identifier
 4. Description of the material
 5. Original weight of material
 6. Current balance of material (weight or count)
 7. Dates and amounts of transactions affecting the current weight

EXCEPTION: PCs at SFL1 track materials in the REDACTED and Reference Materials Stockpile through their program specific databases.

NOTE 1: For PTP/Internal Proficiency Testing Program (IPTP), refer to ADM 1-2.0 for supplemental information.

NOTE 2: For reference materials, refer to ADM 1-7 for supplemental information.

REDACTED.

- B. PCs maintain individual files, either electronic or paper, for each stockpile material. The files must contain the following:
 1. REDACTED
 2. Records of requests for materials (memoranda/teletypes)
 3. DEA-12s reflecting the transfer of materials
 4. REDACTED

EXCEPTION 1: Items 1 and 2 above do not apply to Reference Materials.

REDACTED.

- C. PCs ensure that the amount of materials on-hand in a stockpile is accurately documented in the logbook.
- D. If a laboratory needs to exceed the maximum storage limit for a particular stockpile material, the LD requests an exemption from SF DAA. The PC will maintain exemption documentation in the individual file if SF DAA grants an exemption.

NOTE: Exhibit 1/7404 lists acronyms used in this subchapter.

7404.1 Storing Stockpiles

- A. PCs maintain stockpile materials in a locked container within the in-process or main vault.

REDACTED.

- B. The LD limits access to the locked containers containing stockpile material to the coordinator, alternate coordinator, and a laboratory manager.

REDACTED.

NOTE: Information regarding quantity and composition of reference materials will be shared within the laboratory and with other DEA laboratories.

7404.2 Recording Transactions Involving Stockpile Materials

- A. PCs transfer stockpile materials using a DEA-12.

EXCEPTION: 7404.2A does not apply to working amounts of reference materials.

- B. The PC and receiver sign the DEA-12.

- C. The PC files the DEA-12 in the individual file for that stockpile material.

REDACTED.

- D. The PC records transactions of stockpile materials in the logbook to indicate the date of the transaction, the quantity removed/added, and the amount of drug remaining. Also, if transferred, the logbook must specify the recipient and reason for the transfer.

7404.3 Accounting for Stockpile Materials

- A. The LD conducts an inventory of each stockpile in January of each year.

REDACTED.

NOTE: Proficiency samples (see 7404.8) and training samples (see 7404.9) will be accounted for in the evidence inventory (see 7304).

- B. Unless it coincides with the annual inventory in January, the LD also ensures the completion of an inventory of the stockpile within 30 calendar days if a person with access to the stockpile transfers to another office, leaves the agency, or otherwise no longer requires access.

- C. A supervisor and one other individual (without access to the stockpile) inventories the stockpiles and reconciles the materials against the logbook and other program records. Follows PRO-7404.3C, Conducting an Inventory of Stockpile Materials.

- D. The supervisor determines the weight of each stockpile material during the inventory.

EXCEPTION: Individual packets of REDACTED (see 7404.6) and certain REDACTED (see 7405.1K) will be counted.

- E. The supervisor conducting the inventory immediately investigates inventory discrepancies and reports discrepancies that cannot be immediately resolved to the LD.
- F. LDs report discrepancies that cannot be immediately resolved to the Office of Professional Responsibility (OPR) and SF.
- G. LDs report stockpile inventory completion to SF within 30 days of completing the inventory.
- H. Upon completion of an inventory of research material stockpile or reference material stockpile, the LD also reports the following:
 - 1. Quantity of each drug consumed since the last inventory
 - 2. Amount of each drug remaining
 - 3. Identity of drugs added, consumed or disposed of since the last inventory

REDACTED.

7404.4 Handling Reference Materials

- A. The Reference Materials Coordinator (RMC) oversees the creation and management of reference materials in accordance with ADM.
- B. Reference material stockpiles may contain a maximum of:
 - 1. REDACTED per drug type/drug salt form, if controlled
 - 2. REDACTED per drug type/drug salt form, if not controlled
- C. SFL1 RMC responds to requests for and distributes material from the Reference Material Stockpile. Follows PRO-7404.4D, Providing Reference Materials to DEA Forensic Laboratories. Follows PRO-7002.52, Processing External Requests for Drug Reference Materials for non-DEA Laboratories.
- D. The SFL1 reference material stockpile may contain a maximum of:
 - 1. REDACTED per drug type/drug salt form, if controlled
 - 2. REDACTED per drug type/drug salt form, if not controlled

7404.5 Handling Training Materials

- A. The laboratory's training officer (TO) oversees the creation and management of training materials in accordance with 7403 and 7404.
- B. The TO uses training materials to:
 - 1. Create training samples (see 7403.1A and 7404.9).
 - 2. Conduct other types of training (e.g., field test training).
 - 3. Create proficiency samples (see 7403.1A and 7404.8).
- C. Training stockpiles will contain a maximum of REDACTED per drug type/drug salt form.

EXCEPTION: This limit does not apply to SFT.

- D. The TO records sub-stockpile materials, if created separately from the source material.

NOTE: Sub-stockpiles may be created by dilution with an adulterant or diluent.

- E. The TO coordinates providing materials to SFT upon request (see PRO-7403.2F, Providing Stockpile Materials to Another Laboratory or SFT).

REDACTED

- A. REDACTED.
- B. REDACTED.
- C. REDACTED.
- D. REDACTED.
- E. REDACTED.

REDACTED.

- F. REDACTED.
- G. REDACTED.

REDACTED.

- H. REDACTED.
- I. REDACTED.

REDACTED.

REDACTED

- A. REDACTED.
- B. REDACTED.
- C. REDACTED:
 - 1. REDACTED.
 - 2. REDACTED.
 - 3. REDACTED.

- D. REDACTED:
 - 1. REDACTED
 - 2. REDACTED

REDACTED.

- E. REDACTED.
- F. REDACTED.

REDACTED.

- G. REDACTED.

H. REDACTED.

REDACTED

A. REDACTED.

B. REDACTED.

REDACTED

A. REDACTED.

B. REDACTED.

C. REDACTED:

1. REDACTED
2. REDACTED

D. REDACTED:

1. REDACTED.
2. REDACTED.
3. REDACTED.

REDACTED

A. REDACTED.

B. REDACTED.

C. REDACTED.

7404.7 Managing Material in Research Reference Collections

A. The LD maintains a Research Reference Collection of controlled substances and other materials needed to accomplish the research mission of the laboratory.

NOTE: The Research Reference Collection will not generally contain materials that meet criteria for inclusion in the Reference Materials stockpile (see 7403.1A1, 7404.4, and ADM).

B. Examples of materials properly included in Research Reference Collections are:

1. Precursors that are themselves controlled and that are needed for the synthesis of controlled substances for research
2. Mixtures, impure materials, or crude natural products

C. Research Reference Collection Stockpiles may contain a maximum of:

1. REDACTED per drug type/drug salt form, if controlled
2. REDACTED per drug type/drug salt form, if not controlled

D. Research chemists at SFL1 perform the duties assigned to the PC in 7403 and 7404. The RC in other laboratories performs the duties assigned to the PC in 7403 and 7404.

- E. The research chemist or RC stores the collection and primary records (see 7403.2D, 7404.A, and 7404.B) relevant to the collection in a portion of the laboratory in-process vault accessible only to laboratory managers, research chemists, and/or the laboratory's RC.
- F. SFL1 tracks and inventories the Research Reference Collections through a database. The RC in other laboratories tracks the collections in a logbook and individual files (see 7404.A and 7404.B).

REDACTED

- A. REDACTED.
- B. REDACTED.
- C. REDACTED.

REDACTED

- A. REDACTED.

REDACTED.

- B. REDACTED.

REDACTED.

- C. REDACTED.

7404.73 Retaining Evidence of Historical Interest

- A. If any evidence (including drug material, paraphernalia, and drug manufacturing equipment) is of historical interest, of value for training purposes, or is otherwise useful to the laboratory, the SFL1 LD submits a written request to the SF DAA.
- B. The SFL1 LD ensures that drug material is transferred to and retained in the laboratory in an existing research reference collection.
- C. If the evidence is not drug material, the SFL1 LD first offers the material to the DEA museum before offering the material to another unit in DEA, or offers it to another federal agency for either training or display.
- D. The removed drug or other materials may not be transferred to any individual for personal use.
- E. Before the material is transferred, the LD ensures that SF authorized the retention of the material.
- F. If the retention requires a transfer between DEA laboratories:
 - 1. The sending laboratory will create a Research and Special Studies (RES) container and transfer the material in accordance with 7305.26. Once transferred, the container will be marked permanently offsite.

NOTE: A LIMS RES container code is used to identify materials to be used in Research and Special Studies.

- 2. The receiving laboratory receives the material directly into the approved collection (see 7403.2). Once received, the PC signs and returns the DEA-12 to the sending laboratory.

7404.8 Managing Proficiency Samples

- A. The Proficiency Testing Program (PTP) Coordinator will oversee the creation and/or management of Internal Proficiency Testing Program (IPTP) and PTP samples, in accordance with ADM.
- B. If the material for the proficiency sample is removed from evidence, the PTP Coordinator:
 - 1. Obtains written approval from the LD (see 7403.1).
 - 2. REDACTED.
 - 3. Receives the evidence containers from evidence staff in LIMS.
 - 4. With a witness, removes the materials from the evidence container(s).
 - 5. Creates the IPTP/PTP samples, in accordance with ADM.
 - 6. Creates the records, in accordance with ADM.
 - 7. Transfers the samples to the evidence staff on a DEA-12.
 - 8. Returns the original evidence containers to the evidence staff in LIMS.
- C. Evidence staff creates a LIMS record for the samples, in accordance 7302.
- D. REDACTED.
- E. REDACTED.
- F. REDACTED.

7404.9 Managing Training Samples

7404.91 Training Samples Sent by the Forensic Sciences Instruction Section

SC for SFT:

- A. Maintains responsibility for providing transitional training exhibits to new Forensic Chemist graduates reporting to their assigned laboratory.
- B. Delegates a member of the SFT staff to prepare DEA-7s for each training exhibit and maintains records for the transfer. Follow PRO-7404.91B, Providing Transitional Training Exhibits from SFT.
- C. REDACTED.

7404.92 Training Samples Created in the Laboratory

- A. The Associate Laboratory Director (ALD) determines the need for creation of samples for analyst training.
- B. The TO creates training samples from the Training Materials Stockpile, and seals them in an evidence container.
- C. If training samples are requested from SFT, laboratory personnel follow PRO-7403.2F, Providing Stockpile Materials to Another Laboratory or SFT.
- D. Once sealed in a container, TO submits samples to the evidence staff with chain of custody documentation (e.g., DEA-7, DEA-12, etc.) for creation in LIMS.
- E. REDACTED.

F. REDACTED.

REDACTED

REDACTED.

REDACTED

A. REDACTED.

REDACTED.

REDACTED.

B. REDACTED.

C. REDACTED.

D. REDACTED:

1. REDACTED.
2. REDACTED.

E. REDACTED.

F. REDACTED.

G. REDACTED:

1. REDACTED.
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H. REDACTED:

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9. REDACTED
10. REDACTED

I. REDACTED:

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6. REDACTED

J. REDACTED.

K. REDACTED.

1. REDACTED.
 - a. REDACTED.
 - b. REDACTED.
2. REDACTED.

L. REDACTED:

1. REDACTED
2. REDACTED
3. REDACTED
4. REDACTED
5. REDACTED

REDACTED.

M. REDACTED.

REDACTED.

REDACTED

A. REDACTED.

B. REDACTED:

1. REDACTED
2. REDACTED
3. REDACTED

C. REDACTED.

D. REDACTED.

E. REDACTED:

1. REDACTED
2. REDACTED.

F. REDACTED.

REDACTED

A. REDACTED.

REDACTED.

REDACTED.

B. REDACTED:

1. REDACTED.
2. REDACTED.
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4. REDACTED.
5. REDACTED.

C. REDACTED.

D. REDACTED.

E. REDACTED

F. REDACTED.

G. REDACTED.

REDACTED

REDACTED.

A. REDACTED.

B. REDACTED.

C. REDACTED,

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REDACTED.

D. REDACTED.

E. REDACTED.

F. REDACTED.

REDACTED

A. REDACTED.

B. REDACTED.

REDACTED

A. REDACTED.

B. REDACTED:

1. REDACTED
2. REDACTED.

C. REDACTED.

D. REDACTED.

REDACTED

A. REDACTED.

B. REDACTED.

C. REDACTED.

REDACTED.

REDACTED

A. REDACTED.

REDACTED.

B. REDACTED.

C. REDACTED.

D. REDACTED.

E. REDACTED.

F. REDACTED.

G. REDACTED.

H. REDACTED:

1. REDACTED
2. REDACTED.

REDACTED

A. REDACTED.

B. REDACTED.

C. REDACTED:

1. REDACTED.
2. REDACTED.
3. REDACTED.

REDACTED

REDACTED.

REDACTED

A. REDACTED.

REDACTED.

REDACTED.

B. REDACTED.

REDACTED.

REDACTED.

C. REDACTED.

D. REDACTED.

E. REDACTED.

REDACTED

A. REDACTED.

B. REDACTED.

Exhibit 1/7401

ACRONYMS	
REDACTED	REDACTED
REDACTED	REDACTED
DEA	Drug Enforcement Administration
ES	Evidence Specialist
LD	Laboratory Director
RC	Research Coordinator

Exhibit 1/7402

ACRONYMS	
REDACTED	REDACTED
REDACTED	REDACTED
REDACTED	REDACTED
REDACTED	REDACTED
REDACTED	REDACTED
REDACTED	REDACTED
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REDACTED	REDACTED
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REDACTED	REDACTED
REDACTED	REDACTED

Exhibit 1/7403

ACRONYMS	
ADM	Analysis of Drugs Manual
DAA	Deputy Assistant Administrator
REDACTED	REDACTED
IA	Investigating Agency
LD	Laboratory Director
LIMS	Laboratory Information Management System
PC	Program Coordinator
SC	Section Chief
SF	Office of Forensic Sciences
SFL1	Special Testing and Research Laboratory
SFT	Forensic Science Instruction

Exhibit 1/7404

ACRONYMS	
ADM	Analysis of Drugs Manual
ALD	Associate Laboratory Director
REDACTED	REDACTED
REDACTED	REDACTED
REDACTED	REDACTED
DAA	Deputy Assistant Administrator
REDACTED	REDACTED
DEA	Drug Enforcement Administration
REDACTED	REDACTED
IA	Investigating Agency
IPTP	Internal Proficiency Testing Program
LD	Laboratory Director
LIMS	Laboratory Information Management System
MOA	Memorandum of Agreement
OPR	Office of Professional Responsibility
PC	Program Coordinator
POC	Point of Contact
PSEE	Plastic Sealed Evidence Envelope
PTP	Proficiency Testing Program
REDACTED	REDACTED
RES	Research and Special Studies
REDACTED	REDACTED
RM	Reference Materials
REDACTED	REDACTED
REDACTED	REDACTED
REDACTED	REDACTED
SC	Section Chief
SF	Office of Forensic Sciences
SFL1	Special Testing and Research Laboratory
SFQ	Quality Assurance
SFT	Forensic Science Instruction

ACRONYMS	
TO	Training Officer

Exhibit 1/7405

ACRONYMS	
REDACTED	REDACTED
REDACTED	REDACTED
REDACTED	REDACTED
REDACTED	REDACTED
REDACTED	REDACTED
REDACTED	REDACTED
REDACTED	REDACTED
REDACTED	REDACTED
REDACTED	REDACTED
REDACTED	REDACTED
REDACTED	REDACTED
REDACTED	REDACTED

Exhibit 1/7406

ACRONYMS	
REDACTED	REDACTED
REDACTED	REDACTED
REDACTED	REDACTED
REDACTED	REDACTED

See Also: LOM 7403.2
REDACTED

ACTION BY:

Program Coordinator (PC)

ACTION:

Laboratory Director (LD)

ES / REDACTED

PC and Witness

1. **Coordinates** with the designated laboratory manager/Evidence Specialist (ES) to review approved, REDACTED to determine exhibits suitable for inclusion in program stockpiles.
2. **Requests**, via memorandum, authorization to transfer evidence to the stockpile.
3. **Signs and dates** the memorandum authorizing the transfer of evidence.
4. **Uses** a DEA-12 or the Laboratory Information Management System (LIMS) to record the transfer of the material from the vault to the designated program coordinator.
5. **Transfer** all evidence containers from the evidence vault to the program stockpile.
6. **Record** all actions on a DEA-86.
7. **Break** the original evidence seals.
8. **Remove** the material to be used in a laboratory program stockpile from the original evidence container.

REDACTED.
9. **Record** all weights and units being transferred on the DEA-48.
10. **Repackage** the remaining evidence for destruction.
11. **Seal** the stockpile container, as appropriate.
12. **Return** the original evidence container using a DEA-12 or LIMS to the ES for destruction.
13. **Transfer** the newly obtained stockpile container to the appropriate laboratory program stockpile.
14. **Signs and dates** the DEA-86.
15. **Initials and dates** the DEA-86 as the reviewer.
16. **Annotates** the DEA-48 with the following:
 - Exhibit number from which the sample was removed.
 - The amount of material removed.
 - The name of the stockpile to which the material will be added.

PC

Witness

PC

ACTION BY:

ACTION:

- The unique stockpile identifier.
- Initials and date of the PC.

17. REDACTED.

REDACTED

18. REDACTED is annotated with required information.

19. **Ensures** the DEA-48 is annotated and REDACTED.

PC

20. Once the material is transferred into a laboratory stockpile, **seals** the material in substitute containers and assigns a unique stockpile identifier.

21. If applicable, properly **labels** and **annotates** sub-stockpiles in order for them to be tracked back to the original stockpile.

End of Document

See Also: LOM 7403.2

PRO-7403.2A, *Converting Evidence to Laboratory Program Stockpiles*

REDACTED

REDACTED

Note: This procedure does not apply to reference materials at the Special Testing and Research Laboratory (SFL1).

ACTION BY:

ACTION:

Laboratory Director (LD) at the Receiving Laboratory or Section Chief at Forensic Sciences Instruction (SFT)

Program Coordinator (PC) at the Sending Laboratory

LD at the Sending Laboratory

PC at the Sending Laboratory

PC and witness at the Sending Laboratory

Evidence Staff

PC and witness at the Receiving Laboratory

1. **Prepares** a memorandum to the sending laboratory.
2. **Reviews** the request.
3. **Determines** if there is sufficient quantity to fulfill the request.
4. **Requests**, via memorandum, authorization to transfer evidence to the stockpile.
5. **Signs** and **dates** the memorandum authorizing the transfer of the stockpile material.
6. If the stockpile already exists, **goes** to Step #7. Otherwise, **proceeds** to PRO-7403.2A, *Converting Evidence to Laboratory Program Stockpiles*.

NOTE: If no evidence is retained at the sending laboratory, creation of a stockpile is not required.
7. **Prepare** a DEA-12 for receiving laboratory.
8. **Package** the item for shipment.
9. **Include** a copy of the DEA-86 or the Case Details Report (CDR) and a copy of the DEA-48 from the specific stockpile folder.
10. **Record** the transfer in the stockpile records.
11. **Provide** the item to the evidence staff.
12. **Mails** the item to the requestor.
13. **Tracks** the receipt of the DEA-12.
14. **Complete** the transfer in the stockpile records.
15. **Sign** and **dates** the DEA-12.

ACTION BY:

ACTION:

**PC at the Receiving
Laboratory**

REDACTED

16. **Returns** DEA-12 to the sending laboratory.

17. **Ensures** the DEA-48 is annotated and REDACTED.

End of Document

See Also: LOM 7404.3

ACTION BY:

ACTION:

**Program Coordinator
(PC)**

1. **Prepares** to perform the annual inventory in January.

NOTE 1: An inventory is required within 30 calendar days if a person with access to the stockpile transfers to another office or leaves the agency.

NOTE 2: Proficiency and Training samples will be accounted for in the annual evidence inventory.

2. **Provides** a written listing of stockpile materials that clearly distinguishes bulk material from any other material (e.g. working material, packets for distribution, etc.).
3. **Provides** a written listing of stockpile materials that clearly shows the amount/weight of the bulk material or the number of packets/units on-hand in each stockpile entry.

**Laboratory Director
(LD) or Designee**

4. **Identifies** a supervisor who does *not* have access to the collection.
5. **Identifies** a witness who does *not* have access to assist.

Supervisor and Witness

6. **Inventory** the physical items in the stockpile to those items in the logbook.

REDACTED.

7. **Reconcile** the logbooks with individual program files.
8. **Investigate** any discrepancies, if applicable.
9. **Report** the results of the inventory, including any discrepancies that cannot be resolved, to the LD.
10. **Reports** discrepancies to the Office of Forensic Sciences (SF) and the Office of Professional Responsibility (OPR), if applicable.

LD

11. **Reports** stockpile inventory completion to SF within 30 calendar days of completing the inventory.

End of Document

See Also: LOM 7404.4

ACTION BY:

ACTION:

Program Coordinator (PC)

1. **Reviews** the request.
2. **Determines** if there is sufficient quantity in the collection to fulfill the request.
3. **Prepares** an authorization memorandum.

Laboratory Director (LD)

4. **Signs** the authorization memorandum to approve the transfer of the items.

PC

5. **Removes** and repackages the material.
6. **Records** the actions in the logbook, in accordance with 7403.
7. **Prepares** a DEA-12.

8. **Packages** the item for shipment.

9. **Provides** the package to the evidence staff.

Evidence Staff

10. **Mails** the item to the requestor.

11. **Provides** tracking number to the program coordinator.

PC

12. **Tracks** the receipt of the DEA-12 and completes the transfer in the stockpile records.

13. **Ensures** receipt of the signed DEA-12.

End of Document

See Also: 7404.91

ACTION BY:
**Forensic Sciences
Training Staff (SFT)
Section Chief**

SFT Staff

**Evidence Specialist
(ES)**

ACTION:

1. **Determines** the number and type of training samples (e.g., training exhibits, competency samples) that new graduates must complete upon reporting to their duty station.
2. **Prepares** training materials for each new graduate.
3. **Assigns** an Investigative Agency (IA) case number to be used for all training materials for a Basic Forensic Chemist Class (BFCC) graduate using "TR" as the case identifier (i.e., TR-18-0001).
4. **Assigns** individual exhibit numbers to each item.
5. **Prepares** a DEA-7 for each item using the assigned IA case and exhibit number and accurately **describes** each item in box #16.
6. **Ships** training materials and DEA-7s to the laboratory where the BFCC graduate is assigned.
7. **Maintains** records to show which training materials were sent to which laboratory.
8. **Receives** the training materials.
9. **Follows** Laboratory Operations Manual (LOM) subchapter 7302 for reception and processing of evidence.
10. **Enters** the following when creating the record in the Laboratory Information Management System (LIMS):
 - Submitting agency = SFLA – Quantico
 - Case type = Training
 - Container code = TRG
11. **Returns** a copy of each DEA-7 to SFT staff indicating receipt of the samples.

End of Document

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Revision:1

Issue Date: October 1, 2019

Effective Date: October 7, 2019

Approved By: Nelson A. Santos

See Also: REDACTED

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See Also: REDACTED
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Revision: 2

Issue Date: October 1, 2019

Effective Date: October 7, 2019

Approved By: Nelson A. Santos

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See Also: REDACTED
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See Also: REDACTED
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Revision: 2

Issue Date: October 1, 2019

Effective Date: October 7, 2019

Approved By: Nelson A. Santos

ACTION BY:

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Revision: 1

Issue Date: October 1, 2019

Effective Date: October 7, 2019

Approved By: Nelson A. Santos

See Also: REDACTED
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ACTION BY:

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End of Document

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Revision: 1

Issue Date: October 1, 2019

Effective Date: October 7, 2019

Approved By: Nelson A. Santos

See Also: REDACTED
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9. REDACTED.

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CHAPTER 75 LABORATORY FINANCIAL AND RESOURCE MANAGEMENT

7501 DESCRIBING RESPONSIBILITIES

NOTE: Exhibit 1/7501 lists acronyms used in this subchapter.

The Laboratory Director (LD):

- A. Plans financial and program resource expenditures.
- B. Establishes internal controls, ensuring efficient and effective operations.
- C. Provides reliable financial reporting.
- D. Ensures that the laboratory complies with applicable laws and regulations.

NOTE: Exhibit 2/7501 lists legislation and publications related to financial practices.

7502 PLANNING FINANCIAL AND PROGRAM RESOURCE EXPENDITURES

NOTE: Exhibit 1/7502 lists acronyms used in this subchapter.

7502.1 Financial Plan

The Drug Enforcement Administration (DEA) Financial and Acquisition Management Policy Manual (FAMPM) provides policy for budget planning and formulation.

LDs:

- A. Provide a proposed laboratory budget to the Office of Forensic Sciences (SF) for inclusion into the SF consolidated submission for the coming fiscal year.
- B. Provide detailed justifications (e.g., travel, supplies, field support, etc.) for each budget line item.

7502.11 Conference and Meeting Planning

- A. LDs must provide an itemized list of anticipated attendees and estimated travel expenses for all conferences and meetings as part of the financial plan.
- B. Mid-year amendments to increase the number of attendees at conferences must be reviewed and approved by SF.
- C. SF may request mid-year planning amendments to be submitted by the LDs resulting from Department of Justice (DOJ) requirements (e.g., restrictions or caps on conference attendance).

7502.2 Resource Planning

LDs:

- A. Provide SF with anticipated changes in personnel requirements for their laboratory.
- B. Provide SF with a prioritized list of research projects for the coming fiscal year, including an estimation of hours needed.

7502.3 Review and Approval

SF reviews, makes changes as necessary, and approves the financial plan and laboratory resource needs.

7503 ADMINISTERING FINANCIAL MANAGEMENT

- A. Laboratory operational funding is typically provided on a quarterly basis and is managed as outlined in the FAMPM.

NOTE 1: During a continuing resolution (CR), allocated funding is prorated based on the length of the CR.

NOTE 2: Exhibit 1/7503 lists acronyms used in this subchapter.

- B. LDs may transfer funding from the laboratory operational account to an equipment account. Transfers may not exceed \$10,000 total in one fiscal year without written authorization from the Associate Deputy Assistant Administrator (ADAA) or the Deputy Assistant Administrator (DAA).

7504 AUTHORIZING TRAVEL

- A. LDs:

- 1 Authorize domestic travel.

NOTE: Only a GS-15 or higher may authorize travel in the laboratory system. In cases when a GS-15 is not available in the laboratory, the travel request must be sent to SF for approval.

- 1 Obtain approval from SF ADAA or DAA for their own official travel.
- 2 Authorize travel for training purposes through the DEA Learning Systems (DEALS) at least 45 calendar days prior to the intended travel dates, when possible.

- B. The DAA:

- 1 Authorizes international travel. Follow PRO-7504, Requesting Official Foreign Travel.
- 2 May designate the ADAA to authorize foreign travel.

NOTE: Exhibit 1/7504 lists acronyms used in this subchapter.

7505 APPROVING EXPENSES FOR PROFESSIONAL CERTIFICATIONS

7505.1 Authorizing Payment for Certifications

In accordance with the DOJ Human Resources Order 1200.1, Part 5, Chapter 5-2 and United States Code (U.S.C.), 5 U.S.C. § 5757(a), DEA permits the use of component funds for professional certifications.

SF DAA:

- A. Authorizes LDs to finance the certification of forensic chemists (FC), fingerprint specialists (FS), and digital forensic examiners (DFE).
- B. Determines the suitability of certifying organizations (e.g., the American Board of Criminalistics (ABC), the International Association for Identification (IAI), the Digital Forensics Certification Board (DFCB), etc.) when payment of professional certification fees is permitted.

NOTE: Exhibit 1/7505 lists acronyms used in this subchapter.

7505.2 Meeting Requirements for Payment

- A. FCs who request payment of expenses for certification must meet the following requirements:
 - 1 Have at least two years of full-time experience in the practice of forensic drug analysis.
 - 2 Be actively working in the area of forensic drug analysis.
- B. FSs who request payment of expenses for certification must meet the following requirements:
 - 1 Have at least two years of full-time experience in the practice of latent print examinations.
 - 2 Be actively working in the area of latent print examination.
 - 3 Have completed a minimum of 80 hours of certified board-approved training in latent print matters.
- C. DFEs who request payment of expenses for certification must meet the following requirements:
 - 1 Have at least two years of full-time experience in the practice of digital evidence examinations.
 - 2 Be actively working in the area of digital evidence examination.

7505.3 Requesting Payment for Certification

- A. Employees seeking to obtain payment for certification submit the following to the LD through their supervisor:
 - 1 A memorandum containing:
 - a. The specific certification and provider
 - b. The application and examination fee
 - c. The location and date of the examination
 - d. The estimated cost of travel to and from the examination location, if applicable
 - 2 A completed Requisition for Equipment, Supplies or Services (DEA-19)
 - 3 An Official Travel Request (Form DOJ-501), if applicable
- B. The LD grants approval for payment.

NOTE: Employees should attend examinations in their regional area.

- C. LDs use operational funds to pay for the following:
 - 1 Application fees
 - 2 Examination fees
 - 3 Costs associated with employee travel to and from the testing location
 - 4 Annual recertification or maintenance fees, if applicable
- D. Employees may not seek subsequent reimbursement for retests taken within six months after the certification examination.

7506 EQUIPMENT AND PRODUCT DEMONSTRATIONS AND EVALUATIONS

NOTE: Exhibit 1/7506 lists acronyms used in this subchapter.

7506.1 Vendor Demonstrations

- A. In the event that a laboratory representative invites or accepts an invitation from a vendor to provide an equipment or product demonstration, the laboratory must extend the same opportunity to other vendors who have requested to demonstrate similar technology.

- B. During the demonstration, the observers will have the following responsibilities:
 - 1 Ask questions to better understand the technology.
 - 2 Provide only public information to the vendor regarding programs, operations, or facilities.
 - 3 Document the meeting and the topics discussed (see PRO-7506.1, Documentation of Equipment or Product Demonstrations).

- C. During the demonstration, the observers shall not:
 - 1 Identify or discuss current or future needs and requirements of the laboratory, DEA, or Federal Government.
 - 2 Provide non-public information to the vendor.
 - 3 Advise the vendor on how they could improve or develop this technology to meet the laboratory's, DEA's, or the Federal Government's needs.
 - 4 Make any statement that could give the vendor an unfair competitive advantage.
 - 5 Show a preference towards, or bias against, any specific manufacturer or technology.
 - 6 Indicate that the DEA will purchase or use the technology at some future point in time.
 - 7 Retain any proprietary information made available in the course of the demonstration.

- D. If the vendor offers any gifts to any employee at any time before, during, or after the demonstration, the employee:
 - 1 Should decline the gift.
 - 2 If the employee wishes to accept a gift, before doing so, the employee must contact the Office of Chief Counsel (CC), Ethics and Standards of Conduct Unit (CCE) immediately at REDACTED to determine if acceptance is permissible.
 - 3 If a gift has already been accepted, the employee must contact CCE as soon as practicable to determine whether retention of the gift is permissible and, if it is not, how to properly dispose of the gift.

7506.2 Equipment and Product Evaluations

- A. The Digital Evidence Laboratory (SFL9) evaluates all equipment and products associated with the digital forensics program.
- B. The fingerprint specialists (FS) evaluate discipline specific equipment and products with the concurrence of SF prior to acquisition.
- C. SF and the Special Testing and Research Laboratory (SFL1) will coordinate the evaluation of new, technologically advanced equipment and products prior to acquisition. SFL1, along with the field laboratories, makes final recommendations regarding the suitability of the equipment or product to SF.
- D. In the event a vendor offers to loan equipment or a product to a field laboratory for evaluation, the laboratory must contact SF to determine if SFL1 has the resources to complete the evaluation.

NOTE: SFL1 may seek assistance from the field laboratories to evaluate equipment.

- E. SF must consult with CCE at REDACTED in advance of accepting any offer of a loan of equipment to determine whether acceptance is appropriate and, if appropriate, ensure the terms and conditions of the loan are properly documented.
- F. The laboratory representatives must provide an evaluation of the equipment or product to SF (see PRO-7506.2, Evaluation of Equipment and Products).

7507 PLANNING EQUIPMENT PROCUREMENT

The laboratory equipment procurement process consists of conducting an instrument survey, prioritizing purchases for the laboratory system, and recommending and accepting changes to the Laboratory Equipment Module.

NOTE: Exhibit 1/7507 lists acronyms used in this subchapter.

7507.1 Equipment/Instrument Surveys

LDs ensure the Property Inventory Management database within Financial Information Reporting and System Tools (FIRST) is updated annually to accurately list analytical, digital, and fingerprint equipment/instruments in the laboratory.

7507.2 Laboratory Equipment Requests

Each fiscal year LDs update the itemized list of analytical and fingerprint equipment/instruments over five years old.

- A. SF provides guidance or any other information to the LD that will affect the laboratory during the next fiscal year.

EXCEPTION: SFL9, in conjunction with SF, prioritizes their laboratory equipment request and handles their equipment funding separately from the rest of the laboratory system.

- B. LD includes on the list:

- 1 Priority number
- 2 DEA property number (of item to be replaced)
- 3 Instrument type
- 4 Price quote (only non-Blanket Purchase Agreement (BPA) items)
- 5 Age of item
- 6 Justification, if applicable
 - a. Replacing an instrument less than five years old or keeping an instrument over five years old requires a justification.
 - b. New equipment items or deviations from the Laboratory Equipment Module must be clearly identified and explained.

7507.3 Prioritizing Equipment Procurement

- A. SF coordinates the formation of an Equipment Working Group (EQMWG) to include:

- 1 One SFM program manager
- 2 One chemist from each laboratory
- 3 One fingerprint specialist from each supervisor's group

- B. The EQMWG nominates and selects a committee chair to serve a one-year term.

NOTE: The chair may serve multiple consecutive terms.

- C. The EQMWG:

- 1 Prioritizes all laboratory equipment requests and includes justifications.
- 2 Reviews and updates the equipment modules.

- 3 Reviews and updates the instrument/equipment evaluation protocol.
- 4 Provides a report to the SF DAA.

7507.4 Laboratory Equipment Module

SF will provide each LD with the revised Laboratory Equipment Module, annually, after the EQMWG meeting.

7508 ANALYTICAL SUPPLIES AND SERVICES

- A. The LD ensures that laboratory analysts have access to analytical supplies that are required for the correct performance of laboratory activities and that are capable of influencing the results.

NOTE: Analytical supplies include, but are not limited to, equipment, instruments, balances, software, reference materials, measurement standards, and reagents.

Laboratory Personnel:

- B. Evaluate vendors of analytical supplies and services to ensure that they meet one or more of the following criteria, in preferential order:
 - 1 ISO/IEC (International Organization for Standardization/International Electrotechnical Commission) 17025 accredited
 - 2 ISO 9001 certified or compliant
 - 3 Adhere to good manufacturing practices (GMP).
 - 4 Demonstrate successful past performance.
 - 5 Adhere to laboratory-established performance criteria.
- C. Evaluate the analytical supplies received to ensure they provide expected results prior to use in casework.
- D. Notify management immediately in the event that a supply or service is found to be deficient, defective or yields unexpected results.
- E. Remove the supply from laboratory use in casework until the unexpected result is investigated and resolved.

NOTE: Exhibit 1/7508 lists acronyms used in this subchapter.

Exhibit 1/7501

ACRONYMS	
LD	Laboratory Director

Exhibit 1/7502

ACRONYMS	
DEA	Drug Enforcement Administration
DOJ	Department of Justice
FAMPM	Financial and Acquisition Management Policy Manual
LD	Laboratory Director
SF	Office of Forensic Sciences

Exhibit 1/7503

ACRONYMS	
ADAA	Associate Deputy Assistant Administrator
CR	Continuing Resolution
DAA	Deputy Assistant Administrator
FAMPM	Financial and Acquisition Management Policy Manual
LD	Laboratory Director

Exhibit 1/7504

ACRONYMS	
ADAA	Associate Deputy Assistant Administrator
DAA	Deputy Assistant Administrator
DEA	Drug Enforcement Administration
DEALS	Drug Enforcement Administration Learning System
LD	Laboratory Director
SF	Office of Forensic Sciences

Exhibit 1/7505

ACRONYMS	
ABC	American Board of Criminalistics
DAA	Deputy Assistant Administrator
DEA	Drug Enforcement Administration
DFCB	Digital Forensics Certification Board
DFE	Digital Forensic Examiner
DOJ	Department of Justice
FC	Forensic Chemist
FS	Fingerprint Specialist
IAI	International Association for Identification
LD	Laboratory Director
SF	Office of Forensic Sciences
U.S.C.	United States Code

Exhibit 1/7506

ACRONYMS	
CC	Office of Chief Counsel
CCE	Office of Chief Counsel, Ethics and Standards of Conduct
DEA	Drug Enforcement Administration
FS	Fingerprint Specialist
SF	Office of Forensic Sciences
SFL1	Special Testing and Research Laboratory
SFL9	Digital Evidence Laboratory

Exhibit 1/7507

ACRONYMS	
BPA	Blanket Purchase Agreement
DAA	Deputy Assistant Administrator
DEA	Drug Enforcement Administration
EQMWG	Equipment Working Group
FIRST	Financial Information Reporting and System Tools
LD	Laboratory Director
SF	Office of Forensic Sciences
SFL9	Digital Evidence Laboratory
SFM	Laboratory Management and Operations

Exhibit 1/7508

ACRONYMS	
GMP	Good Manufacturing Practices
IEC	International Electrotechnical Commission
ISO	International Organization for Standardization
LD	Laboratory Director
SF	Office of Forensic Sciences

Exhibit 2/7501

FINANCIAL REFERENCES

1. Federal Manager's Financial Integrity Act (FMFIA) of 1982
2. Office of Management and Budget (OMB) Circular A-123, Management's Responsibility for Internal Controls, and OMB Circular A-127, Financial Management Systems
3. OMB Circular A-130, Management of Federal Information Resources, issued under the authority of FMFIA
4. General Accounting Office (GAO), Standards for Management Control
5. Drug Enforcement Administration (DEA), Administrative Manual (AM)
6. Unified Financial Management System (UFMS) Desk Reference Guide
7. Chief Financial Officers Act of 1990
8. Government Performance and Results Act (GPRA) of 1993
9. GPRA Modernization Act (GPRAMA) of 2010
10. Inspector General Act of 1978
11. Inspector General Reform Act of 2008
12. Financial Management Reform Act (FMRA) of 1990
13. Federal Financial Management Improvement Act (FFMIA) of 1996
14. Federal Information Security Management Act of 2002
15. Improper Payments Elimination and Recovery Act of 2010
16. Clinger-Cohen Act of 1996
17. Government Management Reform Act of 1994
18. OMB Bulletin No. 01-09
19. Department of Justice (DOJ) Guidelines
20. Federal Accounting Standards
21. DEA's Financial Management Objectives
22. Purchase Card Handbook (PCH)
23. Purchase Card Flashes
24. Purchase Card Fraud Mitigation Guide (PCFMG)
25. Financial and Acquisition Management Policy Manual (FAMPM)
26. DEA Green Purchasing Plan
27. Federal Acquisition Regulations (FAR) Subpart 23.1 Sustainable Acquisition Policy
28. Resource Conservation and Recovery Act (RCRA) Section 60002
29. Environmental Protection Agency (EPA) Comprehensive Procurement Guidelines
30. Executive Order 13693 – Planning for Federal Sustainability in the Next Decade

DEA SENSITIVE

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Exhibit 2/7501

FINANCIAL REFERENCES

1. Federal Manager's Financial Integrity Act (FMFIA) of 1982
2. Office of Management and Budget (OMB) Circular A-123, Management's Responsibility for Internal Controls, and OMB Circular A-127, Financial Management Systems
3. OMB Circular A-130, Management of Federal Information Resources, issued under the authority of FMFIA
4. General Accounting Office (GAO), Standards for Management Control
5. Drug Enforcement Administration (DEA), Administrative Manual (AM)
6. Unified Financial Management System (UFMS) Desk Reference Guide
7. Chief Financial Officers Act of 1990
8. Government Performance and Results Act (GPRA) of 1993
9. GPRA Modernization Act (GPRAMA) of 2010
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25. Financial and Acquisition Management Policy Manual (FAMPM)
26. DEA Green Purchasing Plan
27. Federal Acquisition Regulations (FAR) Subpart 23.1 Sustainable Acquisition Policy
28. Resource Conservation and Recovery Act (RCRA) Section 60002
29. Environmental Protection Agency (EPA) Comprehensive Procurement Guidelines
30. Executive Order 13693 – Planning for Federal Sustainability in the Next Decade

ACTION BY:

ACTION:

Laboratory Director (LD)

1. **Requests** approval for foreign travel from the deputy assistant administrator (DAA), Office of Forensic Sciences (SF). Requests must include DOJ-501, proposed itinerary and information explaining the benefit of the travel to DEA. Send requests to the SFA mailbox.

NOTE: SF may request participation in international seminars or professional meetings.

DAA

2. **Reviews** request from LD. If approved, **forwards** DOJ-501 to SF Administrative and Financial Management Section (SFA).

SFA

3. **Processes** financial travel documents and **forwards** to the requesting laboratory.

LD

4. **Notifies** relevant personnel (e.g., Regional Director, Country Attaché, in-country Special Agent, etc.) to inform them of persons and places to be visited.

NOTE: Relevant personnel may have initiated the request for the travel.

5. If appropriate, **requests** official arrangements to be made by the regional director or country attaché and **invites** them to accompany the visiting DEA employee.

Traveler

6. **Makes** travel arrangements.
7. **Requests** country clearances through the eCountry Clearance application located at <https://ecc.state.gov>.

End of Document

See Also: LOM 7506

ACTION BY:

ACTION:

Forensic Analyst(s)

1. **Signs** non-disclosure agreement prior to meeting with the vendor.
2. **Observes** the vendor demonstration for equipment or product either in the laboratory or at another location.
3. Designated forensic analyst **documents** the meeting and the topics in a narrative to include the following.
 - 3a. Name of the vendor.
 - 3b. Name of the representative(s).
 - 3c. Date of the demonstration.
 - 3d. Detailed description of the equipment or product.
 - 3e. List of topics discussed about the equipment or product.
 - 3f. Discussions between the forensic analyst(s) and the vendor representative(s).
4. **Forwards** the narrative to the supervisor.
5. **Reviews** and **approves** the completed narrative.
6. **Forwards** approved narrative to the equipment working group member.
7. **Reviews** the approved narrative.
8. **Saves** narrative for future reference.
9. When appropriate, **recommends** to either the laboratory purchaser or to the Office of Forensic Sciences (SF).

Supervisor

**Equipment Working
Group Member**

End of Document

See Also: LOM 7506

ACTION BY:

ACTION:

Supervisor

1. **Receives** approval from The Office of Forensic Sciences (SF) after written agreement completed with the vendor.
2. **Assigns** equipment or product evaluation to chemist(s), fingerprint specialist(s), or digital forensic examiner(s).

Forensic Analyst(s)

3. **Receives** equipment or product for evaluation and **sets up** the installation for use in the labs.
4. **Conducts** the evaluation using Blank Form Equipment/Product Evaluation Protocol- See Document Control Center/Blank Forms/Equipment/Equipment/Product Evaluation Protocol
5. **Forwards** the completed Equipment/Product Evaluation Protocol to supervisor.

Supervisor

6. **Reviews** and **approves** the completed Equipment/Product Evaluation to ensure the report is not a product endorsement and follows DOJ Ethics Policy.
7. **Forwards** the completed Equipment/Product Evaluation to SF. SFL9 maintains Equipment/Product Evaluations and does not forward to SF.

Equipment Program Manager

8. **Approves** the completed Equipment/Product Evaluation.
9. **Saves** the evaluation in the program files for future reference.
10. **Forwards** the evaluation to the Equipment Working Group (does not apply to digital).

Equipment Working Group

11. **Reviews** and **makes recommendations** during the annual procurement of equipment (chemists and fingerprint specialists only).

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PRO-7601.1	Headquarters-Imposed Special Studies
PRO-7601.2	Research and Method Development
PRO-7601.3	Laboratory-Imposed Special Studies
PRO-7603.11A	Publishing Laboratory Notes
PRO-7603.12A	Publishing in Open Scientific Literature
PRO-7603.21B	Approving Abstracts
PRO-7603.22B	Approving Presentations

CHAPTER 76 LABORATORY SPECIAL STUDIES

7601 COORDINATING SPECIAL STUDIES

Special studies include headquarters-imposed special studies, research and method development, and laboratory-imposed special studies.

NOTE 1: Exhibit 1/7601 lists acronyms used in this subchapter.

The Special Testing and Research Laboratory (SFL1) manages the laboratory system-wide special studies program.

REDACTED.

NOTE 3: See 7307 for requests to manufacture controlled substances for training or research.

SFL1 Laboratory Director (LD)

- A. Reviews protocols and provides feedback to the submitter within 14 calendar days of receipt.

NOTE 1: SFL1 administratively reviews research protocols for digital evidence and latent print disciplines for approval.

NOTE 2: The Laboratory Management and Operations (SFM) section technically reviews research protocols for digital evidence and latent print disciplines for approval.

NOTE 3: The Research Protocol template is located on the Blank Forms section on the Office of Forensic Sciences Document Control Center (SFDCC).

- A. Permanently maintains research protocols.
- B. Assigns project numbers.
- C. Maintains a list of all special studies viewable by the laboratory system in a shared folder.

NOTE: This list includes ongoing work intended for publishing as a laboratory note.

7601.1 Headquarters-Imposed

Headquarters-Imposed special studies:

- A. Originate from the Office of Forensic Sciences (SF).
- B. Include topics that impact the laboratory system or field of study, and generally combine policy or procedural questions seeking technical solutions.

See PRO-7601.1, Headquarters-Imposed Special Studies.

7601.2 Research and Method Development

Research and method development special studies:

- A. Originate from SF or the laboratories.

DEA SENSITIVE

- B. Include topics restricted to technical questions related to the forensic examination of evidence.

See PRO-7601.2, Research and Method Development.

7601.3 Laboratory-Imposed

Laboratory-imposed special studies:

- A. Include topics very narrow in focus which are limited investigations of a particular substance, instrument, or analytical method.
- B. Do not address system-wide policy or procedural matters.

See PRO-7601.3, Laboratory-Imposed Special Studies.

7602 CONDUCTING SPECIAL STUDIES

NOTE: Exhibit 1/7602 lists acronyms used in this subchapter.

- A. Laboratory-imposed special studies may not exceed one year and may not exceed 40 hours of staff time.
- B. Headquarters-imposed and research and method development special studies will terminate on the expiration date. The responsible LD may request an extension by submitting a request to the SFL1 LD. The request includes the following:
 - 1. Project number
 - 2. A summary of the progress made on the study
 - 3. The reason(s) why the study should be continued
 - 4. The name(s) of the researcher(s)
 - 5. An estimated number of hours needed to complete the study
- C. Researchers record time expended for special studies in time and attendance records.
- D. Researchers document research in a bound logbook or in an electronic format.
- E. The LD may terminate (in writing to the researcher(s)) a laboratory-imposed special study at any time.

7603 REPORTING TECHNICAL/SCIENTIFIC FINDINGS

- A. A progress report is required annually that summarizes special studies research performed during the fiscal year. Annual progress reports are due in the first quarter of the new fiscal year as an attachment to the annual management review.

NOTE: The Special Studies Progress Report template is located on the Blank Forms section on the SFDC.

- B. The researcher completes a final report (e.g., method validation report, laboratory note, etc.) within 60 days of study completion or termination and submits it to the SFL1 LD through the field laboratory chain of command.
- C. SFL1 reviews research reports and technical/scientific findings and provides feedback within 14 calendar days of receipt.

- D. The SFL1 LD coordinates the peer review of research intended for publication.
 - 1. Reviews intelligence alerts and provides feedback within 7 calendar days of receipt.
 - 2. Reviews manuscripts and provides feedback within 14 calendar days of receipt.
 - 3. Permanently maintains all final research reports.

NOTE: Exhibit 1/7603 lists acronyms used in this subchapter.

7603.1 Publishing Technical/Scientific Findings

- A. Researchers report results of special studies and noteworthy technical results through publications such as laboratory notes or through open scientific literature.
- B. The Publication Review Board (PRB) must approve bulletin entries, laboratory notes, and articles prior to publication external to DEA. See Congressional and Public Affairs Policy 1215.
- C. The SF Deputy Assistant Administrator (DAA) authorizes the SFL1 LD to submit publications to the PRB for review.

7603.11 Laboratory Notes

SFL1 LD:

- A. Coordinates reviews of laboratory note submissions. See PRO-7603.11A, Publishing Laboratory Notes.
- B. Limits laboratory notes to a topic intended for the Drug Enforcement Administration (DEA) laboratory system to include technical information sufficient to allow reproduction of methods and techniques.
- C. Authorizes posting of approved laboratory notes on the SF intranet.
- D. Submits laboratory notes intended for release to non-DEA audiences to the PRB for authorization.

NOTE: The Laboratory Note template is located on the Blank Forms section on the SFDCC.

7603.12 Open Scientific Literature

- A. SFL1 LD coordinates reviews of submissions intended for publication in a third party publication. See PRO-7603.12A, Publishing in Open Scientific Literature.
- B. Researchers submit manuscripts for publication only after receiving approval from SFL1.
- C. The SF DAA authorizes the SFL1 LD to submit open scientific literature to the PRB for review.

7603.2 Public Presentation of Information

- A. Researchers may report results of special studies and noteworthy technical results through presentations at scientific meetings. See also 7204.32 for attending meetings and conferences.
- B. The PRB must approve abstracts and presentation content prior to submission or presentation. See Congressional and Public Affairs Policy 1215.

NOTE: Abstracts and presentation content previously approved by the PRB need not be resubmitted for review for subsequent presentation at a different conference or meeting.

- C. The SF DAA authorizes the SFL1 LD to submit abstracts and presentation content to the PRB for review.

7603.21 Abstracts

Presenters:

- A. Use research results from a headquarters-imposed special study, research and method development, laboratory-imposed special study, or evidence analysis to write abstracts.

NOTE: Informational briefings on topics not related to scientific research studies (e.g., committee updates, training presentation, etc.) are exempt from 7603.21.A.

- B. Submit abstracts for presentations to SFL1 for approval at least 45 calendar days prior to the due date. See PRO-7603.21B, Approving Abstracts.

NOTE: Employees must seek an ethics opinion before actively participating in a private organization in their unofficial capacity. (See Interacting with Private Organizations). Employees who are unsure whether their participation in a private organization requires them to submit an outside employment request should contact the Ethics and Standards of Conduct Unit (CCE) at REDACTED.

- C. Submit abstracts to the organizer of the conference/meeting/seminar only after receiving approval.
 1. If attending the conference/meeting/seminar to present the abstract, attendance must be in accordance with 7204.32.
 2. If the conference/meeting/seminar is hosted by an organization in which the presenting employee actively participates in the employee's unofficial capacity, the employee must consult with CCE before attending.

7603.22 Oral and Poster Presentations

Presenters:

- A. Use research results from a headquarters-imposed special study, research and method development, laboratory-imposed special study, or evidence analysis to make a presentation.

NOTE: Informational briefings on topics not related to scientific research studies (e.g., Scientific Working Group for the Analysis of Seized Drugs (SWGDRUG) updates, training presentation, etc.) are exempt from 7603.22.A.

- B. Submit presentations to SFL1 for approval at least 45 calendar days prior to the date of the presentation.

NOTE: The Office of Training requires at least 45 calendar days to review and approve funding for travel if the presenter submits a request using the DEA Learning System (DEALS) to attend a conference/meeting/seminar.

See PRO-7603.22B, Approving Presentations.

- C. Give presentations at the conference/meeting/seminar only after receiving approval.

1. If attending the conference/meeting/seminar to present the abstract, attendance must be in accordance with 7204.32.
 2. If the conference/meeting/seminar is hosted by an organization in which the presenting employee actively participates in the employee's unofficial capacity, the employee must consult with CCE before attending.
- D. Do not travel to a conference/meeting/seminar without the presentation approval, unless otherwise permitted to attend per 7204.32.

7604 MAINTAINING TECHNICAL/SCIENTIFIC LITERATURE

The LD:

- A. Maintains a library of scientific literature and written reference materials.
- B. Ensures the environment is suitable to protect the library collection and provides a suitable place for study.

NOTE: Exhibit 1/7604 lists acronyms used in this subchapter.

Exhibit 1/7601

ACRONYMS	
LD	Laboratory Director
LOM	Laboratory Operations Manual
SF	Office of Forensic Sciences
SFDCC	Office of Forensic Sciences Document Control Center
SFL1	Special Testing and Research Laboratory
SFM	Laboratory Management and Operations

Exhibit 1/7602

ACRONYMS	
LD	Laboratory Director
SFL1	Special Testing and Research Laboratory

Exhibit 1/7603

ACRONYMS	
CCE	Office of Chief Counsel, Ethics and Standards of Conduct Unit
DAA	Deputy Assistant Administrator
DEA	Drug Enforcement Administration
DEALS	DEA Learning System
LD	Laboratory Director
LOM	Laboratory Operations Manual
PM	Program Manager
PRB	Publications Review Board
SF	Office of Forensic Sciences
SFDCC	Office of Forensic Sciences Document Control Center
SFL1	Special Testing and Research Laboratory
SWGDRUG	Scientific Working Group for the Analysis of Seized Drugs

DEA SENSITIVE

Exhibit 1/7604

ACRONYMS	
LD	Laboratory Director

See Also: LOM 7601

ACTION BY:

**Deputy Assistant
Administrator (DAA)**

ACTION:

1. **Assigns** topics to one or more Laboratory Directors (LDs) with a 30-day deadline to respond with a research protocol.

NOTE 1: The study may be assigned to a specific analyst with the concurrence of the responsible LD.

NOTE 2: The DAA, or designee, may reassign the special study at any time.

LD

2. **Assigns** special study to a researcher.

Researcher(s)

3. **Drafts** a research protocol for the assigned topic which includes:

- Laboratory
- Researchers
- Title
- Statement of work
- Approach
- Required equipment/materials
- Time requested for study

NOTE: The Research Protocol template is located on the Blank Forms section on the Office of Forensic Sciences Document Control Center (SFDCC).

4. **Submits** research protocol for intra-laboratory approval.

NOTE 1: Laboratory processes for internal approval may be defined locally.

NOTE 2: If more than one laboratory is involved in the study, only one combined protocol is submitted for approval.

5. **Provides** research protocol to LD, or designee.

LD

6. **Submits** the research protocol to the Special Testing and Research Laboratory (SFL1) LD for approval.

NOTE 1: SFL1 administratively reviews research protocols for digital evidence and latent print disciplines for approval.

NOTE 2: The Laboratory Operations and Management Section (SFM) technically reviews research protocols for digital evidence and latent print disciplines for approval.

SFL1 LD

7. **Reviews** research protocol and responds within 14 days to the submitting LD.

7a. **Approves** research protocol. **Updates** the SF website with special

ACTION BY:

ACTION:

study details.

OR

7b. **Returns** research protocol, with comments for improvement, to LD.
Submitting LD **returns** to Step #4.

8. **Notifies** submitting LD of approval via email and includes the following:

- Project number in the format HI-SFLX-FY-XX (e.g., HI-SFL4-17-01 for the first project assigned to the Southeast Laboratory).
- Number of hours assigned to the study.
- Expiration and/or due date of the study.

9. **Updates** the list of special studies on the SF website.

10. **Files** the research protocol according to the DEARIS file plan.

NOTE: Special study protocols require permanent retention.

LD

11. **Notifies** researcher(s) of decision.

End of Document

See Also: LOM 7601
ADM Chapter 1, Sections 3 and 4.

ACTION BY:

ACTION:

Laboratory Director (LD), Deputy Assistant Administrator (DAA)

1. **Determines** the need for research or method development.
2. **Refers** topics to the Special Testing and Research (SFL1) laboratory director (LD).

SFL1 LD

3. **Assigns** the research or method development to a laboratory with a 30-day deadline to respond with a research protocol.

LD

4. **Assigns** the research or method development to an analyst.

Researcher(s)

5. **Drafts** a research or method development protocol for the assigned topic and includes:
 - Laboratory
 - Researchers
 - Title
 - Statement of work
 - Approach
 - Required equipment/materials
 - Time requested for study

NOTE 1: See ADM Chapter 1 for quantitative method validation protocol.

NOTE 2: The Research Protocol template is located on the Blank Forms section on the Office of Forensic Sciences Document Control Center (SFDCC).

6. **Submits** protocol for intra-laboratory approval.

NOTE: Laboratory processes for internal approval may be defined locally.

7. **Provides** protocol to LD, or designee.

LD

8. **Submits** the research protocol to the SFL1 LD for approval.

NOTE 1: SFL1 administratively reviews research protocols for digital evidence and latent print disciplines for approval.

NOTE 2: The Laboratory Operations and Management Section (SFM) technically reviews research protocols for digital evidence and latent print disciplines for approval.

SFL1 LD

9. **Reviews** protocol and responds within 14 days to the submitting LD.
 - 9a. **Approves** the protocol. **Updates** the SF website with special study details,

OR

ACTION BY:

ACTION:

9b. **Returns** the protocol to LD. Submitting LD **goes** to step #5.

10. **Notifies** submitting LD of approval via email and includes the following:

- Project number in the format RMD-SFLX-FY-XX (e.g., RMD-SFL4-17-01 for the first project assigned to the Southeast Laboratory).
- Expiration and/or due date of the study.

11. **Updates** the list of special studies on the SF website.

12. **Files** the research protocol according to the DEARIS file plan.

NOTE: Special study protocols require permanent retention.

LD

13. **Notifies** researcher(s) of decision.

End of Document

See Also: LOM 7601

ACTION BY:

Researcher

ACTION:

1. **Drafts** a research protocol for the topic which includes:
 - Title
 - Project number (proposed) in the format LI-SFLX-FY-XX (e.g., LI-SFL8-17-02 for the second project started at the Southwest Laboratory)
 - Researcher(s)
 - Statement of work
 - Approach
 - Required equipment/materials
 - Time requested for study (not to exceed 40 hours)
 - Expiration date for the study (not to exceed 1 year from approval date)

NOTE: The Research Protocol template is located on the Blank Forms section on the Office of Forensic Sciences Document Control Center (SFDCC).

2. **Submits** research protocol for intra-laboratory approval.

NOTE 1: Laboratory processes for internal approval may be defined locally.

NOTE 2: If more than one laboratory is involved in the study, only one combined protocol is submitted for approval.

3. **Provides** research protocol to the Laboratory Director (LD).

LD

4. **Submits** the research protocol to the Special Testing and Research Laboratory (SFL1) LD.

NOTE: The Laboratory Management and Operations Section (SFM) technically reviews research protocols for digital evidence and latent print disciplines for approval.

SFL1 LD

5. **Reviews** protocol to ensure the proposal does not duplicate research efforts internal or external to DEA.

5a. **Responds** within 14 days to the submitting LD with comments for improvement, or rejection.

NOTE: SFL1 may reject a research protocol if the proposal duplicates efforts.

OR

5b. **Notifies** LD of approval.

ACTION BY:

ACTION:

LD

6. **Assigns** a senior research chemist to mentor research efforts, if requested.
7. **Updates** the list of special studies on the SF website.
8. **Files** the research protocol according to the DEARIS file plan.
9. **Approves** research protocol and establishes the start date with the researcher.

End of Document

See Also: LOM 7603

ACTION BY:

ACTION:

Author(s)

1. **Submits** manuscript for intra-laboratory review using the template for laboratory notes.

NOTE: Record time spent writing and editing manuscripts in the time and attendance system.

2. **Revises** and **submits** to the Laboratory Director (LD) for review.

LD

3. **Submits** manuscript to the Special Testing and Research Laboratory (SFL1) LD via email. The email will include:

- Title
- Author name(s)
- Special study project number and name, or the LIMS case number of the evidence used to generate the data
- A Microsoft Word document containing the text of the note
- Figures in either JPEG or TIFF formats

SFL1 LD

4. **Reviews** the manuscript and responds within 14 days to the submitting LD.

4a. **Accepts** as written,

OR

4b. **Returns** manuscript, with comments and corrections required for publication, to LD. Submitting LD **returns** to Step #2.

5. **Notifies** submitting LD of SFL1 approval via email.
6. **Submits** the manuscript to the Publications Review Board (PRB) for their approval if intended for release to non-DEA audiences.
7. **Notifies** submitting LD of the PRB response, if applicable.
8. **Coordinates** posting the laboratory note to the SF website.

End of Document

See Also: LOM 7603

ACTION BY:

ACTION:

Author(s)

1. **Submits** manuscript for intra-laboratory review using the format required by the journal.

NOTE: Record time spent writing and editing manuscripts in the time and attendance system.

2. **Revises** and **submits** manuscript to the Laboratory Director (LD) for review.

NOTE: Laboratory processes for internal approval may be defined locally.

LD

3. **Submits** manuscript to the Special Testing and Research Laboratory (SFL1) LD via email. The email will include:

- Title
- Author name(s)
- Special study project number and name, or the LIMS case number of the evidence used to generate the data
- A Microsoft Word document formatted as indicated by the publisher
- Separate figures in the format required by the publisher, if not embedded in the Microsoft Word document.
- Title of journal where the manuscript is intended to be published
- A copy of manuscript requirements for the intended publisher

SFL1 LD

4. **Reviews** the manuscript and responds within 14 days to the submitting LD.

4a. **Accepts** as written,

OR

4b. **Returns** manuscript, with comments and corrections required for publication, to LD. Submitting author **returns** to Step #2.

5. **Notifies** submitting LD of SFL1 approval via email.
6. **Submits** the manuscript to the Publications Review Board (PRB) for their approval.
7. **Notifies** submitting LD of the PRB response.

LD

8. After approval from the PRB, **submits** the manuscript to the publisher.
9. **Includes** submission of the manuscript in the laboratory monthly report.

Author(s)

10. **Reviews** comments and corrections from the publisher.

ACTION BY:

ACTION:

LD

11. **Revises** and **submits** manuscript to the LD for review.

12. **Reviews** revised manuscript.

NOTE 1: Edits to the manuscript which include additional research data require resubmission to SFL1 for review. **Returns** to Step #3.

NOTE 2: Administrative edits do not require resubmission to SFL1 or the PRB for review.

Author(s)

13. **Submits** the manuscript to the publisher.

14. **Notifies** the LD.

LD

15. **Includes** submission of the manuscript in the laboratory monthly report.

16. **Includes** publication milestones in the laboratory monthly report (e.g., acceptance, electronic availability, final citation, etc.)

End of Document

See Also: LOM 7603

ACTION BY:

ACTION:

Author(s)

1. **Submits** abstract for intra-laboratory review using the format required by the organizer.

NOTE: Record time spent writing and editing abstracts in time and attendance system.

2. **Revises** and **submits** abstract to the Laboratory Director (LD) for review.

LD

3. **Submits** abstract to the Special Testing and Research Laboratory (SFL1) LD via email *at least 45 days* before the due date established by the conference organizer.

The email will include:

- Title
- Author name(s)
- Special study project number and name, or the LIMS case number of the evidence used to generate the data
- The name of the conference/meeting/seminar at which the presentation is to be given
- The date the conference/meeting/seminar begins
- The abstract due date
- The type of presentation (oral or poster) requested of the organizer
- A Microsoft Word document containing the text of the abstract
- A copy of the abstract requirements

SFL1 LD

4. **Reviews** the abstract and responds to the submitting LD.

4a. **Accepts** as written,

OR

4b. **Returns** abstract, with comments and corrections required for publication, to LD. Submitting author **returns** to Step #2.

5. **Notifies** submitting LD and author of approval via email.

Author

6. **Submits** the abstract to the organizer.
7. **Notifies** the LD.

End of Document

See Also: LOM 7603

ACTION BY:

ACTION:

Author(s)

1. **Submits** presentation for intra-laboratory review using the format required by the organizer.

NOTE: Record time spent writing and editing abstracts in the time and attendance system.

2. **Revises** and **submits** presentation to the Laboratory Director (LD) for review.

LD

3. **Submits** presentation to the Special Testing and Research Laboratory (SFL1) via email *at least 45 days* before the date of the conference start. The email will include:

- Title
- Author name(s)
- Special study project number and name, or the LIMS case number of the evidence used to generate the data
- The name of the conference/meeting/seminar at which the presentation is to be given
- The date the conference/meeting/seminar begins
- A Microsoft PowerPoint file containing the presentation

SFL1 LD

4. **Reviews** the presentation and responds to the submitting LD.

4a. **Accepts** as submitted,

OR

4b. **Returns** presentation, with comments and required corrections, to LD. Submitting author **returns** to Step #2.

5. **Notifies** submitting LD and author of approval via email.

LD

6. **Includes** the presentation in the laboratory monthly report.

End of Document

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CHAPTER 77 SAFETY

7701 SCOPE

The safety program provides safe and healthy working conditions, and safeguards laboratory personnel and property. The Office of Forensic Sciences (SF) formulates, maintains, and coordinates the laboratory system safety plan through engineering and administrative controls, work practices, and the use of personal protective equipment (PPE).

NOTE: Exhibit 1/7701 lists acronyms for this subchapter.

The goals and objectives of the safety plan:

- A. Ensure that laboratory practices and procedures meet the requirements of the program.
- B. Educate and influence personnel in adopting safe and healthy practices and procedures.
- C. Prevent occupational accidents, injuries and illnesses.
- D. Identify and minimize hazards that endanger health and safety.
- E. Train personnel in the proper use of PPE.
- F. Ensure personnel follow appropriate actions in the event of an emergency.
- G. Ensure management maintains and evaluates the effectiveness of the safety program through periodic inspections and review of practices and procedures.

7702 DESCRIBING RESPONSIBILITIES

NOTE: Exhibit 1/7702 lists acronyms for this subchapter.

7702.1 Laboratory Director

In addition to responsibilities in Personnel Manual (PM) 2792.5, the Laboratory Director (LD):

- A. Ensures the Safety and Occupational Health Specialist (SOHS) and designated deputy are adequately trained to administer the safety program.
- B. Appoints a Safety Officer (SO) for the relevant duties assigned to the SOHS.

NOTE: This only applies to the LD at the Digital Evidence Laboratory (SFL9).

- A. Provides names of the SOHS and deputy to SF and the chief of Safety and Workers' Compensation Unit (HRES).
- B. Ensures safety and security plans are prepared, maintained, and updated periodically.
- C. Ensures that a safety education program is presented to the staff at least quarterly.
- D. Ensures compliance and proper enforcement of the laboratory safety and health programs.
- E. Encourages laboratory participation in safety programs and attends quarterly safety committee meetings.
- F. Forwards the annual safety inspection report to the SF Safety Program Manager and to HRES.

7702.2 Safety and Occupational Health Specialist

The laboratory SOHS or SO has all the responsibilities assigned to the Safety Manager outlined in PM 2792.5 and the sections that follow.

The SOHS:

- A. Ensures trained personnel operate forklifts. Requirements are found here: <https://www.osha.gov/SLTC/etools/pit/forklift/electric.html>.
- B. Submits an annual safety report to the LD.
- C. Prepares and updates safety and emergency plans for review by the LD. See 7703.
- D. Ensures all individuals who work within the laboratory facility complete and/or attend mandatory safety training.

7702.3 Laboratory Employees

In addition to responsibilities in PM 2792.52-3, employees have the following responsibilities:

- A. Comply with applicable federal regulations. See the Occupational Safety and Health Administration (OSHA) Laboratory Safety Guidance (OSHA 3404-11R).
- B. Ensure escorted visitors adhere to safety requirements.

7703 SAFETY AND EMERGENCY PLANS

NOTE: Exhibit 1/7703 lists acronyms for this subchapter.

7703.1 Bloodborne Pathogen Plan

OSHA standard 29 C.F.R. Part 1910.1030, Bloodborne Pathogens, and the Drug Enforcement Administration (DEA) PM 2792.56 require a site-specific Exposure Control Plan (ECP).

The LD:

- A. Makes the Bloodborne Pathogen Plan available to laboratory personnel by posting on the Office of Forensic Sciences Document Control Center (SFDCC).
- B. Reviews the Bloodborne Pathogen Plan annually.

7703.2 Respiratory Protection Plan

OSHA standard 29 C.F.R. 1910.134, Respiratory Protection, and PM 2792.55 require the Respiratory Protection Plan.

The LD:

- A. Makes the Respiratory Protection Plan available to laboratory personnel by posting on the SFDCC.
- B. Reviews the Respiratory Protection Plan annually.

7703.3 Chemical Hygiene Plan

OSHA standard 29 C.F.R. 1910.1450, Occupational Exposure to Hazardous Chemicals in Laboratories, requires a site-specific Chemical Hygiene Plan (CHP).

EXCEPTION: SFL9 is not required to maintain a chemical hygiene plan.

The LD:

- A. Makes the CHP available to laboratory personnel by posting on the SFDCC.
- B. Reviews the CHP annually.

7703.4 Occupant Emergency Plan

The Federal Property Management Regulation (FPMR) defines an Occupant Emergency Plan (OEP) as a short-term emergency response program that establishes procedures for safeguarding lives and property during emergencies in particular facilities.

The OEP is required by 29 United States Code 651-678, Occupational Safety and Health; 41 Code of Federal Regulations 102-74, Facility Management; and Department of Justice (DOJ) Order 1900.8, Justice Continuity and Occupant Emergency Plan. See the OEP template located on the Blank Forms section on the SFDCC.

The LD:

- A. Makes the OEP available to laboratory personnel by posting on the SFDCC and in a conspicuous place within the laboratory.
- B. Reviews and updates the OEP each January and July.
- C. Establishes an evacuation drill program to include at least one evacuation drill per year.
- D. Evaluates, documents, and reports on the results of drills to the staff.

REDACTED.

7703.5 Continuity of Operations Plan

DOJ Order 1900.8, Justice Continuity and Occupant Emergency Plan, requires the Continuity of Operations Plan (COOP).

The LD:

- A. Submits the COOP REDACTED.
- B. Updates the COOP REDACTED semi-annually.

7704 MEETING SAFETY REQUIREMENTS

NOTE: Exhibit 1/7704 lists acronyms for this subchapter.

7704.1 Educational Materials

Laboratory management and the Environmental Management Section (SFE) provide access to safety guidelines, safety training media, and suitable references.

7704.2 Safety Seminars and Training

The SOHS provides or coordinates safety training by qualified individuals or organizations. The safety training complies with the requirements set forth in 29 C.F.R. 1960.54-59, Occupational Safety and Health Administration (OSHA), Labor, and in DOJ Order 1779.2B - Occupational Safety and Health Program.

- A. The SOHS provides and documents training for new personnel in compliance with 29 C.F.R. 1910, Safety and Health Management Guidelines, within 10 calendar days of entry on duty.
- B. The SOHS, in conjunction with laboratory management, analyzes proposed new laboratory processes (e.g., new synthesis method) to identify hazards by using a Job Hazard Analysis, when necessary. (See Exhibit 2/7704 and OSHA 3071.)
- C. Each laboratory will have at least four employees with formal first aid/cardiopulmonary resuscitation (CPR)/automated external defibrillator (AED) training, received from the American Red Cross, American Heart Association, Federal Occupational Health (FOH), Civil Defense, or another comparable institution.

NOTE: Employees who have received formal first aid/CPR/AED training may provide assistance.

- D. The SOHS and deputy attend a safety-training course per 29 C.F.R. 1960.56. Training must be completed within six months of appointment.
- E. The SOHS and deputy attend an OSHA Laboratory Standard training course within one year of appointment. (See 29 C.F.R. 1960.25(a) for a general description of training required.)

NOTE: Courses are available on DEA Learning System (DEALS).

- F. Personnel complete a fire safety-training course annually.
- G. Laboratory management complete a supervisory safety training course per 29 C.F.R. 1960.55. Training must be completed within one year of appointment.
- H. The SOHS and deputy attend meetings and training courses, and read safety and health publications, to gain knowledge of current safety standards and best practices.
- I. Employees receive annual training on bloodborne pathogens and respiratory protection.
- J. Personnel are provided updates when there are changes to the OEP.

NOTE: Laboratory safety plans are posted on the SFDCC.

- K. The laboratory DEALS coordinator documents the training outlined above in DEALS for each employee.

7704.3 Medical Examinations

See also PM 2792.2 for additional information.

- A. All DEA employees working in the laboratory require annual physical examinations coordinated by the Health Services Unit (HRLH). All GS-1320 positions working in SF require annual physical examinations.

EXCEPTION: Laboratory employees at the digital evidence laboratory and digital laboratory satellite locations do not require annual physical examinations unless the employee is certified to respond to clandestine laboratories.

- A. The LD provides a memorandum to the HRLH chief to place new employees on the roster to receive future medical examinations. The memorandum includes the name, date of birth, series, and title of the employee.
- B. The SOHS maintains a current list of employees that require annual physicals to ensure periodic examination.

7704.4 Clandestine Laboratory Safety

The Office of Training provides clandestine laboratory training. Clandestine laboratory certified analysts require annual recertification to maintain competency. (See PM 2792.23.)

Certified analysts participating in clandestine laboratory seizures:

- A. Know what hazards are present or expected, and the precautions required to avoid injury.
- B. Document exposure. Follow PRO-7704.4, Documenting Work-related Injury.

7705 PRACTICING SAFETY

NOTE: Exhibit 1/7705 lists acronyms for this subchapter.

7705.1 Laboratory Rules

Employees who work in laboratory areas:

- A. Keep laboratory work space in a clean and orderly manner pursuant to 29 C.F.R. 1910.22(a).
- B. Do not work in the laboratory area outside of normal duty hours without a member of the laboratory management present.
- C. Do not work alone in laboratory areas.

EXCEPTION: Digital forensic examiners are permitted to work alone in laboratory spaces.

- D. Do not eat, drink any liquid, or prepare or store any food outside of designated areas.
- E. Remove laboratory coats and gloves prior to entering the eating and administrative areas (e.g., library, restrooms, etc.) to prevent contamination.
- F. Do not take any forms or paperwork used in the laboratory area into the eating area.
- G. Do not wear contact lenses in the laboratory area.

EXCEPTION: The employee's health care provider must forward a written statement supporting the use of contact lenses for treatment of medical conditions. The employee forwards a copy of this documentation to the DEA Health Services Unit for their review and approval prior to use.

If approved for use of contact lenses in the laboratory (or during clandestine laboratories), the SOHS ensures adherence to recommendations listed in National Institute of Occupational Safety and Health (NIOSH) Current Intelligence Bulletin 59, *Contacts Lens Use in a Chemical Environment*, prior to allowing contacts in the laboratory. Additionally, when wearing contacts, non-vented safety goggles for eye protection must be worn at all times when in the designated area requiring eye protection.

7705.2 Biohazard Material

A. Employees:

1. Familiarize themselves with the Bloodborne Pathogens Program (see PM 2792.56) and guidelines on the handling of biohazard material.
2. Place a biohazard label on the outer packaging of evidence suspected of contaminants. Evidence (e.g., body carries, needles, syringes, etc.) suspected of contamination with bodily fluids is considered hazardous. See 7709 for policy related to the handling and analysis of contaminated items.
3. Do not accept needles or syringes for analyses, unless authorized by the LD.

NOTE: Employees may accept properly packaged sharps for storage and/or destruction.

B. Analysts:

1. Repackage needles and syringes in appropriate containers designed for that purpose (if approved for analysis by the LD).
2. Use disposable equipment whenever possible and perform work in a fume hood.
3. Disinfect non-disposable items after completing the analyses.

7705.3 Disposal of Infectious Waste

Laboratory personnel:

- A. Place non-evidentiary materials contaminated with blood and bodily fluids in receptacles designed for biohazards. Place sharps in puncture-resistant containers labeled with a biohazard label.
- B. Place potentially-contaminated clothing and disposable materials (e.g., single-use PPE) in leak-proof containers.
- C. Label infectious waste containers accordingly. Incinerate at a facility authorized to accept biohazard waste.

7706 MAINTAINING SAFETY IN THE LABORATORY

NOTE: Exhibit 1/7706 lists acronyms for this subchapter.

7706.1 Occupational Health and Safety Standards

Personnel adhere to applicable requirements found in 29 C.F.R. 1910, Occupational Safety and Health Standards, and 29 C.F.R. 1960, Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters. Exhibit 2/7706 contains a list of recommended references.

7706.2 Fire-Fighting Equipment

Fire extinguishers located in the laboratory will meet or exceed the local fire code or General Services Administration (GSA) recommendations. Refer to 29 C.F.R. 1910.157 for detailed information on portable fire extinguishers.

7706.3 Glassware Hazards

Laboratory employees:

- A. Use shields to prevent injuries from glassware rupture during chemical reactions. Use a transparent shield around equipment under reduced atmospheric pressure, or around a reaction vessel for dangers from an explosion, a runaway reaction, or a boil-over.
- B. Use safety glasses to prevent eye injuries from flying glass.
- C. Store heavier pieces of glassware on lower shelves, preferably no higher than an individual can easily reach without the use of a ladder or step stool. Store delicate pieces of glassware in cartons, clearly marked as to contents.
- D. Use good laboratory practices when handling, using or maintaining glassware:
 - 1. Do not carry glassware by projections, such as the sidearm of a distilling flask.
 - 2. Do not carry beakers full of liquids by their rims.
 - 3. Do not shake one liter or larger volumetric flasks by the neck.
 - 4. Discard chipped, cracked, badly stained, etched, or poorly annealed glassware.
 - 5. Discard broken glassware in specially marked containers, separate from regular laboratory trash.
 - 6. Use puncture resistant gloves when attempting to free glass stoppers that have frozen in place.
- E. Fire-polish the ends of glass tubing and rods before use. Use a towel (or gloves) when cutting glassware, or when inserting tubing or rods into stoppers. Properly anneal glassware prepared or altered by glassblowing to relieve thermal stress.
- F. Enclose glass vacuum vessels in suitable shields before evacuation. Only use glass containers designed for vacuum work.
- G. Support a heavy glass apparatus with rigid, padded clamps.

7706.4 Safety Data Sheets

- A. OSHA requires Safety Data Sheets (SDS) for chemicals on the premises.
- B. Personnel maintain all SDSs received with incoming shipments of chemicals.
- C. The SOHS will acquire and maintain a collection of SDSs for chemicals in the facility. Each SDS in the collection will be maintained in electronic and hard copy formats. The SOHS informs personnel of the location of the collection. All personnel must have access to the SDSs.

NOTE 1: The DEA Safety Website on Webster contains SDSs.

NOTE 2: Upon request, SF will provide assistance in obtaining SDSs.

NOTE 3: OSHA-3514, *Hazard Communication Standard: Safety Data Sheets*, contains additional information regarding SDSs.

7706.5 Compressed Gases

- A. Exercise precautionary measures when handling compressed gases.

NOTE 1: Compressed Gases exhibit properties such as high pressure, rapid diffusion, low flash points for flammable gases, lack of odor and color for most gases, transparency, and the cooling effect on rapid release.

NOTE 2: The diffusion of leaking gases causes the contamination of the atmosphere, potentially giving rise to toxic or anesthetic effects, asphyxiation, or formation of explosive concentrations of flammable gases.

- B. Employees who receive, handle or use compressed gases, or gas systems, will receive training on safe handling and use as part of training for new personnel. (See 7704.2.B.)
- C. Examine compressed gas cylinders when received. If damaged, leaking, or improperly identified, decline receipt. If already received when the damage is discovered, remove the cylinders to an isolated area and return them to the supplier as soon as possible.
- D. Exercise care in handling cylinders. Store compressed gases in a separate room, or in an enclosure especially designed for this purpose.
- E. Store cylinders upright in racks, or in a secured in position away from sources of heat and direct sunlight. Except when cylinders are in use, the steel protective caps will be threaded onto the cylinder body until tight.
- F. Use a hand truck specially designed for the purpose of transporting gas cylinders. Fasten the cylinder to the hand truck for transport.
- G. Do not use a gas cylinder near heat or an ignition source. Always use a pressure regulator compatible with the gas for which it is being used. Refer to 29 C.F.R. 1910 for additional information on precautions for storing, handling, and using compressed gases.

7706.6 Storage Safety

Laboratory personnel:

- A. Keep storage areas clean and in an orderly manner.
- B. Notify the SOHS or management if chemicals are found to be deteriorated or unfit for use. Withdraw the chemicals from storage and prepare them for hazardous waste disposal.
- C. Do not store incompatible chemicals together.

NOTE 1: The Federal Hazardous Substances Act defines a hazardous substance as the following: *“A substance or mixture of substances that is toxic, corrosive, a strong sensitizer, flammable or combustible, an irritant, or which generates pressure through combustion, heat, or other means.”*

NOTE 2: Chemicals may have more than one hazardous property.

- D. Store flammable chemicals in cabinets designed for that purpose. For flammable chemicals that require refrigeration, only use explosion-proof type units.
- E. Maintain supplies in good condition, and observe safe practices in storage and distribution.
- F. Maintain at least 18 inches between stored materials and sprinklers.
- G. Do not allow apparatuses and glassware to project beyond front shelf limits.
- H. Store heavy items on, or as near to, the floor as possible.
- I. Mount drums horizontally and securely brace them to prevent rolling.
 - A. Do not re-use empty drums for the storage of hazardous waste.
 - B. Use a faucet with a spring closing action and locking pin to withdraw contents from a drum.

- C. Attach a static grounding wire to drums containing flammable solvents before dispensing the contents.
- J. Use safety siphons or an inclinor when dispensing acids or other liquids from carboys.
- K. Do not maintain private stocks of flammable solvents at workbenches, except for minimal amounts of such solvents that are used regularly during the day.

7706.7 First Aid Procedures

Each laboratory will have at least four individuals who have received formal first-aid training from the American Red Cross, the American Heart Association, or other comparable sources. These trained individuals will be consulted, and their expertise used, when first aid is necessary.

7707 MEETING SAFETY INSPECTION REQUIREMENTS

The SOHS or SO:

- A. Conducts periodic inspections.
- B. Uses the Safety Checklist located on the Blank Forms section on the SFDCC to prevent oversight of critical elements of the safety inspection.
- C. Submits a written report to identify unsafe conditions or equipment, and provides the proposed corrective action.

NOTE: Exhibit 1/7707 lists acronyms for this subchapter.

7707.1 Monthly Inspections

The SOHS:

- A. Inspects first aid supplies to ensure adequate amounts are available and that expired items are removed.
- B. Inspects safety equipment to ensure functional working order.
- C. Documents the inspection of self-contained breathing apparatuses (SCBA). (See OSHA 1910.134(h)(3)(i)(B).)
- D. Uses checklist to document inspection.
- E. Prepares a report documenting inspections to the LD and requests supplies and/or repairs.

7707.2 Semi-Annual Inspections

The SOHS documents laboratory personnel awareness of the evacuation plan indicated in the OEP.

7707.3 Annual Inspections

The SOHS:

- A. Documents tests performed on Class ABC and Class D fire extinguishers (see 29 C.F.R. 1910.157), and ensures the refill of extinguishers with a loss of more than ten percent.

- B. Documents an annual safety audit of the laboratory. Uses checklist for inspection. (See Blank Forms, OSHA Annual Safety Inspection Checklist.)
- C. Prepares the Annual Field Occupational Safety and Health Inspection of the laboratory summarizing the safety program and forwards to the LD, SF, and the DEA Safety Manager.

7707.4 Correcting Nonconformances

The LD corrects or initiates a plan to resolve any safety or health deficiency within 15 calendar days of notification, including, but not limited to, deficiencies reported by the SOHS or an external safety professional. (See Chapter 71 for addressing nonconformances.)

7708 MANAGING WORK-RELATED INJURY AND ILLNESS

NOTE: Exhibit 1/7708 is a list of acronyms for this subchapter.

7708.1 Injury or Illness

When an employee experiences an occupational injury or illness (e.g., cuts, burns, inhalation of solvents, accidental ingestion or inhalation of drugs, etc.):

- A. The employee and supervisor will complete PRO-7704.4, Documenting Work-related Injury.
- B. The supervisor completes paperwork in the event of a traumatic injury in accordance with PM 2792.13.
- C. For accidents requiring professional attention, a laboratory employee will accompany the patient to the emergency room of the nearest hospital.

NOTE: See PM 2792.13 for Emergency Medical Treatment.

7708.2 Reporting Accidents

- A. Laboratory personnel will report safety-related accidents to laboratory management as soon as possible.
- B. The LD will report safety-related accidents involving personnel to the SF Safety Program Manager within 48 hours of the incident using the Accident Report Form located on the SFDCC.
- C. SFE reviews the report and conducts an on-site inspection, if necessary.

7709 PROTECTING STAFF

NOTE: Exhibit 1/7709 lists acronyms for this subchapter.

7709.1 Guidelines

- A. Laboratory management:
 - 1. Maintains an adequate supply of PPE.
 - 2. Identifies and designates those areas requiring the use of PPE (e.g., safety glasses, laboratory coats, etc.).
- B. Laboratory management requires personnel to:
 - 1. Wear proper PPE when in designated areas of the laboratory.

2. Remove the lab coat prior to leaving the laboratory area.

NOTE: Laboratory coats will be laundered as necessary.

3. Wear protective gloves when handling hazardous chemicals, evidence or solvents.
4. Wear the proper respirator and use engineering controls when handling hazardous dry chemicals or powders.
5. Work in a fume hood when handling hazardous materials, preparing chemical reagents, and any other operation that is expected to cause dusts or mists.
6. Wear PPE consistent with the hazards of the situations involved in their work (e.g., air-purifying respirator (APR), disposable Tyvek suits, protective footwear, etc.). (See 7710 for information regarding biohazards.)

7709.11 Handling Sealed Evidence

EXCEPTION: This section does not apply to evidence handled at SFL9 or the sub-regional digital laboratories.

When handling sealed evidence, all employees must:

- A. Wear protective gloves and laboratory coats.
- B. Wear safety glasses.

7709.12 Processing Evidence

EXCEPTION: This section does not apply to evidence handled at SFL9 or the sub-regional digital laboratories.

In addition to the requirements when handling sealed evidence, when processing evidence (e.g., opening evidence containers), all employees:

- A. Wear particulate respirators (e.g., N95 disposable respirator) (See PM 2792.55 for detailed information regarding use of respirators.).
- B. Use a fume hood when opening exhibits, sampling and compositing material, and re-packaging evidence.
- C. Wear APRs with appropriate cartridges whenever the handling or processing evidence may result in an appreciable amount of dust (e.g., bulk evidence).

7709.13 Using Laboratory Stockpiles and Other Non-Evidentiary Items

- A. When handling stockpiles and/or collections (e.g., drug standards, REDACTED samples, training samples, proficiency test samples, etc.), all employees:
 1. Wear protective gloves and laboratory coats.
 2. Wear safety glasses.
- B. When using or processing items from stockpiles and/or collections (e.g., drug standards, REDACTED, training samples, proficiency test samples, etc.), all employees:
 1. Wear particulate respirators (e.g., N95 disposable respirator) (See PM 2792.55 for detailed information regarding use of respirators.).
 2. Use a fume hood when opening REDACTED exemplars or training items, sampling and compositing material, and re-packaging, at a minimum.

3. Wear APRs with appropriate cartridges whenever the handling or processing REDACTED, proficiency test samples, or training items that may result in an appreciable amount of dust.

7709.2 Protective Equipment.

Laboratory management ensures availability of safety items for use.

NOTE: See OSHA 3151-12R for guidance on selecting proper PPE.

A. Safety glasses face shields, and/or goggles. Personnel:

1. Wear safety glasses with attached side shields upon entering any designated laboratory area.
2. Order or obtain a pair of safety glasses from the SOHS to make sure that they meet or exceed the standards established by the American National Standards Institute (Z87.1-2010), *Occupational and Educational Personal Eye and Face Protection Devices*.
3. Use special or extra eye protection for unusual hazards (e.g., full face shields for chemical splashes).

B. Protective clothing. Personnel:

1. Wear laboratory coats upon entering any designated laboratory area.
2. Wear laboratory coats, rubber aprons, coveralls, etc., appropriate for the activity (e.g., low temperature resistant apron when handling liquid nitrogen).

C. Protective gloves. Personnel:

1. Wear gloves when handling or processing evidence.
2. Wear gloves appropriate for the solvent being handled.
3. For other activities, wear protective gloves appropriate for the activity (e.g., heat and/or low temperature-resistant, cut-resistant, etc.).

D. Self-Contained Breathing Apparatus (SCBA).

1. PM 2792.55 contains detailed requirements.
2. SOHS ensures each laboratory has a minimum of two SCBA units available for an emergency situation.

E. Air-purifying respirators (APRs).

1. The SOHS ensures the laboratory has APRs available for use and that employees are fit-tested.
2. Use NIOSH-approved filters appropriate for the specific contaminant.
3. Laboratory employees will wear an APR when handling evidence where appreciable dust is present or anticipated to be generated (e.g., composite formation or destruction).
4. Clandestine laboratory certified employees will wear an APR when processing clandestine laboratories (once the atmosphere has been determined to be otherwise suitable).

F. Clandestine laboratory equipment.

1. Clandestine laboratory coordinators inspect equipment monthly.
2. Clandestine laboratory responders:
 - a. Stock disposable protective equipment prior to leaving the laboratory.
 - b. Inspect equipment before use.

7709.3 Safety Equipment

A. Protective shields

1. Personnel use shatterproof shields when glass vacuum systems or pressurized operations are involved.
2. Personnel use shields whenever there are hazards of any type that expose the face or upper body to injury (i.e., the handling of reactive metal hydrides).

B. Fire blankets

1. SOHS ensure each main laboratory has a fire blanket.
2. Personnel use blankets as a protective screen to smother an ignited spill.

NOTE: Use of a fire blanket on a clothing fire may direct hot, toxic gases and flames toward the victim's breathing zone (see National Fire Protection Association (NFPA) 45, April 2015).

C. Emergency showers

1. Showers are available in laboratories.
2. Personnel use showers for drenching in emergency situations where acids, strong alkali, chemical reagents, or hazardous waste has splashed onto skin or clothing.

D. Fire extinguishers

1. SOHS ensures the availability of fire extinguishers throughout the laboratory.
2. Fire extinguishers are rated for their intended use. Personnel use:
 - a. ABC rated extinguishers to quench ordinary combustibles (A), flammable liquids (B), and energized electrical systems (C)
 - b. D rated extinguishers to quench combustible metals

E. Spill kits

Personnel:

1. Choose a suitable kit for liquid spills.
2. Neutralize alkali and acid spills.
3. Dispose of used materials to contain or clean spills as hazardous waste.

F. Flashlights and lanterns. The SOHS ensures the availability of battery-powered lanterns and flashlights for emergency situations.

G. Fume Hoods

1. Personnel will not use fume hoods to dispose of volatile waste materials by evaporation.
2. Personnel dispose of filters from ductless fume hoods as hazardous substances in accordance with Resource Conservation and Recovery Act (RCRA) regulations.

H. Eye Wash Stations

1. Eye wash stations are available in laboratories.
2. SOHS ensures the availability of eye wash bottles in locations without a station.

7709.4 Medical Equipment

- A. First aid kits
 - 1. The SOHS ensures availability of supplies for minor cuts, burns, and bruises in each laboratory.
 - 2. Personnel trained in first aid may administer assistance.
- B. Automated External Defibrillator (AED)
 - 1. The SOHS ensures availability of at least one AED in each laboratory for emergencies.
 - 2. Personnel trained to use the AED may administer assistance.
- C. Opioid antagonist delivery devices
 - 1. The LD ensures that, at a minimum, all analysts, supervisors, SOHS and evidence specialists receive training on the use of opioid antagonist delivery devices (e.g., naloxone auto injector, nasal spray, etc.).
 - 2. The SOHS ensures availability of at least one opioid antagonist in each laboratory, the main evidence vault area, and any other areas deemed necessary.
 - 3. The SOHS refers to manufacturer recommendations for the disposal of used or expired delivery devices.

NOTE: Some delivery devices contain lithium batteries and must not be incinerated.

7710 MINIMIZING EXPOSURE TO BODILY FLUIDS

NOTE: Exhibit 1/7710 is a list of acronyms for this subchapter.

7710.1 Managing Exposure to Bodily Fluids

DEA Bloodborne Pathogens Program contains DEA regulations regarding handling of potential biohazard materials. See PM 2792.56 and laboratory Bloodborne Pathogen plans located on the SFDC site.

7710.2 General Precautions

Personnel may be exposed to body fluids (e.g., vomit, feces, blood, saliva, etc.) from accidents, illnesses, field response, evidence handling, and evidence analysis. The PPE guidance below is a minimum standard, and specific scenarios may require additional precautions. Consult with the SOHS regarding the most appropriate PPE to mitigate exposure to biohazards.

- A. Evidence containing, or suspected of containing bodily fluids (e.g., bodily cavity evidence, syringes, saliva, etc.) is considered to be contaminated.
- B. Employees who clean, decontaminate, analyze, or process biohazard evidence will do so in a laboratory hood located in a room designated for biohazard evidence, if available.
- C. Personnel will routinely use appropriate barrier precautions to prevent skin and mucous membrane (i.e., mouth, eye, and nose) contact with blood or other bodily fluids of others.

Personnel:

- 1. Wear appropriate gloves when handling, decontaminating, or analyzing potential biohazard evidence.
- 2. Change gloves after contact with bodily fluids.

3. Wear appropriate PPE (i.e., water-resistant gowns, full-face shields or goggles, and masks to cover the nose and mouth).
 4. Consider wearing disposable suits to protect clothing from potential contamination (depending upon the type of activity performed).
- D. Personnel must take the following precautions to prevent injuries caused by hypodermic needles and other sharp instruments contaminated with bodily fluids:
1. Do not search evidence by advancing unprotected hands into areas that cannot be seen.
 2. Do not cap or recap needles which have been purposely bent or broken (even in commercial mechanical devices), removed from syringes, or otherwise manipulated.
 3. Place needles, syringes, and sharp objects retained as evidence in puncture-resistant containers and seal them in plastic bags to prevent leakage. Clearly label the plastic bags with a biohazard label to warn others that the container contains potentially infectious material.
 4. Dispose of non-evidentiary syringes and other sharp objects by placing the objects in puncture-resistant containers.
- E. Decontaminate work surfaces and materials (e.g., laboratory glassware, tools, etc.) contaminated by blood or other bodily fluids with an appropriate chemical germicide or by steam autoclaving. See decontamination procedures below.
- F. Wash hands thoroughly with soap and water immediately after completing laboratory activities, and remove PPE before leaving the laboratory areas.

7710.3 Decontamination Procedures for Potential Biohazard Evidence

- A. Analysts decontaminate and analyze evidence as soon as practical.
- B. Employees will follow PRO-7710.3, *Handling and Decontamination of Biohazard Items*.

NOTE: The Environmental Protection Agency (EPA) website (<http://www.epa.gov>) lists commercially produced disinfectants meeting the criteria for the Centers for Disease Control and Prevention (CDC) for use against the Ebola virus, and other types of viruses. Search for selected EPA-registered disinfectants.

7711 MONITORING IONIZING RADIATION AND LASER HAZARDS

NOTE: Exhibit 1/7711 lists acronyms for this subchapter.

- A. Laboratory management assigns an employee to monitor instruments and equipment that produce ionizing radiation (e.g., X-ray machines, passive static reducing equipment, ion scan, etc.).
- B. The SOHS ensures employees who use radiation-producing equipment (e.g., X-ray machine) receive training prior to use.

Training includes:

1. Risks from exposure to ionizing radiation
 2. Regulatory requirements
 3. Facility requirements
 4. Proper operation of the specific equipment to be used
 5. Proper disposal
- C. The SOHS ensures employees who use laser systems receive training prior to use.

Exhibit 1/7701

ACRONYMS	
PPE	Personal Protective Equipment
SF	Office of Forensic Sciences

Exhibit 1/7702

ACRONYMS	
HRES	Safety and Workers' Compensation Unit
LD	Laboratory Director
OSHA	Occupational Safety and Health Administration
PM	Personnel Manual
SF	Office of Forensic Sciences
SFL9	Digital Evidence Laboratory
SOHS	Safety and Occupational Health Specialist

Exhibit 1/7703

ACRONYMS	
CFR	Code of Federal Regulations
CHP	Chemical Hygiene Plan
COOP	Continuity of Operations Plan
DEA	Drug Enforcement Administration
DOJ	Department of Justice
ECP	Exposure Control Plan
FPMR	Federal Property Management Regulation
LD	Laboratory Director
OEP	Occupant Emergency Plan
OHSA	Occupational Safety Health Administration
PM	Personnel Manual
REDACTED	REDACTED
SFDCC	Office of Forensic Sciences Document Control Center

Exhibit 1/7704

ACRONYMS	
AED	Automated External Defibrillator
CFR	Code of Federal Regulations
CPR	Cardiopulmonary Resuscitation
DEA	Drug Enforcement Administration
DEALS	DEA Learning System
DOJ	Department of Justice
FOH	Federal Occupational Health
HRLH	Health Services Unit
LD	Laboratory Director
OEP	Occupant Emergency Plan
OHSA	Occupational Safety and Health Administration
PM	Personnel Manual
SF	Office of Forensic Sciences
SFDCC	Office of Forensic Sciences Document Control Center
SFE	Environmental Management Section
SOHS	Safety and Occupational Health Specialist

Exhibit 1/7705

ACRONYMS	
CFR	Code of Federal Regulations
DEA	Drug Enforcement Administration
LD	Laboratory Director
NIOSH	National Institute of Occupational Safety and Health
PM	Personnel Manual
PPE	Personal Protective Equipment

Exhibit 1/7706

ACRONYMS	
C.F.R	Code of Federal Regulations
DEA	Drug Enforcement Administration
GSA	General Services Administration
OSHA	Occupational Safety and Health Administration
SDS	Safety Data Sheets
SF	Office of Forensic Sciences
SOHS	Safety Occupational Health Specialist

Exhibit 1/7707

ACRONYMS	
C.F.R.	Code of Federal Regulations
DEA	Drug Enforcement Administration
LD	Laboratory Director
OEP	Occupant Emergency Plan
OSHA	Occupational Safety and Health Administration
SCBA	Self-Contained Breathing Apparatuses
SF	Office of Forensic Sciences
SFDCC	Office of Forensic Sciences Document Control Center
SOHS	Safety and Occupational Health Specialist

Exhibit 1/7708

ACRONYMS	
LD	Laboratory Director
PM	Personnel Manual
SF	Office of Forensic Sciences
SFDCC	Office of Forensic Sciences Document Control Center
SFE	Environmental Management Section

Exhibit 1/7709

ACRONYMS	
AED	Automated External Defibrillator
APR	Air-Purifying Respirator
LD	Laboratory Director
OSHA	Occupational Safety and Health Administration
NFPA	National Fire Protection Association
NIOSH	National Institute of Occupational Safety and Health
PM	Personnel Manual
PPE	Personal Protective Equipment
RCRA	Resource Conservation and Recovery Act
SCBA	Self-Contained Breathing Apparatus
SFL9	Digital Evidence Laboratory
SOHS	Safety and Occupational Health Specialist

Exhibit 1/7710

ACRONYMS	
CDC	Centers for Disease Control and Prevention
DEA	Drug Enforcement Administration
EPA	Environmental Protection Agency
PPE	Personal Protective Equipment
SFDCC	Office of Forensic Sciences Document Control Center

Exhibit 1/7711

ACRONYMS	
SOHS	Safety and Occupational Health Specialist

Exhibit 2/7704

JOB HAZARD ANALYSIS

Job Location:

Chemist Name:

Date:

Task Description:

Hazard Description:

Hazard Controls:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Exhibit 2/7706

RECOMMENDED REFERENCES

- A. *Fire Protection Guide on Hazardous Materials*, National Fire Protection Association, Boston, Massachusetts
- B. *Standard First Aid*, American Red Cross or American Heart Association
- C. *Prudent Practices in the Laboratory - Handling and Disposal of Chemicals*, National Academy Press, Washington, D.C.
- D. *Improving Safety in the Chemical Laboratory*, Jay Young, Wiley Interscience, New York, New York
- E. *Chemical Reference Manual Safety Handbook*, Matheson, Coleman and Bell, Norwood, Ohio.
- F. *Matheson Gas Data Book*, Matheson Gas Products, East Rutherford, New Jersey.
- G. *Fundamentals of Industrial Hygiene*, National Safety Council, Chicago, Illinois.
- H. *Basic Industrial Hygiene*, American Industrial Hygiene Association.
- I. *Sax's Dangerous Properties of Industrial Materials*, Richard J. Lewis, Wiley Publishing.
- J. *NFPA Inspection Manual*, National Fire Protection Association, Boston, Massachusetts.
- K. *Biosafety in the Laboratory*, National Academy Press, Washington, D.C.
- L. *The Handbook on Laboratory Safety*, published by the Chemical Rubber Company
- M. *The Guide for Safety in the Chemical Laboratory*, published by the Manufacturing Chemists Association.

See Also: LOM 7704.4
LOM 7708
ECOMP Employee Tutorial
ECOMP Supervisor Tutorial

ACTION BY:

ACTION:

Injured Employee

1. **Navigates** to <https://www.ecomp.dol.gov/#> and register using the following information (go to #2 if already registered):

NOTE: An ECOMP Employee Tutorial is available here.

- Employment status: Federal Employee
- Department: Department of Justice
- Agency-Group: DEA
- Agency: Drug Enforcement Administration
- Duty station

An email will be sent to complete registration.

2. **Completes** a form OSHA-301, Incident Report.
3. **Completes** a CA-1, Claim for Continuation of Pay/Compensation form.

NOTE: Choosing first aid only will not transmit the form to the Department of Labor.

4. For clandestine laboratory exposure reporting, **completes** a DEA-484, Clandestine Laboratory Exposure Report.

Supervisor

5. **Receives** email from the ECOMP system to review an employee submission.

NOTE: An ECOMP Supervisor Tutorial is available here.

6. **Accesses** form and **approves** or **rejects** the submission.
7. **Signs** the DEA-484 and **forwards** to the Safety and Occupational Health Specialist (SOHS), if applicable.

SOHS

8. **Forwards** DEA-484 to Safety/Workers' Compensation Unit (HRES) using the Safety and Health mailbox.

End of Document

See Also: LOM 7710.3

ACTION BY:

ACTION:

Evidence Specialist

1. **Receives** evidence identified by the submission paperwork containing biohazard items (e.g., internal body carry, syringe(s), contaminated with blood, etc.)

NOTE: Syringes will only be accepted by laboratory personnel for analysis upon authorization by the Laboratory Director (LD).

2. **Marks** in LIMS during evidence creation that the evidence is a biohazard and **affixes** a biohazard label to the container(s).

Analyst

3. Once assigned and in possession, **works** in the room designated for handling biohazard evidence.

NOTE 1: Analyst may consult with the safety and occupational health specialist regarding the appropriate precautions necessary for safe handling and personal protection.

NOTE 2: Honoring requests for fingerprint analysis may not be possible depending on the type and degree of decontamination required for safety.

4. **Uses** the laboratory hood and proper personal protective equipment (PPE).
5. **Opens** evidence as described in discipline-specific manuals.
6. **Photographs** exhibit prior to decontamination procedures as a precaution to rendering information illegible.
7. If necessary, **pre-cleans** the exhibit to remove larger, visible contaminants.

NOTE 1: Due to safety considerations, debris such as fecal matter is discarded in a receptacle designated for biohazard waste and is not considered to be evidence and need not be maintained as reserve evidence.

NOTE 2: Documents observations and records discarded debris, if applicable, as per the discipline-specific manuals.

8. **Chooses** either chemical or steam autoclaving method for decontamination.

NOTE: Careful consideration is necessary to minimize damage to the exhibit.

8a. Chemical Decontamination:

ACTION BY:

ACTION:

1. **Prepares** a disinfectant solution.

NOTE: Disinfectant may be obtained from commercial sources or prepared fresh using a 1:9 ratio of bleach to water.

2. **Removes** entire contents from the evidence container.
3. **Submerges** the contents of the evidence container for at least 30 minutes.
4. **Rinses** the contents with water and air dries.

8b. Steam Autoclaving:

1. **Adds** approximately 2 mL of water into the opened evidence envelope.
 2. **Places** heat-sensitive tape on the outside of the container to ensure proper operation of the autoclave.
 3. **Uses** standard sterilization cycle, according to the autoclave manufacturer's instructions.
 4. **Verifies** heat-sensitive tape indicates sterilization.
 5. **Removes** contents and proceeds with analysis.
9. **Repackages** original evidence envelope in a new evidence envelope, along with the remaining contents.
 10. **Decontaminates** work area(s).

End of Document

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7801 DESCRIBING RESPONSIBILITIES

NOTE: Exhibit 1/7801 lists acronyms for this subchapter.

7801.1 Laboratory Director

In addition to responsibilities in the sections that follow, the Laboratory Director (LD):

- A. Ensures compliance with specific federal, state and local hazardous waste requirements.
- B. Appoints a Hazardous Waste Coordinator (HWC) for locations that do not have a Safety and Occupational Health Specialist (SOHS).
- C. Designates a backup HWC.
- D. Ensures training received by laboratory personnel related to hazardous waste and chemical storage is documented in the Drug Enforcement Administration Learning System (DEALS).
- E. Prepares and maintains a laboratory hazardous waste standard operating procedure (HWSOP) to address site-specific hazardous waste activities.
- F. Reviews and approves the HWSOP annually.
- G. Submits the laboratory HWSOP to Environmental Management Section (SFE) by January 31 of each year.

7801.2 Hazardous Waste Coordinator

The SOHS is assigned the responsibilities of the HWC outlined in this chapter. In addition to the duties in the sections that follow, the HWC:

- A. Manages hazardous materials and waste program as described in subchapters 7802 and 7803.
- B. Maintains the responsibilities as the point of contact for the Emergency Planning and Community Right-to-Know Act (EPCRA).
- C. Conducts periodic inspections using the Hazardous Waste Weekly Inspection Checklist located on the Office of Forensic Sciences Document Control Center (SFDCC).

7801.3 Environmental Management Section Program Manager

An SFE Program Manager (PM):

- A. Provides guidance regarding federal, state and local environmental regulations and other policy requirements.
- B. Identifies the specific state and local hazardous waste regulations for each laboratory and communicates the responsibilities to laboratory management.
- C. Monitors hazardous waste logs posted to the SFE site by the HWC.
- D. Coordinates with the Environmental Protection Agency (EPA) and state environmental agencies regarding permitting requirements and other considerations.
- E. Reviews HWSOP for compliance with LOM requirements.

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F. Approves or rejects shelf-life extension requests within 30 days of receipt.

7802 STORING CHEMICALS AND HAZARDOUS MATERIALS

- A. Laboratory personnel separate incompatible chemicals or chemicals which may react to produce dangerous fumes or violent reactions, if containers accidentally fail.
- B. The LD limits chemical quantities to foreseeable needs.
- C. The HWC submits an annual chemical inventory to SFE by January 15. See TSK-7802C, Chemical Inventory.
- D. Laboratory personnel that receive items label all chemical containers entering the laboratory with the date received and rotate inventory to bring older chemicals forward.
- E. Laboratory personnel ensure that chemicals are stored in recommended environmental conditions (e.g., refrigerated).
- F. For those chemicals that can form peroxides, laboratory personnel label the date opened.
- G. LDs may request authorization to maintain a chemical over five years by submitting a request for approval by SFE. The request must include:
 - 1. A justification for maintaining the chemical (e.g., cost, rarity of material, etc.)
 - 2. A statement regarding the stability of the chemical

NOTE: Reference materials are exempt from this requirement.

- H. Laboratory personnel label secondary chemical containers with the contents and properly cap them when not in use to prevent spills and evaporation.

NOTE: Exhibit 1/7802 lists acronyms for this subchapter.

7802.1 Reporting Hazardous Materials

- A. The HWC completes an annual evaluation for chemicals designated as reportable under EPCRA and returns the evaluation to SFE by November 1 of each year.

NOTE: Reportable chemicals are defined on the EPA Consolidated List of Lists.

- B. The HWC:
 - 1. Conducts the yearly inventory and corresponds with SFE to facilitate reporting.
 - 2. Uses the reporting format provided by SFE.
 - 3. Informs SFE when they receive correspondence from the state/local EPCRA authority.
 - 4. Responds to and complies with the requests of the state/local EPCRA authority.
- C. The SFE PM files the annual EPCRA report with the EPA, state, and local emergency management authorities for facilities with reportable quantities of hazardous materials.

7803 HANDLING HAZARDOUS WASTE

NOTE: Exhibit 1/7803 lists acronyms for this subchapter.

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7803.1 Requirements

The following are general hazardous waste management requirements.

- A. Resource Conservation and Recovery Act (RCRA) controls the management of hazardous waste from generation to final disposal. The EPA regulates hazardous waste under RCRA.
- B. In addition to federal requirements in this subchapter (see 7803), laboratories must adhere to individual state and local regulations concerning hazardous waste management.
- C. The HWC reports nonconformances or areas of concern to laboratory management.
[See also Laboratory Operations Manual (LOM) 7109.]

7803.2 Identifying Hazardous Waste

- A. Chemicals which have passed the expiration dates listed on their containers or that can no longer be used for its intended purpose must be characterized in accordance with Federal and State waste regulations and properly disposed of as hazardous waste or non-hazardous waste accordingly.
- B. Laboratory personnel who generate hazardous waste maintain responsibility for transporting the waste to the appropriate location in the laboratory (i.e., satellite accumulation point).
- C. Laboratory personnel segregate hazardous waste in accordance with 40 Code of Federal Regulations (C.F.R.) 261.
- D. Laboratory personnel do not mix hazardous waste with non-hazardous wastes.

7803.3 Collecting and Storing Hazardous Waste

7803.31 General Collection Requirements

- A. The central accumulation area (CAA) is a designated area where hazardous wastes are stored until ready for pick-up and disposal by a licensed contractor.
- B. The satellite accumulation point (SAP) is a designated area where hazardous wastes are initially generated and stored. SAPs allow a generator to accumulate small quantities of waste at multiple sites throughout a facility for convenience.
- C. Universal waste may be stored in areas other than the CAA or SAP.

7803.32 Storing and Labeling Requirements

- A. The HWC:
 - 1. Provides hazardous waste containers.
 - 2. Clearly labels all hazardous waste containers as "hazardous waste" and identifies the waste. In addition, labels all containers with the accumulation start date or the fill date, as required. Uses the dd/mm/yyyy format.
 - 3. Uses secondary containment for all hazardous waste containers to reduce the possibility of a hazardous waste release leaving Drug Enforcement Administration (DEA) property (e.g., by entering a sink drain or floor drain).
 - 4. Manages instrument vials (and similar) as hazardous waste, in accordance with the RCRA.
 - 5. Collects used sample vials in the SAPs and in appropriate waste containers which do not exceed 4 liters.

B. Laboratory personnel:

1. Collect all hazardous waste generated into appropriate containers and distinctly label them to identify the contents.
2. Collect and store laboratory waste in leak-proof containers that are in good condition.
3. Use hazardous waste containers compatible with the waste.
4. Keep hazardous waste containers closed, except when necessary to add or remove waste.
5. Keep the funnel lids on the waste collection containers in the fume hood closed when not pouring waste into containers.
6. Remove funnels (those without lids) from the waste collection containers in the fume hood when not pouring waste into containers.
7. Collect waste in sealed containers from equipment processes that run continuously.
8. Handle all hazardous waste containers in a manner to prevent leakage.

C. Laboratory personnel:

1. May not store hazardous waste over drains, in sinks, or in an area where a spill can potentially go down a drain or contaminate any soils or outside areas.
2. May not store hazardous waste in areas where the container is prone to accidental leakage or breakage.
3. May not fill hazardous waste containers more than 90 percent full, to allow for expansion of the liquid.
4. May not dispose of sample vials containing hazardous waste in the regular trash.

7803.33 Central Accumulation Area Storage Requirements

The HWC:

- A. Labels all containers "Hazardous Waste" and indicates the accumulation start date or the fill date from the SAP.

NOTE: CAA storage times are strictly controlled by the accumulation start date, the date that the first drop of waste was placed into the empty container.

- B. Removes and disposes of all hazardous waste accumulated in the CAA within 180 days of the accumulation date.
- C. Monitors the amount of waste accumulated in a CAA to ensure that it does not exceed 3,000 kilograms, at any given time.
- D. Places all containers into secondary containment.
- E. May consolidate waste from one container into a larger container in the CAA. If consolidating waste:
 1. Ensures the compatibility of contents with both the container and other materials in the container.
 2. Uses personal protective equipment even if engineering controls are in place.
 3. Ensures grounding if transferring flammable waste.

NOTE: Only the HWC is permitted to consolidate waste in the CAA.

7803.34 Satellite Accumulation Point Storage Requirements

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The HWC:

- A. Ensures SAPs are identified by a label or a poster.
- B. Moves hazardous waste containers to the CAA within 3 days of the container becoming 90 percent full.
- C. Ensures the amount of waste accumulated in a SAP does not exceed 16 liters, or 1 liter of an acutely toxic waste.

NOTE: SAPs are not restricted by a time limitation, but by the amount of waste accumulated.

- D. Records the fill date on the container and moves it to the CAA when hazardous waste containers are 90 percent full. This fill date becomes the accumulation start date for the waste storage in the CAA. Start dates are not typically labeled on containers in the SAPs, unless required by state or local laws.
- E. Ensures that containers attached to instrumentation that create hazardous waste are considered SAPs and follows proper SAP storage and labeling requirements. Ensures these containers are closed and placed into secondary containment.
- F. Inspects each SAP and CAA weekly and documents the inspection on the Hazardous Waste Weekly Inspection Checklist located on the Blank Forms section of the SFDCC.

7803.35 Universal Waste

- A. Universal waste may accumulate for up to one year without a permit.
- B. Containers must remain closed when not in use.
- C. The HWC:
 - 1. Ensures universal waste collection areas are identified by a label or a poster.
 - 2. Labels universal waste collection containers with the words "Universal Waste."
 - 3. Labels containers with the accumulation start date.

7803.4 Managing Hazardous Waste

7803.41 Accumulation Logs

The HWC:

- A. Tracks all hazardous waste generated in a calendar month on a Hazardous Waste Accumulation Log. Follow TSK-7803.41A, Hazardous Waste Accumulation Logs.
- B. Maintains hazardous waste accumulation, shipping and manifest information for all hazardous waste generated at the site.

7803.42 Inspections

The HWC:

- A. Conducts weekly hazardous waste inspections of the CAA and SAPs to identify hazardous conditions and implements corrective action, if necessary.
- B. Documents the inspections on the Hazardous Waste Weekly Inspection Checklist.

DEA SENSITIVE

7803.43 Transportation

The HWC ensures:

- A. The contractor transports and disposes of hazardous waste.
- B. The contractor possesses an EPA identification number and a state hazardous waste permit, where applicable.

7803.44 Uniform Hazardous Waste Manifest

The HWC:

- A. Uses EPA form 8700-22, Uniform Hazardous Waste Manifest, to document hazardous waste shipments.
- B. Ensures laboratory personnel responsible for signing a hazardous waste manifest have the proper Department of Transportation (DOT) training regarding how to properly fill out the manifest. See 49 C.F.R. 172 subpart H for additional information.
- C. Attempts to retrieve the signed manifest if not received within 30 calendar days of the shipment and notifies the LD and SFE, if unsuccessful.
- D. Maintains the generator copy for a minimum of three years.

7803.45 Disposal

The HWC ensures:

- A. An approved Treatment, Storage and Disposal Facility (TSDF) disposes of the hazardous waste.
- B. The contracted TSDF incinerates the hazardous waste.
- C. Waste solvents are not recycled.
- D. All types of waste removed from the laboratory is disposed of in accordance with Federal, State and Local laws and regulations.

7803.46 Hazardous Waste Training

HWCs, supervisors, and all personnel who may generate or handle hazardous waste, or provide oversight related to these activities, must have annual hazardous waste-related training. (See 40 C.F.R. 265.16(a)(4), (b), and (c) for additional information.)

7803.5 Decommissioning Laboratories

- A. SFE ensures DEA laboratory decommissioning/decontamination is performed by a qualified, licensed, and experienced contractor.
- B. DEA provides General Services Administration (GSA) with an appropriate "Scope of Work" for the contract solicitation process.

- C. LD coordinates communication between GSA personnel, the Office of Administration (SA), Facilities Operations Section (SAF), and SFE for contracting.

Follow PRO-7803.5, Laboratory Decommissioning.

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Exhibit 1/7801

	ACRONYMS
DEALS	Drug Enforcement Administration Learning System
EPA	Environmental Protection Agency
EPCRA	Emergency Planning and Community Right-to-Know Act
HWC	Hazardous Waste Coordinator
HWSOP	Hazardous Waste Standard Operating Procedure
LD	Laboratory Director
PM	Program Manager
SFDCC	Office of Forensic Sciences Document Control Center
SFE	Environmental Management Section
SOHS	Safety and Occupational Health Specialist

DEA SENSITIVE

Exhibit 1/7802

	ACRONYMS
EPA	Environmental Protection Agency
EPCRA	Emergency Planning and Community Right-to-Know Act
HWC	Hazardous Waste Coordinator
LD	Laboratory Director
PM	Program Manager
SFE	Environmental Management Section

Exhibit 1/7803

	ACRONYMS
CAA	Central Accumulation Area
CD	Certificate of Disposal
C.F.R.	Code of Federal Regulations
DEA	Drug Enforcement Administration
DOT	Department of Transportation
EPA	Environmental Protection Agency
GSA	General Services Administration
HWC	Hazardous Waste Coordinator
LD	Laboratory Director
LOM	Laboratory Operations Manual
RCRA	Resource Conservation and Recovery Act
SA	Office of Administration
SAF	Facilities Operations Section
SAP	Satellite Accumulation Point
SFDCC	Office of Forensic Sciences Document Control Center
SFE	Environmental Management Section
TSDF	Treatment, Storage and Disposal Facility

See Also: NISTIR 7941 Forensic Sciences Laboratories: Handbook for Facility Planning, Design, Construction, and Relocation. June 2013; ANSI/AIHA Z9.11-2008 Laboratory Decommissioning; The Decommissioning Handbook, 2004. Edited by Anibal L. Tabos et al.

ACTION BY:

ACTION:

**Environmental
Management Section
(SFE) Program Manager
(PM)**

A. Phase 1 – Scope of the Laboratory Decommissioning

1. **Determines** what laboratory space must be included in the decommissioning by considering the following:
 - The amount of DEA laboratory space in multi-tenant facilities.

NOTE: Only DEA space in a multi-tenant facility is DEA's responsibility.
 - Future use of the laboratory space (e.g., building renovation, building demolition, etc.).
2. **Investigates**, to the extent possible, the historical usage of chemicals and materials at the facility (e.g., use of radiation and mercury, historical processes, etc.) and **reviews** any previous environmental issues (e.g., spills, hazardous chemical use, legacy materials, etc.).
 - Interview long tenured staff members
 - Review hazardous waste manifests
 - Review of permits

3. **Determines** the scope of the project based upon information gathered.

B. Phase 2 – Laboratory Site Visit

SFE PM

1. **Assembles** team for the site visit to include an SFE PM, the laboratory Hazardous Waste Coordinator (HWC), General Services Administration (GSA) representative (if necessary), Facilities Operations Section (SAF) representative, and the laboratory director.

Decommissioning Team

2. **Evaluates** all spaces (e.g., laboratory, storage, administrative, engineering, etc.) seeking specific areas that will require additional attention (e.g., unmarked containers, evidence of spills, etc.).
3. **Lists** items for removal and their locations, to include the following:
 - Fume hoods, related duct work and filters
 - Drawers from laboratory benches
 - Laboratory sink traps, p-traps and emergency shower drains
 - Ceiling tiles from laboratory spaces
 - Carpeting
 - Dedicated chemical lines

ACTION BY:

ACTION:

- HVAC filters
 - All materials in laboratory which could absorb chemical residue/solvent fumes
 - Stand-alone sinks used for chemical processing (e.g. photo processing room sink)
4. **Identifies** other areas that require investigation to determine if additional attention is required.
- Vault doors
 - Raised doors
 - Multi-story chemical waste lines
 - Laboratory benches with integrated sinks
 - Acid neutralization tanks
5. **Inventories** all items which will be transferred to the new facility.
6. **Develops** an inventory and **plan** for disposal of all excess chemical materials that will not be transferred to the new facility.

C. Phase 3 – Scope of Work

SFE PM

1. **Develops** the scope of work (SOW) to be used by GSA for the decommissioning process. **Includes:**
- Contractor minimum qualifications
 - Specific tasks that need to be completed
 - Individual equipment and infrastructure items that require removal
 - Site-specific special requirements which must be followed (e.g., state, county, local regulations, etc.)
2. **Submits** the SOW to SFAS and SFE for approval.

SFE

3. **Receives** approved SOW and **submits** the SOW to GSA for the solicitation process.

SFE PM

4. **Ensures** winning contract meets required specifications.

D. Phase 4 – Laboratory Preparation

LD

1. **Ensures** laboratory personnel survey all laboratory spaces (e.g., cabinets, drawers, chemical storage areas, fume hoods, etc.).

HWC

2. **Labels** excess or orphaned chemicals or materials as hazardous waste and **collects** them in the central accumulation area (CAA).
3. **Arranges** for hazardous waste pick up prior to the decommissioning work to ensure no excess, unwanted, or regularly generated hazardous waste is left on-site.

ACTION BY:

ACTION:

SFE PM

E. Phase 5 - Verification

1. **Reviews** contractor certification prior to visiting the site which states that the site has been decontaminated to all relevant industry standards.
2. **Evaluates** all spaces on-site to ensure that no hazardous or non-hazardous solid waste is present.
3. **Verifies** all tasks listed on the SOW are complete.
4. **Provides** a copy of the certification document to GSA, along with a copy to SFE.

End of Document

See Also: LOM 7802

The Hazardous Waste Coordinator (HWC):

1. **Creates** a chemical inventory to contain, at a minimum:
 - Chemical name
 - Chemical Abstract Services (CAS) number
 - Quantity (e.g., weight, volume, etc.)
 - Acute hazard category, if applicable (i.e., P-listed hazardous waste)
 - Received date
 - Manufacturer's expiration date, if applicable
2. **Identifies** chemicals that are hazardous waste.
3. **Updates** the inventory at least annually.
4. **Sends to SFE PM**

NOTE: The inventory should be updated when a chemical is acquired for the first time.

End of Document

See Also: LOM 7803

When hazardous waste accumulates in the satellite accumulation points (SAPs), the **Hazardous Waste Coordinator (HWC)**:

1. **Consolidates** waste located in SAPs to the CAA, maintaining proper segregation of incompatible waste streams.
2. **Determines** the amount of each waste type generated in a calendar month.
3. **Updates** the Hazardous Waste Accumulation Log located on the Environmental Management System (EMS) SharePoint site monthly with the following information:
 - Total amount of waste generated in the calendar month
 - Different waste streams

NOTE: Instructions for how to use the Hazardous Waste Accumulation Log are located on the instructions tab within the log.

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CHAPTER 79 SECURITY

REDACTED

DEA SENSITIVE

REDACTED

ACRONYMS

REDACTED