Guide for Accreditation of Forensic Service Providers
PB13FP

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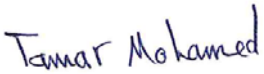

Reviewed by: EGAC Accreditation Director
Mohamed Osman

Table of Modification

Mod. No./Date	Proposed by	Page No.	Modification in brief (old/new, added, cancelled)
Annual Doc. Revision Jan 2021	Quality Manager	All Pages	Annual revision for this document, Conducted by Tamar Mohamed FSP Acc. Responsible. And no changes needed.

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1. INTRODUCTION

EGAC accreditation is granted to forensic service providers (FSP) that have shown they meet, and continue to meet, the requirements of ISO/IEC 17025:2017 and/or ISO/IEC 17020:2012 and *ILAC* G19:2014 and EGAC Regulations.
These documents require FSP to demonstrate their technical competence as well as their ability to run a supporting quality system.

Benefits of accreditation

- EGAC accreditation is visible proof that your FSP has been thoroughly assessed by independent technical experts. Buyers and specifies look for accreditation mark on reports and certificates, so that they can be sure that work has been done to agreed specification. FSPs accredited by EGAC are entitled to use the FSP accreditation mark
- EGAC accreditation conveys to potential customers and to judicial authorities that you have confidence in your work product and that this confidence has been confirmed by a third party, non-profit organization that meet international requirement and guidelines.

Who can seek accreditation?

Any organization that performs measurements, calibrations and objective tests forensic service laboratories or examinations providing information for the diagnosis, prevention and treatment of disease of human being may seek accreditation, whether these activities are carried out in a permanent laboratory or on site.
Also EGAC forensic examination accreditation program was developed for those organizations that perform testing on submitted or collected items where the result of that testing will be used in criminal or civil litigation, whether these activities are carried out in a permanent laboratory or on site

The Forensic Service Process

The forensic Service process includes, but is not limited to:
- Initial discussion regarding scene of crime attendance;
- Undertaking initial actions at the scene of crime;
- Developing a scene of crime investigation strategy;
- Undertake scene of crime investigation;
- Assess scene of crime findings and consider further examination;
- Interpret and report findings from the scene of crime;
- Examination, testing and presumptive testing (including appropriate case assessment);
- Interpretation of the result of examinations and tests;
- Report from examinations and tests including interpretation of results for intelligence purposes or for use in civil or criminal court.

A forensic service provider can have one single management system to cover all of its activities and all the competence standards to which it works, i.e. ISO/IEC 17020 and ISO/IEC 17025.

How does ISO 9000 Latest version fit with FSP Accreditation?

FSP by accreditation is specifically designed to determine FSP's capability to conduct calibrations/tests/inspection in a technically competent and impartial manner and thus be able to issue valid reports and certificates in which the market, customers and to judicial authorities can have confidence. To determine this capability, three key elements are assessed:
- Impartiality of FSP.
- Technical competence of the staff, the suitability of the equipment and environment and validity of individual test methodologies, in all cases, each person performing sampling collection, examinations or testing shall be held accountable for handling, processing,

sampling, and examination/testing each item or exhibit in the most appropriate manner and sequence
- Effectiveness of the organization's management system.

It is this third element that is comparable with ISO 9000 certification. An effective management system is important, but it is only one of the elements necessary to gain FSP accreditation.

2. THE ACCREDITATION PROCESS

2.1 Preparing for application

To gain accreditation, FSP must be fully conversant, and comply, with the requirements of FSP by ISO/IEC 17025 and/or, relevant ILAC guidance and EGAC regulations.
Application for accreditation is a two-stage process.

2.2 Preliminary application

Applicants will be supplied with an information pack containing the following:
- Application form.
- EGAC – FSP Agreement.
- EGAC scope of accreditation (FSP testing/calibration/inspection).
- Current fee structure
- Description of the accreditation scheme (this document)

A preliminary meeting at EGAC office is recommended for the purposes of clarifying initial questions. Afterwards, the application form is to be completed and signed by a duly authorized applicant representative, and submitted to EGAC together with:
- The current application charges.
- FSP documentation/articles of association, or equivalent, for review by EGAC.
- Signed agreement.

If the applicant has not sent the completed application form accompanied with the FSP quality manual within two years, the application will be considered to be lapsed. If the applicant wishes to be assessed at some later date, it shall have to re-apply to EGAC for accreditation, and pay a further application charges.

In All stages of the accreditation process, only applicant FSP staff members are allowed to attend, participate, and/or communicate with EGAC. By FSP staff members we mean: FSP employees who occupy positions in FSP organizational structure and its parent organizational structure. Those FSP staff employees will participate in the activities that match with their job description documented in their management system.

2.3 Request for Assessment

The second stage of application is the submission of application form. This should be done when:
- The applicant is satisfied with his quality management system;
- The applicant has produced the quality manual and believed that it meets accreditation requirements;
- The applicant produced a draft scope of calibrations/ tests for which he wishes to become accredited.

The applicant shall complete the application form, and send it, together with a copy of FSP quality manual and relevant documents to EGAC.
The application will be handled by a dedicated accreditation manager, who will study the documentation. EGAC FSPs accreditation manager will contact the applicant to discuss the arrangements for the assessment process.

3. THE ASSESSMENT PROCESS (IN BRIEF)

One of the main function of EGAC is to assess and accredit the competence of FSPs to carry out specified calibrations/tests/inspection, and subsequently to ensure by monitoring that the required standards are maintained. Each applicant FSP provides basic information on its activities, equipment and staff in the application form, and its quality documentation, but it is essential to check the competence of FSP by assessment in FSP premises and other sites, where appropriate. The purpose of this assessment is to determine whether FSP complies with the EGAC requirements for accreditation of FSP by the accreditation standard ISO/IEC 17025:2017 and/or ISO/IEC 17020 with ILAC G19:2014. in some circumstances specialized publications issued by EGAC or other national, regional or international organizations, for example ILAC, provide guidance of these criteria. These publications are listed in the EGAC publications list.

On receipt of a completed application form for accreditation, EGAC FSPs accreditation manager with EGAC accreditation director will deal with the application. EGAC FSPs accreditation manager shall check that all documents indicated on the application form have been received with the application form. In addition, it shall be verified that all sections of the application form have been completed in full.

EGAC FSPs accreditation manager shall examine the quality manual to check that it addresses all the key elements of a quality system as specified in the relevant standards. He also shall check if the application fee has accompanied the form and shall ensure that all necessary information is completed.

Should any additional information or documentation be required, this will be requested from the applicant. When EGAC FSPs accreditation manager is satisfied that all the relevant information has been supplied the applicant shall be sent a notification of receipt of application.

FSP should discuss the need for a pre-assessment visit with EGAC FSPs accreditation manager. The discussion will also cover the scope-that is, the range of tests/calibrations/inspection of the accreditation it seeks. A pre-assessment visit can be designed to provide an over view of the FSP’s readiness for full assessment.

EGAC FSPs accreditation manager shall administer the entire application process. The information received shall be used for the preparation of the on-site assessment and shall be treated with appropriate confidentiality.

EGAC FSPs accreditation manager in consultancy with EGAC accreditation director shall identify an appropriate team leader, assessors and/or technical expert according to their area of expertise to allow for a full initial assessment of the applicant for the scope of accreditation. All assessors shall be totally independent of any connection whatsoever with the applicant to be accredited. All assessors appointed for a specific assessment shall comply with the requirements of EGAC.

EGAC shall notify the applicant in writing of the names and affiliations of the nominated assessors. The notification shall seek the approval of the applicant to the nominated team. Objection to any nominated team members shall be in writing, include a detailed justification from FSP to his objection, and shall be lodged with EGAC within seven working days of receipt of the nominations. Failure by the applicant to object to any of the nominated team members shall be considered as acceptance of the team as a whole.

Objections from FSP to any of the nominated assessors will be investigated by EGAC FSPs accreditation manager. If EGAC FSPs accreditation manageris satisfied with FSP's justification to his objection, he will change this nominated assessors, otherwise he shall inform FSP that his

objection is not accepted and EGAC will keep the nominated assessors. FSPs accreditation manager's decision shall be final.

The applicant will be advised of the fees for full assessment and consecutive assessment visits before the visits take place, and it will be asked to confirm acceptance of these fees.

All team members shall be informed of the proposed assessment. EGAC FSPs accreditation manager shall give both team leader and assessor a copy of FSP quality manual and relevant procedures for document review according to the relevant accreditation procedure.

The assessment team shall sign confidentiality and impartiality agreement before starting the assessment.

Before assessment, or accreditation the applicant shall be asked to provide evidence of successful participation in proficiency testing, which involve testing of samples or calibrations of audit artifacts.

Technical experts are used as assessors to judge the competence of the FSP to perform the calibrations/tests/inspections for which accreditation is sought. Their responsibility is therefore to assess FSP compliance with ISO/IEC 17025:2017 and/or ISO/IEC 17020:2012, and EGAC requirements. Their assessment shall be confined to investigating and reporting the findings that result from observation and discussion in FSP and through examination of documentation.

All information obtained before, during or after assessment, including the fact that a particular FSP has applied for accreditation, or that an application for accreditation has been deferred or rejected, shall be treated as strictly confidential by EGAC staff, the external assessors and the EGAC council and committees.

EGAC normally uses assessors contracted from external sources to assess FSPs on its behalf. All

EGAC staff member will normally visit FSP as part of the assessment team. EGAC FSPs accreditation manager / team leader, being familiar with EGAC policies, procedures and regulations, will be able to respond during visits to inquiries from FSP management on such matters. EGAC FSPs accreditation manager will communicate and assist his/her assessors and FSP management with the interpretation of EGAC requirements in appropriate circumstances.

Assessors shall take into account the size and complexity of the organization when assessing the quality system of FSP. The quality system of FSP must provide assurance that whatever its size or complexity, or the location where work is carried out, meets EGAC requirements.

All costs associated with the initial assessment must be paid prior to the assessment date. Failure to receive payment shall stop the application process and the applicant shall be notified by telephone and in writing. The application process shall be re-started only after receipt of the full amount.

The accreditation process shall be according to the flowchart in item 6 below. Any nonconformity with accreditation requirements found will be notified to the applicant in writing at the end of the assessment visit, and it will be asked to state how it will clear them. An assessment report shall be sent to FSP after the assessment visit containing all findings and the assessment team's recommendation. All findings shall be cleared to the satisfaction of the assessment team before the accreditation process can continue. The applicant shall be granted accreditation according to the process in item 4 below.

Applicant’s obligations for timings are according to regulation (R5G accreditation process timings and response actions).

This accreditation will be confirmed by consecutive assessment visits, with a full re-assessment on the fourth anniversary of accreditation.

In consecutive assessment visits EGAC sampling procedures applied as follow:

- <u>For Calibration & testing FSPs:</u>

Normally, during a single assessment visit, assessors will not be expected to check the whole of the calibration/testing/inspection work for which FSP is accredited. However, all the accreditation activities covering all areas of competence and all authorized personnel to do it, shall be assessed during the validity period of the accreditation certificate. Equally not all the quality system needs to be covered at each assessment visit. Assessment team will take into account the outcomes of the previous audits to be covered. Team leader will normally look at the management review(s), internal audit(s) and compliant records at each assessment visit.

The accredited FSP may apply for extension of the scope of accreditation at any time, but the cost will be minimized if extensions are assessed as part of the normal assessment visits.

Forensic Supplemental requirements:

1. **Objective test**: It is anticipated that the majority of the work carried out in forensic testing FSPs will be capable of satisfying the definition of an objective test, although in some instances a different emphasis may be placed on the particular aspect of "control" required. The level of training and experience for staff involved in the work depends on the nature of the examination or test.

An objective test is one that, having been documented and validated, is under control so that it can be demonstrated that all appropriately trained staff will obtain the same results within defined limits. These defined limits relate to expressions of measurement uncertainty.

1.1 Objective tests will be controlled by:
- Documentation of the test;
- Validation of the test;
- Training and authorization of staff;
- Maintenance of equipment, and where appropriate by;
- Calibration of equipment;
- Use of appropriate reference materials;
- Provision of guidance for interpretation;
- Checking results;
- Testing staff proficiency;
- Recording equipment/test performance.

1.2 Reference collection: A collection of stable materials, substances, objects or artifacts of known properties or origin that may be used in the determination of the properties or origins of unknown items

1.3 Court statement: A written report of the results and interpretations of forensic tests/examinations submitted to court. Such reports may be in a format prescribed in legislation.

2. Control of Records

2.1 The forensic unit's shall have a retention policy that considers the legal requirements and customer expectations.

2.1.1 The forensic service FSP shall have documented procedures to ensure that it maintains a coordinated record relating to each case under investigation. The information that is to be included in case records shall be documented and may include records of telephone conversations, evidence receipts, descriptions of evidence packaging and seals, subpoenas, records of observations and test/examination results, reference to procedures used, diagrams, print-outs, auto radio graphs, photographs, etc. In general, the records required to support conclusions shall be such that in the absence of the

analyst/examiner, another competent analyst/examiner could evaluate what had been performed and interpret the data.

2.1.2 Where appropriate, observations or test results shall be preserved by photography or electronic scanning (e.g., electrophoretic runs, physical matches). Photocopies, tracings or hand-drawn facsimiles may also be suitable (e.g., thin-layer chromatography results, questioned documents).

2.1.3 When a test result or observation is rejected, the reason(s) shall be recorded.

2.1.4 Calculations and data transfers which do not form part of a validated electronic process shall be checked, preferably by a second person. The case record shall include an indication that such checks have been carried out and by whom.

2.1.5The FSP shall have documented policies and procedures for the review of case records, including test reports. All individuals who perform technical reviews on case records shall be previously qualified in the areas that the review is encompassing.

The agency shall describe the method used for demonstrating completion of each review, for example, by completion of a checklist.

In general, the records required to support conclusions must be such that in the absence of the analyst/examiner, another competent analyst/examiner or supervisor could evaluate what was done and interpret the data.

3. Personnel

3.1 FSP's training program must emphasis and teach the skills and knowledge required to achieve the minimum standards of competence and good FSP practice within a specific area of work. Training must also include a substantial knowledge of forensic science across its wide spectrum and of criminal and civil law and procedures. A demonstration of competence to perform what is expected must be included in the program. It is recommended that the FSP establish a formal means of recognition of successful completion of the training such as a certificate, letter or memorandum. The field of forensic science requires examiners to present and defend their findings in open court. Because of this unusual requirement, practitioners must develop the technical and personal skills to perform competently.

3.2 Experience/training outside the crime FSP may be substituted for experience/training in the crime FSP to the extent that it has been demonstrated to be relevant and sufficient. If there is little diversity in the person's work, correspondingly shorter periods of training/experience may be sufficient.

4. Sampling

IS0/IEC 17025:2017 Clause 5.7.1 under Note 1 describes sampling as "Sampling is a defined procedure whereby a part of a substance, material or product is taken to provide for testing or calibration of a representative sample of the whole" the note goes on to give further clarification when it states that "Sampling may also be required by the appropriate specification for which the substance, material or product is to be tested or calibrated. In certain cases (e.g. forensic analysis), the sample may not be representative but is determined by availability".

4.1 Selection, recovery, prioritization and sampling of materials from submitted test items and from scenes of crime are important parts of the forensic process. In the area of forensic science emphasis is placed on the competence of the scientist, and the training of staff in these activities is therefore of prime importance. FSPs shall ensure that there are documented procedures and training programs to cover this aspect of their work and that

detailed competency/training records are kept for all staff involved.

4.2 Handling of test and calibration items

4.2.1 For legal purposes, forensic science FSPs shall be able to demonstrate that the items/samples examined and reported on were those submitted to the FSP. A "chain of custody" record shall be maintained from the receipt of items/samples which details each person who takes possession of an item or alternatively the location of that item (e.g., if in storage). For details please sampling policy (……..).

5. Reporting the results

5.1 It is accepted that forensic science FSPs may not be able to include all of the items in "Court Statements" that are detailed in sub-clause 5.10 of ISO/IEC 17025:2017, when the format of these documents is prescribed in legislation. Forensic science FSPs may therefore elect to adopt one or more of the following means of meeting these requirements:

5.1.1 The preparation of a test report which includes all of the information required by ISO/IEC 17025:2017;

5.1.2 The preparation of an annex to the Court Statement which includes any additional information required by ISO/IEC 17025:2017;

5.1.3 Ensuring that the case record relating to a specific investigation contains all the relevant information required by ISO/IEC 17025:2017.

6. Crime Scene Supplemental Requirements For Testing Labs:

6.1 Technical Advisory Committee (TAC) developed ILAC G19 Modules in a Forensic Science Process that mention the requirements in the context that the program is primarily directed to forensic testing agencies whose personnel conduct crime scene examination either as their sole responsibility or as part of broader duties (such as firearms or fingerprint analysis).

7. Conformity Assessment

7.1 Requirements referenced to ISO/IEC 17025 clauses:

7.1.1 Subcontracting

7.1.1.1 An agency may use the services of an outside party to perform aspects of crime scene investigation, but the agency must exercise caution in how the results are reported so that accreditation is not incorrectly inferred for the tests in question.

7.1.1.2 The requirements of the International Standard regarding subcontractors apply when work is subcontracted for tests that fall within the agency's Scope of Accreditation and the subcontractor's results are included in the agency's own test report.

7.1.2 Case records and technical review

The crime scene unit shall have a program for technical review of case records and reports. The number of case records reviewed and the depth of the review process shall be sufficient to ensure that the agency's procedures are being followed and that the records provide support for the observations and conclusions in the reports.

7.1.3 Methods

Crime scene investigation units shall have protocols that contain guidelines on the processing activities that should be done at a crime scene and the order in which they should be performed.

Crime scene units may have varying protocols depending upon the nature of the offense being investigated.

There shall be written protocols for chemical screening tests or other tests performed in the office or the field. Non-standard test procedures must be validated by the agency.

When conducting testing, care shall be taken to avoid sample consumption, degradation, or contamination that would compromise the integrity of samples for subsequent testing.

8. FSPs With Multiple Locations

8.1 The criteria of FSP should include evidence/sample collection services which are coordinated from collection sites and will be assessed through the plan and criteria for evaluation to be controlled and will be under its Scope of Accreditation

4. THE PROCESS FOR GRANTING ACCREDITATION

4.1 Appointing the members of the Technical Committee (TC)

TC is formed for each applicant according to its specific discipline or scope. Each TC shall consist of at least two members All these members shall be not involved in the assessment process in any way. EGAC has TC members covering the main disciplines and sectors within which it operates, who are drawn from experts in the field as appropriate.

4.2 Conducting the Technical Advisory Committee meeting.

After TC members are appointed, they shall sign confidentiality and impartiality agreement before their meeting. TC members with EGAC FSPs accreditation manager shall review FSP assessment file to verify its harmony with the relevant international standard and EGAC requirements. The assessment file shall include the proposed scope of accreditation assessed, the assessment report, and the resolution of all nonconformities and the recommendation of the assessment team. The decision of TC is taken by consensus. TC may decide that further actions or information are required. When satisfied, TC shall recommend the accreditation of FSP on specified scope. This shall be recorded on the TC report.

4.3 Conducting the Accreditation Committee (AC) meeting.

EGAC AC is headed by EGAC Executive Director. It has 7 members representing the stakeholders. In case that the TC recommends the accreditation of the conformity assessment body, AC meeting shall be invited to meet by EGAC Executive Director. AC shall meet as needed typically every one month.

Meeting papers shall include assessment reports for the assessment activities and TC report. The AC may invite to the attendance of its meeting whoever it sees fit for help with experience in the field of accreditation activities without having a vote to be counted in the proceedings. When setting up a meeting, AC members shall be required to sign a confidentiality and impartiality Agreement. EGAC Accreditation Director shall attend the meeting to provide any required information about accreditation subjects and to be responsible for the administrative work of the meeting.

4.4 Decision making and granting accreditation

AC meeting shall be considered legal if more than 50% of its members attend. Resolutions shall be based on the majority of votes of the attending members, with the executive director vote as casting vote. Members involved with FSP being discussed, will neither participate nor attend the voting process. AC can decide granting the accreditation to FSP directly or require further actions to be taken or information to be provided. This shall be recorded on AC minutes of meeting. In case that AC decides granting the accreditation to FSP, EGAC shall inform FSP and ask for its representative to receive the accreditation certificate with the approved scope of accreditation.

5. FEEDBACK, COMPLAINTS AND APPEALS

After receiving the accreditation certificate the accredited body will be asked to fill a feedback report about EGAC's performance during the accreditation process which shall be used for improvement of assessors' performance and/or accreditation process. If FSP has any complaint it

can file this complaint at EGAC or by phone. Also, if AC did not grant the accreditation to FSP, FSP has the right to appeal. If FSP decides to appeal, it can file an appeal at EGAC complaints and appeals shall be handled by EGAC's quality department and according to EGAC's procedure (PB3G-Guidelines for dealing with complain and appeal) which is available on demand. A neutral appeal committee shall be appointed to resolve this appeal according to the mentioned procedure.

6. REFERENCIES

- ISO/IEC 17025:2017;
- ISO/IEC 17020:2012;
- ILAC G19:2014.

THE ROUTE TO ACCREDITATION