Drug Enforcement Administration

Office of Forensic Sciences

Laboratory Operations Manual

June 2021

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Exhibit 1/70 lists acronyms used in this chapter.

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 a 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.

SF laboratories:

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

NOTE 1: The term "laboratory activities" is defined as the range of activities associated with evidence analysis, beginning on the date evidence is received by the forensic analyst and ending on the date of report approval.

NOTE 2: For the purposes of the LOM, the term forensic analyst is used to cover the following positions: forensic chemist, digital forensic examiner and fingerprint specialist.

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 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.

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 falls 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.

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 submitting agency.

E. May train other technical, enforcement, legal, and other DEA personnel upon request.

F. Upon written request, may provide controlled substances materials to government agencies for the purpose of training.
   1. The laboratory fills requests received from their area of responsibility.
   2. Training materials can be provided from stockpile material or items pending destruction.
   3. Coordinate with other DEA laboratories to obtain the necessary items if the laboratory cannot fill the request.
   4. REDACTED

G. 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).

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 or DEA-7a and DEA-7b.

B. Requires a written request to include the following information when a DEA-7 or a DEA-7a and DEA-7b are not accessible:
   1. Name of subject (if known), and requesting agency case and exhibit number.
   2. Nature of the violation, including:
      a. Date collected
      b. How collected (e.g., seized, purchased, internal body carry)
      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, Task Force Officers, and Diversion Investigators. Section 7005 of this manual addresses policies regarding support to foreign forensic analysts.

7002.21 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 forensic 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 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.
   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 Code of Federal Regulations (C.F.R.) § 1305.03.
   2. Furnishes drug reference materials in amounts not to exceed 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

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 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. Additional examination reports and findings (e.g., DEA-111, DEA-113, digital evidence analysis reports)
   2. Forensic analyst's notes (e.g., DEA-86, DEA-466, DEA-466b, digital evidence examination notes, Case Details Report, Latent Print Details Report, Latent Print Matrix)
   3. Supporting examination documentation (e.g., instrument files, latent print images, known prints, copy of the archive, photographs), 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., Office of Forensic Sciences Document Control Center).
   4. Chain of custody documentation (e.g., DEA-12s, Chain of Custody report)
   5. Summary of Expert Testimony of the forensic analyst
   6. Curriculum Vitae of the forensic analyst
   7. Instrument maintenance logbooks for the month of and the month prior to analysis, only for the instruments used in the analysis
   8. Proficiency Testing Memorandum, providing the results of the relevant year and the year prior to analysis
   9. Referral to publicly posted information (e.g., DEA.gov or ANAB.org)

B. Consult with SFM and Office of Chief Counsel (CC) prior to dissemination for any special circumstance case disclosures (e.g., deviations to the Proficiency Testing Memorandum.)**

C. 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

A. 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.

B. REDACTED

7003.4 Monitoring Court Commitments

A. 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.

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

7003.5 Providing Testimony

A. 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.

B. An employee may serve as an expert witness on behalf of the United States, and generally on behalf of a State or Local Government in a drug related criminal prosecution. 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 and Policy (CCM) sections to provide such expert testimony (see 5 C.F.R. § 2635.805).

1. 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)).
2. 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 CCM.

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

3. 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.
4. An employee may provide testimony on direct examination regarding the following topics:
   a. Position, qualifications, and experience
   b. Actions and opinion(s) concerning the analysis, testing, or handling of evidence that the employee analyzed, tested or handled
   c. Opinions regarding the manufacturing or synthetic routes of chemical substances
   d. General information concerning DEA procedures that the employee used in the case

5. An employee must not disclose, unless authorized by SF in consultation with CCM
   a. Information about other cases or investigations
   b. Investigative techniques, policies, or procedures outside the employee's area of expertise
   c. Documents (e.g., manuals, protocols, accreditation documents, log books, calibration records, reports, charts) 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.
   d. Any other information that has not been previously authorized in accordance with 7003.5A or C above.
6. 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:
   a. 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 CCM, to obtain the necessary authorization.

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

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

7003.51 State and Local Proceedings

A. The following requests must comply with 28 C.F.R. § 16.21 *et seq*. (hereinafter referred to as the *"Touhy"* regulations).

   1. State and local prosecution subpoenas or demands for testimony or documents that are not authorized by 7003.2 and 7003.5A.
   2. Defense subpoenas and demands for testimony or documents.

NOTE: The *"Touhy"* regulations require that the requestor provide to the appropriate 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.

   3. An employee who receives a subpoena or a demand must forward the subpoena or demand to the LD, who will consult with Chief CCM and SF.
   4. Upon receipt, the appropriate DOJ official, SF and CCM will consult and determine whether the testimony and/or documents being sought should be authorized.
   5. CCM will notify the employee whether all or any portion of the request for testimony and/or documents is authorized. If authorized, CCM 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, CCM 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 CCM.

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 CCM.

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

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7005 LIAISING WITH AND SUPPORTING FOREIGN FORENSIC ANALYSTS

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

B. 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 Counsel International Law Section (CCI) may be consulted for guidance regarding foreign or DEA Country Office requests for information or assistance outlined in this section.

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.

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

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 OTHER ORGANIZATIONS

Laboratory personnel may collaborate with professional organizations, other government laboratories, and educational institutions, where results may be beneficial to the government, and when the collaboration is approved by SF.

NOTE 1: For information on attending meeting and conferences to share results of collaboration, see LOM 7204.32. For guidance on researching and publishing or presenting research results, see LOM 7601 and 7603.

REDACTED.

Exhibit 1/70

ACRONYMS	
ADM	**Analysis of Drugs Manual**
AFIS	Automated Fingerprint Identification System
REDACTED	REDACTED
CC	**Office of Chief Counsel**
CCE	Office of Chief Counsel, Ethics and Standards of Conduct
CCI	Office of Chief Counsel International Law Section
CCM	Office of Chief Counsel, Domestic Criminal Law and Policy Section
CFR	Code of Federal Regulations
REDACTED	REDACTED
CV	Curriculum Vitae
DEA	**Drug Enforcement Administration**
REDACTED	REDACTED
DOJ	Department of Justice
REDACTED	REDACTED
DOE	Office of Diversion Control Operations, Drug and Chemical Evaluation Section
REDACTED	**REDACTED**
REDACTED	***REDACTED***
REDACTED	***REDACTED***
LD	***Laboratory Director***
LPEM	*Latent Print Examination Manual*
REDACTED	***REDACTED***
OSB	***On-Site Backup***
SF	***Office of Forensic Sciences***
SFL1	*Special Testing and Research Laboratory*

Date Posted: 09/01/2021

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 Chicago, Illinois; Houston, Texas; San Diego, California; and Salt Lake City, Utah.

See Also: LOM 7002.52

ACTION BY:	*ACTION:*
Laboratory Director (LD)	1. **Receives** written request and DEA-222 from an office head to supply a drug reference material.
	2. **Forwards** request to the reference materials coordinator. OR If the request was from an organization outside the receiving laboratory's jurisdiction, **forwards** the request to the appropriate laboratory.
Reference Materials Coordinator (RMC)	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. **Removes** and repackages material not to exceed 20 milligrams in the presence of a witness when filling requests. NOTE: The LD may authorize in writing the release of greater amounts in rare instances.
	7. **Prepares** a label for each requested item with the following: 7a. full name of the compound (including salt and hydrate form, if applicable) 7b. lot number or unique identifier 7c. purity value (and uncertainty, if applicable) 7d. storage conditions, if other than ambient room conditions 7e. net weight (include bottle tare weight)

ACTION BY:	***ACTION:***
	8. **Records** the actions in the logbook, in accordance with LOM 7404.
	9. **Prepares** a DEA-12 with the following: 9a. date requested 9b. drug being shipped 9c. lot number 9d. storage conditions, if other than ambient room conditions 9e. net weight (include bottle tare weight)
	10. **Prepares** a DEA memorandum with the following and **provides** to the Laboratory Director for signature. 10a. date requested 10b. drug being shipped 10c. lot number 10d. storage conditions, if other than ambient room conditions 10e. net weight (include bottle tare weight)
LD	11. **Signs** the DEA memorandum
RMC	12. **Packages** the item for shipment.
	13. **Provides** the package containing the DEA-12, memorandum, and substance to the evidence staff.
Evidence Staff	14. **Sends** materials by commercial carrier whose operations allow for precise point-to-point traceability (e.g., registered mail with return receipt).
	15. **Provides** tracking number to the RMC.
RMC*	16. **Ensures** receipt of the signed DEA-12 and **maintains** documentation.

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

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 the Office of Forensic Sciences (SF) approval. **Proceeds** to Step #7. 2b. If the requested information is <u>not</u> 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 SF and the Office of Chief Counsel Domestic Criminal Law and Policy (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.
	9. **Submits** documents and correspondence to laboratory management.
	10. **Reviews** prepared information and returns for correction, if necessary.
Laboratory Management **Laboratory Staff**	11. **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.
	12. If the documents contain information in excess of LOM 7003.2 A, **copies** SF on the correspondence.
	13. **Maintains** the following information in the laboratory case file: • The disclosure request • Copy of the correspondence (i.e., memorandum accompanying disclosed material, email) • Case-related documents (e.g., Rule 16) generated specifically for the request • 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

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7101 MANAGING DOCUMENTS

This policy applies to the Office of Forensic Sciences (SF) documents that address management system activities (e.g., manuals, handbooks, orders) and external documents that affect the management system. The quality management system policies and procedures for the laboratory system are maintained in the Office of Forensic Sciences Document Control Center (SFDCC) SharePoint Document Library Lists.

7101.1 Quality System Document Management

Management (see Laboratory Operations Manual (LOM) 7201):

A. Ensures management system documents posted on the 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.

NOTE: Method Validation Records stored on the SFDCC do not need to be reviewed annually, but are revised or obsoleted as needed.

7101.2 Office of Forensic Sciences Document Control Center

See PRO-7101.2A, Reviewing, Approving, and Posting Controlled Documents: Laboratories; PRO-7101.2B, Reviewing, Approving, and Posting Controlled Documents: Headquarters and PRO-7101.2C, Reviewing, Approving, and Posting Method Validation and Verification Records: Laboratories.

A. Final postings to the SFDCC are limited to SF's Quality Assurance Section (SFQ).

B. Personnel access management system documents through the SFDCC.

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

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.

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)

B. Internal (intra-laboratory) proficiency testing program (IPTP)

C. External proficiency testing program (EPTP)

D. Blind proficiency testing program (BPTP)

7103.2 Proficiency Testing Program Responsibilities

A. SF Quality Assurance Manager (SFQAM):

1. Monitors results of all types of proficiency test samples and notifies SF 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

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 forensic 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.
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 LOM 7404.8 and the Analysis of Drugs Manual (ADM), REDACTED, and the Latent Print Examination Manual (LPEM) for discipline-specific proficiency test program procedures.

7104 GATHERING FEEDBACK

7104.1 Customer Satisfaction Surveys

A. SFQAM:

1. Distributes a survey to senior-level customers (i.e., Special Agent in Charge (SACs), Assistant Agent in Charge (ASACs), Office heads, and analogous positions in other agencies) 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 and interpretation 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 requirements 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 promptly 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 substantive violation of any of the criteria listed above in 7104.3B, notify SF and consult with the Office of Chief Counsel (CC) and the sponsoring prosecutor if necessary. 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, CC 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-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.

7105.2 Internal Audit

Responsibilities 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 in the internal audit a direct observation of a sampling of testing within each discipline by a qualified individual.

7105.3 Management Review Responsibilities

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

7106.1 Administering the Self-Inspection

Program 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 forensic discipline-specific peer review policy.

The LQAM:

A. Ensures that each proficiency-tested forensic 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 forensic 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 and reassigns and removes LIMS privileges.

NOTE: Verification of account privileges is automated by AMS.

7107 THE QUALITY ASSURANCE COMMITTEE

7107.1 SF Quality Assurance Committee

A. The SF 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, the Forensic Sciences Instruction (SFT) section, or the Forensic Science Advisor (SFS)
    c. Program Manager from the Quality Assurance (SFQ) section
    d. Forensic discipline-specific Program Manager(s) from SFM
    e. An assigned:
        1. LQAM
        2. QAS/Digital QAS
        3. Subject Matter Expert (SME) from the forensic 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 SFQAC meeting times and prepares agendas.
2. Refers all recommendations that result from the committee meetings to SF top management for consideration.

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. A risk management strategy encompasses three stages:
   a. identifying risks
   b. assessing risks
   c. mitigating risks

B. The LQAM will monitor the laboratory's ability to enhance opportunities and reduce risks.

7108.1 Definitions

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

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

C. 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.

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

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

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

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

H. Corrective action request (CAR): a plan or decision resulting from an identified nonconformance.

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

7108.2 Identifying Risks

Personnel identify risks through routine review, evaluating lack of impartiality arising from laboratory activities or relationships, 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).

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 PREVENTING AND CORRECTING NONCONFORMANCE

7109.1 Using the Risk Priority Number

A. In the absence of a nonconformance, an RPN ≥ 10 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-Assigned CAR_PAR Form and SF-Assigned CAR_PAR Form are within the document located in the Blank Forms section of the SFDCC.
B. In the absence of a nonconformance, an RPN < 10 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 ≥ 10 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 CAR. Instructions for completing the Office-Assigned CAR_PAR Form and SF-Assigned CAR_PAR Form are within the document located in the Blank Forms section of the

SFDCC.

D. An RPN < 10 calculated from a process or activity that is identified as not conforming with established policy and procedures requires that the LQAM initiate, log, and complete a correction.

DI. When a nonconformance with an RPN > 30 is calculated (or a severity determined to be a 5), 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 ≥ 10, May be initiated when RPN < 10 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 ≥ 10 Notify SFQAM when: RPN >30 or a severity determined to be a 5	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 < 10 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 Form and SF-Assigned CAR_PAR Form 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.

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 AI 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 ≥ 10.

E. An AI resulting from an individual forensic analyst's actions determined to have an RPN greater than 30 (or a severity value of 5), as calculated or determined by the SFQAC, will be reported to the SF Deputy Assistant Administrator (DAA).

F. If a forensic analyst has multiple AIs, the SFQAC will calculate a separate RPN which takes into account the history of the analyst. If the resulting RPN is greater than 30, 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, PARs, and CARs through the SF SharePoint 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 > 30 (or a severity of 5) resulting from an individual forensic analyst's actions, discloses the results of nonconformance root cause investigations to 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 will 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 10, 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).

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 a forensic analyst to successfully complete additional competency samples.

Exhibit 1/71

ACRONYMS	
ADM	**Analysis of Drugs Manual**
AI	Analytical Inconsistency
ASAC	Assistant Agent in Charge
BPTP	**Blind Proficiency Testing Program**
CAR	**Corrective Action Request**
CC	Office of Chief Counsel
DAA	**Deputy Assistant Administrator**
DEA	Drug Enforcement Administration
REDACTED	REDACTED
REDACTED	REDACTED
DFE	Digital Forensic Examiner
EPTP	**External Proficiency Testing Program***
HQDCO	**Headquarters Document Control Officer**
IN	**Office of Inspections**
IPTP	Internal Proficiency Testing Program
LD	**Laboratory Director**
LPEM	Latent Print Examination Manual
LOM	Laboratory Operations Manual
LQAC	Laboratory Quality Assurance Committee
LQAM	Laboratory Quality Assurance Manager
PAR	**Preventive Action Request**
PTP	Proficiency Testing Program
QAS	**Quality Assurance Specialist**
RPN	**Risk Priority Number**
SAC	**Special Agent in Charge***
SF	Office of Forensic Sciences

ACRONYMS	
SFDCC	Office of Forensic Sciences Document Control Center
SFQ	Office of Forensic Sciences Quality Assurance Section
SFQAC	Office of Forensic Sciences Quality Assurance Committee
SFQAM	Office of Forensic Sciences Quality Assurance Manager
SIP	Self-Inspection Program
SME	Subject Matter Expert*

SEVERITY of Condition	Ranking	OCCURRENCE of Failure	Ranking	Probability of DETECTION	Ranking
Catastrophic – Very severe effect on product outcome(s). Endangers life of people or full loss of property. Full loss of production	5	Very High: Failure is frequent, very likely, or recurring.	5	Remote: Nonconformance would not be uncovered through existing preventive measures.	5
Critical - Major effect on work product outcome(s). Serious injury to people or damage to property. Major disruption to production.	4	High: Failure is repeated, probable or likely.	4	Low: Nonconformance is not likely to be uncovered through existing preventive measures.	4
Moderate - Moderate effect on work product outcome(s). Moderate injury to people or damage to property.	3	Moderate: Failure is occasional or possible.	3	Moderate: Nonconformance may be uncovered through existing preventive measures by either users or reviewers.	3
Minor - Some effect on work product outcome(s). Minor disruption to production.	2	Low: Failure is seldom, rare, or remote.	2	High: Nonconformance should be uncovered through existing preventive measures by either users or reviewers.	2
Negligible – Virtually no effect on work product outcome(s), to people, property or production.	1	Remote: Failure is not likely or is improbable.	1	Very High: Nonconformance is likely to be uncovered through existing preventive measures.	1

RPN < 10 correction; RPN ≥ 10 CAR; RPN > 30 or a severity of 5 = SFQAM notification

Risk Priority Number (RPN) Table

		Likelihood (Occurrence + Detection)								
		Unlikely	Minor	Very Low	Low	Moderate	Serious	High	Very High	Critical
Severity		2	3	4	5	6	7	8	9	10
Catastrophic	5	10	15	20	25	30	35	40	45	50
Critical	4	8	12	16	20	24	28	32	36	40
Moderate	3	6	9	12	15	18	21	24	27	30
Minor	2	4	6	8	10	12	14	16	18	20
Negligible	1	2	3	4	5	6	7	8	9	10

See Also: LOM 7101.2A
PRO-7101.2B, *Reviewing, Approving, and Posting Controlled Documents: Headquarters* PR-7101.2C, *Reviewing, Approving, and Posting Method Validation and Verification Records: Laboratories*

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: Crisis Management Plan: SFLX-YY-SSP1 • Document version Examples: Version 1.0 (first version) Version 1.1 (non-substantive edits) Version 2.0 (significant revision) • Document history **NOTE:** This does not apply to blank forms posted to the Office of Forensic Science's Document Control Center (SFDCC) Laboratories SharePoint Pages.
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. **Adds** NEW documents directly to the SFDCC laboratory-specific SharePoint Document Library under "Pending Documents" and **completes** the data fields as required in the pop-up window.
	7. **Obsoletes** older versions of documents prior to adding a revised document to the SFDCC SharePoint Document Library.

	ACTION:
ACTION BY:	7a. **Opens** the laboratory-specific SharePoint Document Library using Explorer. 7b. **Drags** the old version of the document to a new file location to remove it from the document library list. 7c. **Renames** the file by adding the archival date (MMDDYYYY) to the filename. 7d. **Marks** each document with a watermark that annotates the documents as "OBSOLETE MMDDYYYY" by following the SFDCC Quick Reference Guides for a Word, Excel, or PDF document type. 7e. **Adds** obsoleted documents directly to the SFDCC SharePoint Obsolete Document Library under "Pending Documents" and **completes** the data fields as required in the pop-up window.
	8. **Adds** REVISED documents directly to the laboratory-specific SFDCC SharePoint Document Library under "Pending Documents" and **completes** the data fields as required in the pop-up window.
Office of Forensic Sciences Quality Assurance Section (SFQ)	9. **Reviews** the document from the SharePoint task workflow email in the REDACTED.
	10. **Approves** the document or **rejects** and **returns** the document to Step #1 for further revisions. **NOTE:** Daily SharePoint Alerts will automatically notify each laboratory via email when documents have been approved and posted to the laboratory's SFDCC SharePoint page.
DCO	11. **Confirms** each document is no longer in a pending status after receiving the Daily Alert email.

See Also: LOM 7101.2A
PRO-7101.2A, *Reviewing, Approving, and Posting Controlled Documents: Laboratories*
PRO-7101.2C, *Reviewing, Approving, and Posting Method Validation Records: Laboratories*

ACTION BY:	***ACTION:***
Office of Forensic Sciences (SF) Section Personnel	1. **Develops** or **revises** Laboratory System or Headquarters 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) including the total numbers of pages or designate the end of document • Approving authority(ies) • Unique alpha-numeric designators Example: Crisis Management Plan: SFLX-YY-SSP1 • Document version Examples: Version 1.0 (first version) Version 1.1 (non-substantive edits) Version 2.0 (significant revision) • Document history **NOTE:** This does not apply to blank forms posted to SF's Document Control Center (SFDCC) Laboratory System or Headquarters SharePoint Pages.
SF Section Chiefs	3. **Reviews** proposed documents for administrative and technical accuracy and for compliance with policy. 4. **Proposes** revisions, if necessary.**Approves** final drafts of Laboratory System or Headquarters documents or **returns** to Step #1 for further revision. **NOTE:** New SF approved documents must be approved by the Compliance Division Policy Review Unit. If applicable, **sends** documents to DEADIVOrders@dea.usdoj.gov for approval. 5. **Emails** the SF Quality Assurance Section (SFQ) mailbox with the document to be posted.
Office of Forensic Sciences Quality	6. **Adds** new documents and records directly to the SFDCC Laboratory System or Headquarters-specific SharePoint Document Library under

ACTION BY:	*ACTION:*
Assurance Section (SFQ)	"Pending Documents" and **completes** the data fields as required in the pop-up window. 7. **Obsoletes** older versions of documents prior to adding a revised document to the SFDCC SharePoint Document Library. 7a. **Opens** the Laboratory System or Headquarters SharePoint Document Library using Explorer. 7b. **Drags** the old version of the document to a new file location to remove it from the SharePoint Document Library list. 7c. **Renames** the file by adding the archival date (MMDDYYYY) to the filename. 7d. **Marks** each document with a watermark that annotates the documents as "OBSOLETE MMDDYYYY" by following the SFDCC Quick Reference Guides for a Word, Excel, or PDF document type. 7e. **Adds** obsoleted documents directly to the SFDCC SharePoint Obsolete Document Library under "Pending Documents" and **completes** the data fields as required in the pop-up window. 8. **Adds** revised documents directly to the Laboratory System or Headquarters-specific SFDCC SharePoint Document Library under "Pending Documents" and **completes** the data fields as required in the pop-up window.
Office of Forensic Sciences Quality Assurance Manager (SFQAM)	9. **Reviews** the document from the SharePoint task workflow email. 10. **Approves** the document or **Rejects** and **returns** the document to Step #1 for further revisions. **NOTE:** Daily SharePoint Alerts will automatically notify either the Laboratory System or Headquarters via email when documents have been approved and posted to the SFDCC SharePoint Pages.

See Also: LOM 7101.2A
PRO-7101.2A, *Reviewing, Approving, and Posting Controlled Documents: Laboratories*
PRO-7101.2B, *Reviewing, Approving, and Posting Controlled Documents: Headquarters*

ACTION BY:	***ACTION:***
Laboratory Quality Assurance Specialist (QAS)	1. **Develops** or **revises** laboratory-validation or verification packets for administrative and technical accuracy and for compliance with policy in consultation with users and other relevant personnel.
	2. **Ensures** each laboratory-validation or verification packet contains the required documents as in LOM 7101.1A.
Laboratory Quality Assurance Manager (LQAM)	3. **Reviews** proposed laboratory-validation or verification packets for administrative and technical accuracy and for compliance with policy.
	4. **Approves** the final method validation reports or **returns** to Step #1 for further revision.
	5. **Makes** the laboratory-validation or verification packet available for use by the analysts.
	6. **Submits** the final method validation reports to laboratory document control officer (DCO).
Laboratory Document Control Officer (DCO)	7. **Ensures** the following format for qualitative method validation reports: Method Name – Instrument Type - Report Type Separatory/Confirmatory (if necessary) – Instrument Number; and for quantitative method validation reports: Method Name – Instrument Type- Drug – Instrument Number. Qualitative Method Name Example: GCSCRN – GC - Separatory - Final Report – 365847. Quantitative Method name Example: DEA 101L – GC – Cocaine – 369452.
	8. **Adds** new final method validation reports directly to the laboratory-specific SFDCC SharePoint Document Library under “Pending Documents” and **completes** the data fields as required in the pop-up window.
	9. **Obsoletes** older versions of final method validation reports prior to adding a revised record to the SFDCC SharePoint Document Library. 9a. **Opens** the laboratory-specific SharePoint Document Library using Explorer. 9b. **Drags** the old version of the method validation report to a new file location to remove it from the Document Library list. 9c. **Combines** the final method validation report with the final spreadsheet to make one PDF document.

ACTION BY:	***ACTION***

9d. **Renames** the file by adding the archival date (MMDDYYYY) to the filename.

9e. **Marks** each document with a watermark that annotates the documents as “OBSOLETE MMDDYYYY” by following the SFDCC Quick Reference Guides for a Word, Excel, or PDF document type.

9f. **Adds** obsoleted documents directly to the SFDCC SharePoint Obsolete Document Library under “Pending Documents” and **completes** the data fields as required in the pop-up window.

10. **Adds** revised final method validation reports directly to the laboratory-specific SFDCC SharePoint Document Library under “Pending Documents” and **completes** the data fields as required in the pop-up window.

Office of Forensic Sciences Quality Assurance Section (SFQ)

11. **Reviews** the method validation reports from the SharePoint workflow email in the SFQ mailbox.

12. **Approves** the method validation report record or **rejects** and **returns** the document to Step #1 for further revisions.

    NOTE: Daily SharePoint Alerts will automatically notify either the Laboratory System or Headquarters via email when documents have been approved and posted to the SFDCC SharePoint Pages.

DCO

13. **Confirms** each method validation report is no longer in a pending status after receiving the Daily Alert email.

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, scope, and the participating personnel 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. **Identifies** any risk of impartiality of laboratory activities.

   c. **Incorporates** electronically stored objective evidence into the laboratory's version of the *DEA Laboratory Assessment Checklist*.

   d. **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 the REDACTED.

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 (SF) 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** SF policies and procedures (LOM, Procedures and Tasks, ADM, LPEM, REDACTED, and other relevant policy documents).

    b. **Details** recommendation(s) for creating additional policy, 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. Risk priority number (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. **Describes** objectives with a focus on using specific, measurable, attainable, realistic, and time-bound intended or expected results that align with SF's mission, vision, 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.

See Also: LOM Exhibit 2/7108, *Severity x (Occurrence + Detection) Matrix*

The **Laboratory Quality Assurance Manager (LQAM)** calculates the risk priority number (RPN). The LQAM uses the Severity x (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. Value of 3 is moderate, adversely impacts work products leaving the laboratory, and may impact external customers.

    c. Value of 4 is significant, adversely impacts work products leaving the laboratory, and impacts external customers.

    d. A value of 5 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 those failures are clustered events.

    a. Value of 1 is for scenarios that are not likely or are theoretically 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 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** together the values of occurrence of failure and probability of detection.

5. **Multiplies** the value obtained by the severity of condition to determine the Risk Priority Number (RPN).

6. If a nonconformance has not yet occurred, and the RPN is ≥ to 10, **generates** a Preventative Action Request (PAR).

NOTE: If the RPN is < 10, **actions** by the LQAM are discretionary, ranging from taking no action to creating a PAR.

7. If a nonconformance has already occurred and the RPN is ≥ 10 (but ≤ 30 or a severity of 5), **generates** a Corrective Action Request (CAR).

8. If a nonconformance has already occurred and the RPN > 30 or the severity is 5, **notifies** SFQAM.

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Revisions

Additions

Exhibit 1/72 lists acronyms used in this chapter.

7201 MANAGING AND ORGANIZING THE LABORATORY SYSTEM

7201.1 Management

Management has system-wide or laboratory-wide authority and responsibility. Unless otherwise noted, management may delegate responsibilities.

7201.11 System-Wide Management**

A. In the Office of Forensic Sciences (SF), system-wide management consists of the Deputy Assistant Administrator; the Associate Deputy Assistant Administrators (Laboratory Operations - SFL - and Operations and Compliance - SFO); Forensic Science Advisor; and the Section Chiefs for Administrative Support and Financial Management, Environmental Management, Laboratory Management and Operations, Quality Assurance, and Forensic Sciences Instruction.

B. Unit Chiefs and Program Managers have oversight responsibilities of laboratory processes and personnel.

7201.12 Laboratory Management

Laboratory management consists of the Laboratory Director (LD), the Associate Laboratory Director (ALD), Supervisors, and the Laboratory Administrative Officer (LAO).

7201.2 Table of Organization

A. The Drug Enforcement Administration (DEA) Table of Organization (TO) outlines laboratory staffing.

B. Individual Position Descriptions define duties and responsibilities.

C. The LD may initiate changes to the TO.

7202 STAFFING LABORATORIES

7202.1 Laboratory Director

The LD is in charge of operations and personnel at the laboratory. The LD reports to SFL.

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 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 (SA), Task Force Officer (TFO), Intelligence Research Analysts (IRS), Diversion Investigators (DI), 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 SA/TFO/IRS/DI, 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 SA/TFO/IRS/DI, 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 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.

7202.91 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

7202.92 Safety and Occupational Health Specialist

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

7203 ASSIGNING LABORATORY PERSONNEL

7203.1 Requesting Voluntary Reassignment

A. For GS-1320 positions, follow the Career Progression Manual (CPM) for Forensic Chemists.

B. Requests for voluntary reassignment from any non-chemist SF employees will be handled on a case-by-case basis, (see PRO-7203.1, Requesting a Voluntary Reassignment).

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 forensic 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) to discuss topics relevant to the attendees and may include training and/or professional development.

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

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 REDACTED.

7204.22 Basic Training of Forensic Analysts

A. 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, a general knowledge of DEA forensic disciplines, court testimony, and applicable criminal law and procedures (see 7204.1).

B. 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.

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

D. The LD reviews the background and experience of each forensic chemist, fingerprint specialist, and digital forensic examiner to determine suitability for supplemental training.

7204.23 Establishing Competency of Forensic Analysts

A. All laboratory forensic 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 Office of Forensic Sciences Document Control Center.

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 .

7204.25 Continuing Education/Training and Developing Leaders

Laboratory forensic analysts must complete a minimum of 16 hours of training/professional development per fiscal year during official duty hours.

1. Forensic 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. Forensic 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) 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, program managers, and managers must complete a minimum of 16 hours of training relevant to the laboratory's mission per fiscal year during official duty hours, of which at least 8 hours must be leadership training.

NOTE: Other mandatory training (e.g., safety, security, travel) 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 Office of Chief Counsel, Ethics and Standards of Conduct Unit (CCE). Active participation includes, but is not limited to, holding office, serving on committees, 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 forensic analyst's forensic discipline, serving as a moderator of a scientific session).

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 from CCE before approving the employee's attendance.

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

NOTE 3: 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.

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 for 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 REDACTED

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 LOM 7001G).

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

7205 PROMOTING LABORATORY PERSONNEL

7205.1 Initiating Personnel Actions

A. Chemists follow the CPM for Forensic Chemists.

B. All other laboratory personnel follow REDACTED.

7205.11 Promoting Laboratory Employees through GS-12 Grade Levels

See REDACTED for further information.

7205.12 Promoting Non-Supervisory Positions to GS-13

NOTE: This section does not apply to forensic chemists. See the CPM for Forensic Chemists.

Career Ladder GS-13 Promotions

A. 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 one year as a GS-12.

B. The employee must have achieved a successful level of performance for the year preceding the time in grade promotion eligibility date.

7205.13 Promoting Non-Supervisory Forensic Chemists to GS-14

Refer to the CPM for Forensic Chemists.

7205.14 GS-14 Supervisors/Program Managers

NOTE: This section does not apply to forensic chemists. Refer to the CPM for Forensic Chemists.

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 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

SF ensures a consistent expectation of integrity and impartiality for personnel within the laboratory system by requiring personnel to be familiar with and conduct laboratory activities consistent with the Department of Justice (*DOJ) Code of Professional Responsibility for the Practice of Forensic Science*, REDACTED.

7206.2

Responsibility The LD

ensures:

A. The DOJ Code of Professional Responsibility for the Practice of Forensic Science is annually reviewed with all laboratory staff.

B. All laboratory staff annually review the DEA Standards of Conduct in DEALS.

Exhibit 1/72

ACRONYMS	
ALD	**Associate Laboratory Director**
BFCC	**Basic Forensic Chemist Course**
CCE	**Ethics and Standards of Conduct Unit**
CPM	Career Progression Manual for Forensic Chemists
DEA	**Drug Enforcement Administration**
DEALS	DEA Learning System
REDACTED	REDACTED
DI	Diversion Investigator
DOJ	Department of Justice
IAI	**International Association for Identification***
IRS	Intelligence Research Analysts
LAO	**Laboratory Administrative Officer**
LD	Laboratory Director
LOM	Laboratory Operations Manual
LQAM	Laboratory Quality Assurance Manager
PCS	**Permanent Change of Station**
REDACTED	REDACTED
QAS	**Quality Assurance Specialist**
SA	**Special Agents**
SF	**Office of Forensic Sciences**
SFL	Associate Deputy Assistant Administrator for Laboratory Operations
SFO	Associate Deputy Assistant Administrator for Operations and Compliance
TFO	**Task Force Officer**
TO	Table of Organization
TR	Office of Training

See Also: REDACTED, *Voluntary Reassignment Agreement*
LOM 7203
Career Progression Manual (CPM) for Forensic Chemists

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 CPM for Forensic Chemists. 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 • Copy of the last performance appraisal
Laboratory Director or Section Chief (Losing)	2. **Reviews** the request. 3. **Determines** laboratory position availability and **seeks** transfer concurrence from the gaining Laboratory Director. 4. **Conducts** integrity check. 5. **Evaluates** the request: 5a**.** If the request is denied, **provides** written notification to the employee that includes the reason(s) for <u>not</u> granting the request. **Provides** a copy of the decision to the Office of Forensic Sciences (SF). 5b. If the request is approved, **forwards** the request to Administrative Support & Financial Management Section (SFA) for the Office of Forensic Sciences (SF) approval. 5b-1**. Establish** potential reassignment date with the gaining Laboratory Director.
SFA	6. **Reviews** the request. 6a. **Conducts** Giglio review. 6b. **Forwards** to SF for review and approval.
SF	7. **Reviews** the request.

ACTION BY:	*ACTION:*
	7a. If the request is approved, **provides** the voluntary reassignment agreement and written notification of the decision to the employee, through the losing and gaining LDs/section chiefs.
	7b. If the request is denied, **provides** written notification of the decision and the reason(s) for not granting the request, to the employee through the losing and gaining LDs/section chiefs.
Employee	8. **Acknowledges** and **signs** the voluntary reassignment agreement.
	9. **Provides** the voluntary reassignment agreement to losing LD or section chief.
Laboratory Director or Section Chief (Losing)	10. **Enters** the action into EmpowHR, attaching the signed voluntary reassignment agreement, integrity check, and the Approval Notification from SF.

End of Document

See Also: LOM 7203

ACTION BY:	***ACTION:***
SFT Section Chief	1. **Requests** laboratory preference(s) from employee.
	2. **Determines** laboratory position availability and reassignment date with the gaining Laboratory Director.
	3. **Conducts** integrity check.
	4. **Submits** a written request to SFA for SF approval. The request must include the employee's: • Name • Series • Grade • Identification of requested laboratory or section • Proposed date of reassignment • Copy of the last performance appraisal • Results of the integrity check
SFA Section Chief	5. **Reviews** the request 5a. Conducts the Giglio review. 5b. **Forwards** to SF for review and approval.
SF	6. **Reviews** the request. 6a. If the request is **approved, provides** written notification of the decision to the employee, through the losing section chief. 6b. If request is denied, **provides** written notification of the decision and reason(s) for <u>not</u> granting the request, to the employee through the SFT section chiefs.
SFA	7. If required, **works** with HR to obtain relocation funds. 8. **Enters** the action into EmpowHR, attaching the integrity check and the Approval Notification from SF.

See Also: LOM 7204
LOM 7309

ACTION BY:	*ACTION:*
Forensic Sciences Instruction (SFT) Staff	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. NOTE 1: 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.
TO	10. **Assigns** competency exhibit after successful completion of all training and

ACTION BY:	*ACTION:*
	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. S**ubmits** a copy of the competency memorandum and the completed LQP to SFT.

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CHAPTER 73 MANAGING LABORATORY EVIDENCE

Revisions
Additions

CHAPTER 73 MANAGING LABORATORY EVIDENCE

Exhibit 1/73 lists acronyms used in this chapter.

7301 INTRODUCING RESPONSIBILITIES

7301.1 Definitions

A. Forensic 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), Supervisory Fingerprint Specialist (SFS), Laboratory Administrative 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).

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.

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 forensic 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 chemistry and digital evidence disciplines and the SFS in the fingerprint discipline ensure that forensic analysts adhere to the policies set forth in the LOM and in discipline-specific manuals. The GS and SFS assist 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 DFEs may possess evidence assigned for examination (see 7305.11, 7305.12, and 7305.13*).

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 may witness the SA, TFO, or DI seal the evidence and sign 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) 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).

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 LOM 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 inter-laboratory proficiency testing program (PTP) samples are submitted with a DEA-12.

F. Ensures seized drug and fingerprint training samples are submitted with a DEA-12.

NOTE: SFT submits on a DEA-7 or a DEA-12.

G. Ensures digital evidence training samples are submitted with a DEA-7a/b.

H. Requires a written customer request and a DEA-12 when digital evidence is resubmitted to the same laboratory.

I. 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 Chapter 78), the laboratory only maintains a representative sample. The Office of Domestic Operations (OD) or Office of Foreign Operations (OF) may authorize the destruction of the remainder of the exhibit upon consultation with the LD and the United States Attorney (see 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).

J. 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 LOM 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 *(see 7302.3.)*
    b. Affix LIMS container label(s) to each evidence container.

c. Store the evidence containers in the main vault (see 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 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 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 SA, TFO, or DI.

B. Receive authorization in writing from the submitting SA, TFO, or DI 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 or electronic 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), 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 commingle 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) 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 (CA) or Assistant Regional Director (ARD) 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 ensures the submission paperwork (e.g., DEA-7, DEA-7b) is properly labeled with the 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).

C. Creates a new LIMS case number when exhibits are transferred from another laboratory.

EXCEPTION: To transfer fingerprint drug evidence, follow PRO-7305.23B, Conducting Inter-Laboratory Temporary Transfers in LIMS.

D. Does not cover or obliterate the original LIMS container label if an exhibit of evidence receives a second LIMS number and label.

REDACTED

E. 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.

1. For non-DEA drug exhibits that require reanalysis, enter the *IA Exhibit* as "*Exhibit Number-R"* (e.g., 1-R, 1.01-R, 1A-K-R, 1B1-R).
2. For non-DEA drug exhibits that require defense analysis, enter the *IA Exhibit* as "*Exhibit Number-D"* (e.g., 1-D, 1.01-D, 1A-K-D, 1B1-D).

F. Provides a receipt copy of the annotated submission paperwork to the submitting SA, TFO, or DI containing the LIMS case number.

NOTE: Not necessary when the DEA-7 is submitted through CERTS. The DEA-7 is available through CERTS.

G. 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

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 evidence 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).

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) in a container fit for this purpose (e.g., within a refrigerator, a freezer, solvent cabinet) in a vault.

D. If repackaging is needed, follows PRO-7303.1D, Repackaging Evidence Containers.

E. May not keep trash receptacles in the main vault.

F. Only uses trash receptacles with self-closing lids in the evidence reception and processing areas.

G. May not use unsuitable containers (e.g., manila envelopes) to store evidence.

H. Stores DEA and non-DEA evidence separately.

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), 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

*Forensic 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 areas are interchangeable with in-process vault.

C. Store security containers in the in-process vault for overnight storage, or when the forensic 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, forensic 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, forensic 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 commingle 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 forensic 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. Forensic 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), 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). 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

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) (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 (FDs) (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).
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 FDs. Follows PRO-7304.1C, Reconciling the Annual Inventory with the DEA FDs.

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

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).
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).

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 FDs 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

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 REDACTED. See 7306 for policy on permanent transfers of evidence requested on a REDACTED.

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 see TSK-7305.2C Conducting Temporary Transfers in LIMS, TSK-7305.23D Conducting Inter-Laboratory Temporary Transfers in LIMS, PRO-7305.27A Forwarding Samples to NIDA, or PRO-7306.1A Processing a REDACTED for the Permanent Transfer of Evidence.

C. May not receive unsealed evidence containers from forensic 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 forensic 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 Forensic Analyst for Analysis

A. Case assignment in LIMS provides authority for forensic analysts to possess evidence.

B. Evidence staff transfers evidence containers associated with the assigned LIMS case to the forensic analyst.

7305.12 Returning Custody to the Vault from Forensic Analyst after Analysis

Forensic 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 completion 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 forensic analyst will possess the evidence for more than 30 days, the forensic analyst requests an extension from their supervisor. If granted, the supervisor will provide written documentation authorizing 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 Forensic Analysts

A. Evidence containers in the custody of one forensic analyst may be transferred directly to another forensic analyst (see ADM, LPEM and REDACTED).

B. Case assignment in LIMS provides authority for forensic analysts to transfer evidence to another forensic 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 forensic analyst.

B. May not authorize an forensic 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 forensic 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.

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 see TSK-7305.2C Conducting Temporary Transfers in LIMS, TSK-7305.23B Conducting Inter-Laboratory Temporary Transfers in LIMS, PRO-7305.27A Forwarding Samples to NIDA or PRO-7306.1A Processing a REDACTED for the Permanent Transfer of Evidence.

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).

REDACTED

2. Providing the evidence in-person to the recipient (e.g., SA, TFO, DI, officer).

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 (i.e., 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 receipt of the following:

1. Signed authorization from a supervisory SA, TFO, 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.

B. Only releases evidence to the authorized recipient after their identity is verified.

C. Transfers the threshold amount and any fingerprint evidence when the requested exhibit is a bulk exhibit.

D. May not transfer bulk amounts, unless specifically requested by a supervisory SA, TFO, or DI, and authorized by the LD in writing.

E. Conducts the temporary transfer in LIMS. Follow TSK-7305.2C, Conducting Temporary Transfers in LIMS.

F. Ensures the recipient (e.g., SA, TFO, NDEC) signs and returns the enclosed DEA-12.

G. 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, retest, 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.*2C*, 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.

NOTE: To transfer fingerprint drug evidence follow PRO-7305.23B, Conducting Inter-Laboratory Temporary Transfers in LIMS.

C. The receiving laboratory may not obliterate the LIMS evidence container label from the originating laboratory (see 7302.3D and 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 will 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 non-DEA 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 Return/Retain 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 include archives 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 records these transactions in LIMS. Follow TSK-7305.24D, Conducting Transfers in LIMS via the Return/Retain Form.

REDACTED

A. REDACTED

B. REDACTED

REDACTED

A. REDACTED

B. REDACTED

REDACTED

A. REDACTED

B. REDACTED

C. REDACTED

D. REDACTED

7306 HANDLING REQUESTS FOR FINAL DISPOSITION

NOTE: REDACTED

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 REDACTED and resolves discrepancies or other problems through email or memoranda to the SA, TFO, or DI 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 REDACTED 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 REDACTED or REDACTED:
    a. Name of DEA Laboratory (REDACTED: Item # 6a, DEA-48a: Item # 5)
    b. Name of Custodian (REDACTED: Item #6b)
    c. Laboratory Number (REDACTED: Item #8b) (This field does not require completion.)

C. REDACTED

D. Laboratory program coordinators (PC) REDACTED may retain evidentiary materials for official purposes (see LOM 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 REDACTED and a memorandum from a supervisory SA to the LD (see REDACTED), evidence staff:

A. Conducts the permanent transfer of evidence. Follows PRO-7306.1A, Processing REDACTED for Permanent Transfer of Evidence.

B. Sends the evidence with a DEA-12 (see 7305.2H).

C. 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)

D. Signs the REDACTED only after receiving a signed DEA-12, showing receipt by the third party designated on the REDACTED.

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 (see REDACTED).

B. Evidence staff follows PRO-7306.1A, Processing REDACTED 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 (see REDACTED).

B. Upon receipt of a REDACTED and the required authorization, the evidence staff conducts the transfer. Follows PRO-7306.1A, Processing REDACTED 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. Destroys evidence within 90 days of receiving a properly completed REDACTED.

REDACTED

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

D. 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

1. REDACTED.
2. REDACTED.
3. REDACTED.

B. REDACTED.

REDACTED

A. REDACTED.

B. REDACTED.

C. REDACTED.

D. REDACTED.

REDACTED

REDACTED

A. REDACTED

REDACTED

B. REDACTED.

C. REDACTED

D. REDACTED

E. REDACTED

REDACTED

REDACTED:

A. REDACTED.

B. REDACTED.

C. REDACTED:

1. REDACTED
2. REDACTED
3. REDACTED

D. REDACTED

E. REDACTED

1. REDACTED
2. REDACTED
3. REDACTED

REDACTED

REDACTED

REDACTED:

A. REDACTED.

B. REDACTED.

C. REDACTED.

D. REDACTED:

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

REDACTED

REDACTED

REDACTED:

A. Ensures disposal of hazardous evidence via transfer to an Environmental Protection Agency (EPA)-registered hazardous waste disposal contractor.

B. Ensures disposal of hazardous evidence containing controlled substances or listed chemicals via transfer to a registered hazardous waste disposal contractor with a current DEA registration.

C. Coordinates delivery of the material to a registered treatment, storage, and disposal facility if the contractor does not hold a current DEA registration.

D. Coordinates disposal of hazardous evidence close to the time of the scheduled evidence destruction, but no later than 180 days from the receipt of the REDACTED.

E. Creates a LIMS destruction event dedicated to the disposal of hazardous evidence.

F. Oversees the process of transferring the evidence to the hazardous waste contractor and recording the disposal.

G. Transfers hazardous evidence to the hazardous waste disposal contractor. Follows PRO-7306.3G, Disposing of Hazardous Evidence. The DC:

1. Redacts case-related information, names, dates, and signatures from the evidence containers before relinquishing evidence containers to the contractor.

2. Obtains a Certificate of Disposal/Destruction from the contractor before the laboratory pays the invoice.
3. Ensures completion of the REDACTED upon receipt of the Certificate of Disposal/ Destruction.

REDACTED

A. REDACTED

B. REDACTED

C. REDACTED

REDACTED

A. REDACTED

B. REDACTED.

C. REDACTED.

D. REDACTED

7307 ANALYZING AND REPORTING LABORATORY ANALYTICAL RESULTS

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

NOTE: Analysis may occur if LIMS is down; however, once LIMS is operational, records must be completed in LIMS. Contact SFM for additional guidance.

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

EXCEPTION 1: Laboratory reports will not be generated for special program exhibits analyzed at SFL1.

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 does 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 Investigative Records Unit (FSII), 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 generated.

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. See the REDACTED for specific procedures for the dissemination of the digital evidence reports.

7307.3 Amending Laboratory Reports

A. Forensic analysts generate amended reports when corrections to the content of the original report are required.

B. When generating an amended report, forensic 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 generating a supplemental report, forensic analysts:

1. Include a statement describing the reason for the supplemental report (e.g., additional examination conducted, reanalysis), 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 7308.1 Maintaining Laboratory Case Files

A. LDs maintain a laboratory case file (paper and/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).

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-48a, DEA-6, search authorization, and photos documenting condition at intake
3. DEA-7a and DEA-7b for non-drug fingerprint submissions
4. Forensic analyst notes (e.g., case details report, latent print details report, DEA-86, DEA-86a, DEA-466)
5. Supporting data and analytical results (e.g., charts, graphs)
6. Laboratory Report(s) (e.g., DEA-113, DEA-111, Digital Evidence Examination Report(s))
7. 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.

8. Administrative documentation with unique identifier

NOTE: When paper files are bound or electronic documents are combined, 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).

9. Any investigative photographs and/or negatives
10. DEA-12s
11. 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. 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 2 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.

Exhibit 1/73

ACRONYMS	
ADM	**Analysis of Drugs Manual**
ALD	Associate Laboratory Director
REDACTED	REDACTED
ARCIS	Archives and Records Centers Information System
ARD	Assistant Regional Director
ASAC	Assistant Special Agent in Charge
CA	**Country Attaché**
CC	Office of Chief Counsel
CCI	International and Intelligence Law Section
CDR	Case Detailed Report
CFR	Code of Federal Regulations
COD	Certificate of Disposal/Destruction
CSP	Cocaine Signature Program
DAA	**Deputy Assistant Administrator**
DAC	Defense Analysis Coordinator
DC	Destruction Coordinator
DEA	Drug Enforcement Administration
REDACTED	REDACTED
DEC	Drug Evidence Custodian
REDACTED	REDACTED
DFE	Digital Evidence Examiner
DI	Diversion Investigator
DOJ	Department of Justice
EPA	**Environmental Protection Agency**
ES	Evidence Specialist
FBI	**Federal Bureau of Investigation**
FC	Forensic Chemist
FRC	Federal Records Center
FS	Fingerprint Specialist
FSII	Office of Administration Investigative Records Unit
GS	**Group Supervisor**
GW	Gross Weight

ACRONYMS	
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
LPDR	Latent Print Details Report
LPEM	Latent Print Examination Manual
REDACTED	**REDACTED**
NDEC	**Non-Drug Evidence Custodian**
REDACTED	REDACTED
REDACTED	**REDACTED**
REDACTED	**REDACTED**
OM	Office of Operations Management
OPR	Office of Professional Responsibility
REDACTED	REDACTED
PC	**Program Coordinator**
PIM	Planning and Inspection Manual
POC	Point of Contact*
PPE	Personal Protective Equipment
SA	**Special Agent**
SAC	Special Agent in Charge
SBU-MC	Sensitive But Unclassified Message Center
SC	Operational Support Division
SF	Office of Forensic Sciences
SFE	Environmental Management Section
SFL1	Special Testing and Research Laboratory
SFL2	Northeast Laboratory
SFL3	Mid-Atlantic Laboratory
SFL4	Southeast Laboratory
SFL5	North Central Laboratory
SFL6	South Central Laboratory

ACRONYMS	
SFL7	Western Laboratory
SFL8	Southwest Laboratory
SFL9	Digital Evidence Laboratory
SOD	Special Operations Division
SOHS	Safety and Occupational Health Specialist
TFO	**Task Force Officer**
TSDF	Treatment Storage and Disposal Facility
UHWM	**Uniform Hazardous Waste Manifest**

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.*
	11. **Files** the receipt in the *Mail Delivery Log*.

ACTION BY:	***ACTION:***
	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** written documentation or *Digital Evidence Repackaging or Discrepancy Report* to describe the condition and the content(s) 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.
	8d. **Includes** the photographs.

ACTION BY:	***ACTION:***
	9. **Sends** the correspondence with the attachments (e.g., photographs, *Digital Evidence Repacking & Discrepancy Report)* to the submitting office (or agency) and the LAO or laboratory management.
	10. After the evidence is accepted into LIMS, **saves** the correspondence with the attachments to the Laboratory Information Management System (LIMS) case file.
	11. **Returns** to TSK-7302.12A, *Receiving Evidence Delivered by Mail*.

End of Document

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 or leaking evidence containers. 1a. If the LAO is not available, **notifies** another laboratory manager. 1b. If additional guidance is needed, contact SFM.
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 or leaking 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** written correspondence documenting the gross weight and contents of the unsealed evidence. 8a. **Includes** personnel involved and actions taken to resolve the issue. 8b. **Attaches** the photographs. 9. **Sends** the correspondence with the attachments to the submitting office (or agency) and the LAO or laboratory management. 10. After resolution, **saves** the correspondence and attachments to the Laboratory Information Management System (LIMS) case file.

End of Document

See Also: LOM 7302.22
REDACTED
PRO-7302.2C*, Processing Unsealed Evidence Containers*

ACTION BY:	***ACTION:***
Evidence Staff	1. **Records** information in the *Improper Submission Logbook* (e.g., date received, Investigating Agency (IA) case number, exhibit number) immediately upon discovery. 2. **Initials** and **dates** the logbook entry. 3. **Contacts** submitting personnel (e.g., Special Agent (SA), Task Force Officer (TFO), Diversion Investigator (DI) 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** an updated DEA-7 or 7b. 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.*
LAO	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).

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. (See 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 *(for DEA evidence see REDACTED).

   2a. If the submission paperwork is *not* complete, **communicates** to the submitting agent/officer the deficiencies before accepting the evidence.

   NOTE: For DEA evidence, corrections to the DEA-7, DEA-7a, or DEA-7b must be made in IMPACT.

   2b. 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.

   2c. 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.

   2d. If a digital examination is requested, **ensures** the evidence is accompanied by the following documents: DEA-7a, DEA-7b, DEA-48a (for on-site backup), and legal search authority (REDACTED).

3. **Examines** the evidence to ensure that the *"Case Number," "Exhibit Number",* number of packages, and the description of the evidence 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 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. For evidence submitted through REDACTED, **receives** through REDACTED. **Proceeds** to Step #7.

6. For evidence not submitted through REDACTED, **proceeds** as follows:
   6a. **Enters** the deliverer and the tracking number of the container in Item #32 of the DEA-7 (or Item #16a of the DEA-7b).

   6b. **Enters** the date the delivery was received in Item #32a of the DEA-7 (or Item #16b of the DEA-7b).

   6c. **Completes** Items #34 and #34a of the DEA-7 (or Items #18a and #18b of the DEA-7b).

   6d. If not submitted on a DEA-7 or DEA-7b, goes to Step #7.

   6e. **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. **Completes** all required fields that do not automatically populate in the Reception Wizard.

   2a. **Enters** the case number as it appears on the submission paperwork, to include any hyphens, dashes, and spaces.

   2b. **Selects** the corresponding investigating agency.

   NOTE: If the corresponding agency is not available, **requests** SFM to add the agency to the LIMS Agencies Management table. **Notifies** the Laboratory Administrative Officer of the request.

   2c. For cases submitted through REDACTED, **completes** the following, if applicable: Date Delivered to Lab, Date Accepted into Lab, Number of Exhibits, Storage Location, Delivery Method and corresponding tracking number, Container Type, and Container Code.

   2d**.** For cases not submitted through REDACTED, **completes** the following, if applicable: Program Code, GDEP, Investigative Agency Group Number, 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 or DEA-7b under the same case number may be processed together.

3. **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.

4. **Selects** appropriate Container Code.

   4a. For bulk exhibits, **selects** “BUL” as the Container Code for all containers in the exhibit.

4b. 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.”

5. For cases not submitted through REDACTED, **scans** the DEA-7 or DEA-7b and any other submission paperwork (e.g. DEA-7a, memoranda, emails, other agency laboratory reports) using the appropriate attachment type in LIMS.

6. **Selects** the appropriate exhibit route from the menu.

7. **Selects** “Finish” to create the LIMS case record(s). LIMS will create case number barcode labels and container barcode labels.

8. For exhibits not submitted through REDACTED and received by mail, **emails** the signed DEA-7 or DEA-7b to the listed agent contact(s).
NOTE: Multiple DEA-7s or DEA-7bs 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.
Date Delivered to Lab:	• 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 *Improper Submission/Problem Evidence Logbook*.
Date Accepted in Lab:	• Defined as the date the exhibit was accepted into evidence, as recorded in the DEA-7 or DEA-7b.

Fields in Record of Evidence	Description
	• 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:	• 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:	• Container Type – Description of packaging • Container Code – Description of evidence type
Exhibit Attachments:	Attach the DEA-7 or DEA-7b and any other documentation submitted with the evidence.

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.
   - **Prints** and **signs** name.

   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.
   - **Prints** and **signs** name.

2. **Documents** the repackaging REDACTED
3. **Provides** a copy of the REDACTED to the submitting office.
4. **Files** the REDACTED 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. (See 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. 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 (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, 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. For evidence submitted through REDACTED, **receives** through REDACTED. **Proceeds** to Step #7.

6. For evidence not submitted through REDACTED, **proceeds** as follows:

   6a. If not submitted on a DEA-7 or DEA-7b, **goes** to Step #7.

   6b. **Requests** the deliverer complete Items #32 and #32a of the DEA-7 (or Items #16a and #16b of the DEA-7b).

   6c. If submitted on a DEA-7, **completes** Item #34 and Item #34a.

   6d. If submitted on a DEA-7b, **completes** Item #16a and #16b.

   6e. 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 and **records** the date of delivery of 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.*)
   - 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

ACTION BY:	*ACTION:*
Evidence Staff	1. **Notifies** the Laboratory Administrative Officer (LAO) when the laboratory discovers evidence containers that need to be repackaged. 1a. If the LAO is not available, **notifies** another laboratory manager. 1b. If additional guidance is needed, contact SFM or SFQ.
Evidence Staff and LAO (or other manager)	2. **Inspects** and **verifies** the contents (and gross weight of the evidence if applicable). 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). 3a. If evidence is missing or shows signs of tampering, **photographs** container(s) in the condition found, to include identifying data (e.g., *Case Number, Exhibit Number, Serial Number, Model Number*), and saves photos in LIMS (or the case file), once entered.
LAO (or other manager)	4. **Assigns** to a chemist if necessary.
Chemist	5. **Obtains** and **documents** new weights if applicable.
Chemist, ES, or LAO (or other manager)	6. **Places** the original evidence container and contents and **seals** in a new evidence envelope (or other acceptable container). 7. **Prepares** an email documenting the contents (and the new gross weight if applicable) of the evidence container. 7a. **Includes** personnel involved and actions taken to resolve the issue. 7b. **Attaches** the photographs to the email. 7c. For digital evidence, **documents** the repackaging on *REDACTED* 8. **Sends** the email with the attachments to the submitting office (or agency) and the LAO. 9. **Saves** the email and attachments to the Laboratory Information Management System (LIMS) case file.

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** DEA and non-DEA evidence in separate locations.

   4b. **Stores** evidence intended for return, or permanent disposition, in a separate location. 4c.

   Uses the Move Containers function in LIMS to record the exact shelf location of boxes or other oversized evidence.

5. **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

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) or LAO	4. **Charge** CK3 scanners.
ES	5. **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).
	6. **Verifies** that all opened and received evidence is entered into LIMS.
	7. **Reconciles** for out of laboratory evidence. 7a. **Runs** *Temporarily Transferred Items* reports and **ensures** that authorizations are documented in Attachments. NOTE: Temporarily transferred evidence (e.g., fingerprint evidence) located at another laboratory may not show up on this report.**
	8. **Ensures** Destruction Events in a *Send for Destruction* status are updated in LIMS. NOTE: It may not be possible to complete a hazardous evidence destruction if the Certificate of Disposal is not yet received. See the note for Step #27 below.
	9. **Stores** evidence in the vault and **processes** evidence in LIMS that has returned.
	10. **Programs** CK3 readers for inventory with the current date and time.
	11. **Returns** all completed evidence to the vault.
Forensic Analyst	12. **Does not create** new evidence containers (e.g., special programs, fingerprint). NOTE: Creation of splits is permitted for fingerprint and drug exhibits.

ACTION BY:	*ACTION:*
ES	13. **Suspends** evidence transactions (if practical), until completion of physical inventory.
Laboratory Manager	14. **Establishes** teams of two individuals, at least one of which does not have access to the vault.
	15. **Meets** with inventory teams (participants) to address the operational plan prior to the physical inventory.
Scanning Team	16. Prior to starting the inventory, **scans** the vault location with the CK3 scanner.
	17. **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 forensic analysts must also be scanned and may not be in a sealed condition.
	18. **Scans** each LIMS evidence label (hand-keyed entries are not permitted).
Laboratory Manager	19. **Downloads** CK3 files onto the workstation.
	20. **Evaluates** "raw" data to identify errors (e.g., incorrect time stamps). NOTE: Combining "raw" CK3 files provides a tool for locating misfiled items after the inventory is complete.
	21. **Creates** the inventory audit event in LIMS and **uploads** files into LIMS.
	22. **Previews** *Items Not Scanned* to determine if additional containers requiring scanning.
	23. **Generates** the *LIMS Discrepancy Report* and **uploads** it into LIMS. This report includes: *Items Not Scanned, Extra Items, and Location Mismatches*. NOTE 1: The *LIMS 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 25).
	24. **Submits** audit for review.

ACTION BY:	*ACTION:*
Laboratory Manager and a Witness	25. **Reconciles** location mismatches. Immediately **investigates** and **resolve** each entry. **Clears** LIMS mismatches from the *Discrepancy Report* with the reason for removal.
	26. **Reconciles** duplicate scans. Immediately **investigates** and **resolves** each entry. **Clears** LIMS duplicates from the *Discrepancy Report* with the reason for removal.
	27. **Reconciles** extra items. Immediately **investigates** and **resolves** each entry. **Clears** LIMS *"Extra Items"* from the *Discrepancy Report* with the reason for removal.
	28. **Reconciles** ***"****In Inventory But Not Scanned*". **Locates** and **scans** each entry. NOTE 1: REDACTED. NOTE 2: REDACTED.
	29. **Continues** until no items appear or until those remaining are documented with a reason.
	30. **Generates** and **attaches** *Audit Report.*
Laboratory Manager	31. **Signs** and **attaches** the *Reconciliation Report*.
	32. **Attaches** the final *Discrepancy Report*.
	33. **Completes** the audit in LIMS.

LD

End of Document

See Also: LOM 7304
REDACTED
REDACTED

ACTION BY:	***ACTION:***
	A. Reconciling with the Field
Laboratory Director (LD) or designee	1. **Notifies** the Office of Forensic Sciences (SF) that the Laboratory Information Management System (LIMS) has been reconciled with the physical evidence.
Laboratory Management (LM) or designee	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.

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 forensic analyst returns, **assists** the forensic analyst with changing the combination.
	13a. **Provides** a new SF-700 to the forensic analyst.
	13b. **Maintains** the new SF-700 with the new combination code.

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.
LAO	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.
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
LPEM Chapter 2.7
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 (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/forensic analyst's evidence seals for signs of tampering. 4a. If not opened or altered, **proceeds** to Step #14. 4b. If opened or altered, **documents** the non-intact seals in LIMS and **notifies** the respective laboratory supervisor and the original forensic analyst.
Supervisor	5. **Reopens** exhibit(s) in LIMS and **Assigns** to the original forensic analyst (or alternate if original forensic analyst is unavailable). 6. **Contacts** the Special Agent (SA), Task Force Officer (TFO), or Diversion Investigator (DI) in writing regarding the observed alteration, and **verifies** whether items were opened.

ACTION BY:	*ACTION:*
Forensic Analyst	7. **Attaches** the response and/or other documentation to the LIMS case file. 8. **Reviews** the case file and **refers** to the ADM or LPEM for specific procedures. 9. If the internal evidence seals/containers are altered, **weighs** each container and conduct a reanalysis as per the ADM (for drug evidence). 10. **Notifies** management when: 10a. Upon reopening, the content(s) differ from the reserve evidence description. 10b. The newly obtained weight(s) differ significantly from the original reserve weight(s). 10c. The results of the reanalysis do not correspond with the original analysis.
Supervisor	11. **Reviews** any analytical results, attachments, and Case Details Report (CDR) or Latent Print Details Report (LPDR). 11a. For drug evidence, **attaches** the CDR (or DEA-86) to *Case Attachments*. 11b. For fingerprint evidence, **attaches** the DEA-466c or email to *Case Attachments*.
LD	12. If the evidence is altered or missing, **notifies** the Office of Forensic Sciences and the Office of Professional Responsibility.
Forensic Analyst	13. **Returns** the evidence to ES for storage.
ES	14. **Stores** the evidence in the vault.

End of Document

See Also: LOM 7305.22
ADM

ACTION BY:	*ACTION:*
Defense Analysis Coordinator (DAC)	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). 4. **Notifies** Supervisor and the original Forensic Chemist (FC), if available, to obtain a sample for the defense.
Supervisor	5. **Assigns** the FC the exhibit.
Original Forensic Analyst	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. 10. **Generates** a supplemental laboratory report. 11. **Returns** the evidence and the defense sample to the vault.
Laboratory Director (LD) or designee	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.

ACTION BY:	*ACTION:*
	12b. **Complete** all analyses within the time frame dictated in the order or agreement from the date of receipt of the exhibits.
	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 forensic analyst, if available.
Original Forensic 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.

See Also: LOM 7305.23

Original Laboratory (L1) receives initial custody of the evidence.
Receiving Laboratory (L2) conducts the analysis (or additional analysis) of the evidence in L1 Laboratory Information Management System (LIMS).

NOTE: L2 staff needs access to L1 LIMS to complete all actions. Applicable L2 staff requests LIMS access through DEA's Account Management System.

ACTION BY:		***ACTION:***
L1 Supervisor	1.	**Returns** the exhibit to Central Receiving through LIMS.
L1 Evidence Specialist (ES)	2.	**Uses** LIMS to record the temporary transfer from L1 to L2.
L2 ES	3.	**Logs** into L1 to confirm receipt of transfer from originating laboratory.
L2 Supervisor	4.	**Logs** into L1 LIMS site and assigns evidence to L2 forensic analyst.
L2 ES and Forensic Analyst	5.	**Logs** into L1 LIMS site to conduct evidence transfer to L2 forensic analyst.
L2 Forensic Analyst	6.	**Logs** into L1 LIMS site to complete analysis.
L2 Forensic Analyst and ES	7.	**Logs** into L1 LIMS site to conduct evidence transfer from L2 forensic analyst.
L2 Supervisor	8.	**Logs** into L1 LIMS site to complete case file review.
L2 ES	9.	**Returns** evidence back to L1.
L1 ES	10.	**Receives** evidence from L2.
L2 ES	11.	**Confirms** receipt.

See Also: REDACTED
REDACTED

ACTION BY:	***ACTION:***
REDACTED	1. REDACTED REDACTED: • REDACTED • REDACTED • REDACTED • REDACTED • REDACTED • REDACTED • REDACTED
	2. REDACTED.
	3. REDACTED.
	4. REDACTED.
REDACTED	5. REDACTED.
REDACTED	6. REDACTED
	7. REDACTED
	8. REDACTED.

See Also: LOM 7305.28

Note: This procedure only applies to digital evidence laboratories.

ACTION BY:	*ACTION:*
Evidence Staff	1. **Conducts** evidence transaction to receive the Plastic Sealing Evidence Envelope (PSEE).
	2. **Generates** a DEA-12.
	3. **Stores** the DEA-12 and the PSEE in a designated section of the vault.
Destruction Coordinator	4. **Provides** PSEE and the DEA-12 to the destruction team.
	5. **Destroy** labels such that the case number is unidentifiable.
	6. **Signs** the DEA-12 verifying the destruction.
Evidence Staff	7. **Confirms** receipt of the signed DEA-12 in LIMS.

End of Document

See Also: LOM 7305.21 and 7305.22
PRO-7306.1A *Processing a REDACTED for the Permanent Transfer of Evidence*

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 REDACTED, **selects** *Permanent Transfer.* See PRO 7306.1A Processing a REDACTED for the Permanent Transfer of Evidence.
9. **Selects** the *Method of Transfer*.

   9a. If shipped, **enters** the tracking number.

   9b. If delivered in person, enters the name of the recipient.
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.

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 *Return/Retain* form within the Laboratory Information Management System (LIMS).

3. **Selects** the appropriate transaction at the top of the *Return/Retain* form within LIMS.

   3a. If it is non-DEA evidence, **selects** *"Return to Investigating Agency".*

   3b. If it is DEA non-Drug evidence, **selects** "*Return to Investigating Agency".*

   3c. *REDACTED*

   REDACTED.

   3d. REDACTED

4. **Specifies** the name of the person receiving the evidence or the tracking number (if sent by mail or commercial carrier).

5. **Scans** the LIMS container label when returning or forwarding evidence using the appropriate LIMS transaction.

6. **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-7305.2C*, Conducting Temporary Transfers in LIMS*

ACTION BY:	***ACTION:***
Evidence Staff	1. **Receives** the REDACTED along with a memorandum from the DEA Supervisory Special Agent/Task Force Officer/Diversion Investigator to the Laboratory Director (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 REDACTED and accompanying memorandum to ensure that a transfer is requested. 3. **Reviews** the REDACTED 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 REDACTED is incomplete or erroneous and discrepancies cannot be resolved through email or memoranda to the case agent, **returns** the REDACTED to the submitting office with a written explanation (see 7306). 5. If the REDACTED 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 REDACTED and accompanying memorandum to ensure that a transfer is requested. 7. **Reviews** the REDACTED 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 REDACTED is incomplete or erroneous, and discrepancies cannot be resolved through email or memoranda to the case agent, **returns** the REDACTED to the submitting office with written explanation (see 7306). 9. If the REDACTED is acceptable, **records** approval by annotating with initials and date next to the box indicating a transfer. 10. **Returns** the REDACTED to the evidence staff.

ACTION BY:	*ACTION:*
Evidence Staff	11. **Records** the transfer in Laboratory Information Management System (LIMS) via TSK-7305.2C, *Conducting Temporary Transfers in LIMS*. 11a. **Selects** *"Permanent Transfer"* as the reason.
	12. **Annotates** Part III of the REDACTED 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 REDACTED Item #12 to indicate the date of receipt by the third party and reason for the transfer.
Evidence Staff or designee	20. **Completes** Item #12a, and **signs** Item #12b of the REDACTED as the Evidence Custodian.
	21. **Completes** Item #12e, and **signs** Item #12f of the REDACTED, as the witness.
	22. **Forwards** the REDACTED and accompanying memorandum to the Laboratory Director (LD).
LD	23. **Completes** Item #12c and **signs** Item #12d of the REDACTED.
	24. **Returns** the REDACTED accompanying memorandum to the evidence staff.
Evidence Staff or designee	25. **Scans** the REDACTED and accompanying memorandum into LIMS. 25a. If the laboratory has a paper case file for this case, **files** copies of the DEA-12s and the REDACTED in the case file.
	26. **Emails** a copy of the REDACTED to the SA, TFO, DI and records the correspondence in LIMS.

See Also: REDACTED
REDACTED
REDACTED
REDACTED

ACTION BY:	***ACTION:***
REDACTED	1. REDACTED.
	REDACTED
	2. REDACTED.
	3. *REDACTED.*
	4. *REDACTED.*
REDACTED	5. REDACTED.
	6. REDACTED.

REDACTED

A. REDACTED

7. *REDACTED*.

REDACTED

ACTION BY:	*ACTION:*
	8. REDACTED
	9. REDACTED.
REDACTED	10. REACTED.
	11. REDACTED.
	12. REDACTED.
REDACTED	13. REDACTED.
REDACTED	14. REDACTED.
	15. REDACTED.
REDACTED	16. REDACTED.
REDACTED	17. REDACTED.
	18. REDACTED.
REDACTED	
	B. REDACTED.
REDACTED	19. REDACTED.
	20. REDACTED

ACTION BY:	*ACTION:*
REDACTED	21. REDACTED
	22. REDACTED.
	23. REDACTED.
	24. **REDACTED.**
	25. REDACTED.
	26. REDACTED.
	27. REDACTED.
	28. REDACTED.
REDACTED	29. REDACTED.
	30. REDACTED.
	31. REDACTED.
	32. REDACTED.
REDACTED	33. *REDACTED.*
REDACTED	
REDACTED	
REDACTED	

See Also: REDACTED

REDACTED.

ACTION BY:	*ACTION:*
REDACTED	1. REDACTED.
	2. REDACTED.
	3. REDACTED.
	4. REDACTED.
REDACTED	5. REDACTED.
REDACTED	6. REDACTED.
REDACTED	7. REDACTED.
REDACTED	8. REDACTED.
	9. REDACTED.
	10. REDACTED.
	11. REDACTED.
REDACTED	12. REDACTED.
REDACTED	13. REDACTED.

End of Document

See Also: REDACTED
REDACTED

ACTION BY:	***ACTION:***
REDACTED	1. REDACTED.
	2. *REDACTED*.
	3. REDACTED.
	4. REDACTED.
REDACTED	
REDACTED	5. REDACTED.
	6. *REDACTED.*

End of Document

See Also: REDACTED
REDACTED
REDACTED
REDACTED
REDACTED

ACTION BY: ***ACTION:***

A. REDACTED

REDACTED

1. REDACTED.

2. REDACTED.

3. REDACTED.

3a. REDACTED

3b. REDACTED.

4. REDACTED:

4a. REDACTED
4b. REDACTED

5. REDACTED

6. REDACTED.
7. REDACTED.

ACTION BY:

8. *REDACTED*
9. REDACTED.
   9a. REDACTED
   9b. REDACTED,
   9c. REDACTED
10. REDACTED.
11. REDACTED
12. REDACTED.
13. REDACTED
14. REDACTED.
    14a. REDACTED

REDACTED

15. REDACTED.
16. REDACTED.

ACTION BY: ***ACTION:***

B. Pulling the Case File from the File Room (or Reviewing the Laboratory Information Management System (LIMS) e-file)

REDACTED

17. REDACTED.

17a. **REDACTED**

17b. REDACTED

18. REDACTED

18a. REDACTED

18b. REDACTED

18c. REDACTED

19. REDACTED
REDACTED

REDACTED

REDACTED

C. REDACTED

REDACTED

20. REDACTED.

21. REDACTED.

22. REDACTED.
23. REDACTED.

24. REDACTED.

REDACTED

ACTION BY:	***ACTION:***
	25. REDACTED REDACTED
	26. REDACTED.
	27. REDACTED
	28. *REDACTED*.

REDACTED

End of Document

See Also: REDACTED
REDACTED
REDACTED

ACTION BY:	***ACTION:***
REDACTED	1. REDACTED.
	2. REDACTED.
	3. REDACTED.
	4. REDACTED
REDACTED	5. REDACTED.
	6. REDACTED.

A. REDACTED

REDACTED	7. *REDACTED*.
	8. REDACTED
	9. REDACTED
REDACTED	10. *REDACTED*
	11. REDACTED
	11a. REDACTED
	11b. REDACTED
	12. REDACTED.

B. REDACTED

ACTION BY:	***ACTION:***
REDACTED	13. REDACTED.
	14. REDACTED.
	15. REDACTED REDACTED. REDACTED. REDACTED. REDACTED. 15a. REDACTED. 15b. REDACTED. 15c. REDACTED.
	REDACTED REDACTED 15d. REDACTED. 15e. REDACTED. 15f. REDACTED.
	REDACTED.
	15g. REDACTED.
	16. REDACTED

ACTION:

ACTION BY:

REDACTED.

17. REDACTED.

18. REDACTED.
    REDACTED.

C. REDACTED

REDACTED

19. REDACTED.
    REDACTED

20. REDACTED.

21. REDACTED.

22. REDACTED.

REDACTED

23. REDACTED.

REDACTED

24. *REDACTED.*

End of Document

See Also: REDACTED
REDACTED
REDACTED

ACTION BY:	***ACTION:***
	A. REDACTED
REDACTED	1. REDACTED.
	2. REDACTED. REDACTED.
	3. REDACTED: 3a. REDACTED. 3b. REDACTED 3c. REDACTED
REDACTED	4. REDACTED.
	5. REDACTED.
	B. REDACTED
REDACTED	6. REDACTED 6a. REDACTED 6b. REDACTED. 6c. REDACTED
	C. REDACTED
REDACTED	7. REDACTED.

ACTION BY: ***ACTION:***

D. REDACTED

8. REDACTED.

9. REDACTED.

9a. REDACTED

9b. REDACTED

10. REDACTED

E. REDACTED

11. REDACTED

F. REDACTED

12. *REDACTED.*

G. REDACTED

13. REDACTED

14. REDACTED

14a. REDACTED

15. REDACTED.

16. *REDACTED*.

See Also: REDACTED
REDACTED
REDACTED

ACTION BY:	***ACTION:***
	A. REDACTED
REDACTED	1. REDACTED
	2. REDACTED
	3. REDACTED
	4. REDACTED
	5. REDACTED
REDACTED	**B. REDACTED**
	6. REDACTED
	7. REDACTED
REDACTED	8. REDACTED
REDACTED	9. REDACTED
	10. REDACTED
REDACTED	**C. REDACTED** REDACTED 11a. REDACTED. 11b. REDACTED. 11c. REDACTED. 11d. REDACTED. 11e. REDACTED.

ACTION BY:	*ACTION:*
	11f. REDACTED
	D. REDACTED
REDACTED	12. REDACTED
	13. REDACTED.
	14. REDACTED

End of Document

See Also: REDACTED

REDACTED

REDACTED:

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

End of Document

See Also: LOM 7308.2

REDACTED, Chapter 5
REDACTED

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, REDACTED, 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
REDACTED, Chapter 5
REDACTED

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 Forensic 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

TABLE OF CONTENTS

CHAPTER 74 MANAGING LABORATORY STOCKPILES, TRAINING MATERIALS, AND SPECIAL PROGRAMS

TABLE OF CONTENTS

CHAPTER 74 MANAGING LABORATORY STOCKPILES, TRAINING MATERIALS, AND SPECIAL PROGRAMS

CHAPTER 74 MANAGING LABORATORY STOCKPILES, TRAINING MATERIALS, AND SPECIAL PROGRAMS

Revisions
Additions

Exhibit 1/74 lists acronyms used in this chapter.

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 Laboratory Operations Manual (LOM) Chapter 78).

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)
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 manufacturer and witness

B. The manufacture of a controlled substance must be witnessed by at least one DEA employee.

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) or 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.

REDACTED

A. REDACTED

B. REDACTED

C. REDACTED

D. REDACTED

REDACTED

A. REDACTED.

B. REDACTED.

C. REDACTED.

D. REDACTED.

E. REDACTED.

F. REDACTED.

REDACTED

REDACTED

REDACTED

A. REDACTED

B. REDACTED:

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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

7403.1 Authorizing Laboratory Stockpiles

A. SF DAA authorizes LDs to maintain stockpiles/collections of controlled substances in the following programs (see LOM 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, 7405, 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 Source Materials to Another Laboratory For Stockpile Creation.

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.

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.

NOTE 1: This only applies to transfers of reference materials from the reference material stockpile to another program's stockpile.

NOTE 2: For recording the transfer of working amounts of reference materials, see ADM 1-7.

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 ensures an inventory of each stockpile is conducted 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 LOM 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, see Reference Material Program Standard Operating Procedure.

D. Field laboratories can transfer material to other DEA laboratories, see PRO-7404.4D, Providing Reference Materials to DEA Forensic Laboratories.

E. For fulfilling external requests, see PRO-7002.52, Processing External Requests for Drug Reference Materials for non-DEA Laboratories.

F. The SFL1 reference material stockpile may contain a maximum of:

1. REDACTED per drug type/lot number for reference materials

NOTE: A lot number is an identification number assigned to a quantity of material.

EXCEPTION: In the instance of rare materials, more than REDACTED per drug type/lot number is permitted with SF written authorization.

7404.5 Handling Training Materials

A. The laboratory's training officer (TO) oversees the creation and management of chemistry training materials in accordance with 7403 and 7404. For the creation of latent print and digital evidence training materials, see 7404.92.

B. The TO uses training materials to:
1. Create training samples (see 7403.1A and 7404.9 or 7404.92).
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).

F. The SFT TO coordinates providing materials to external laboratories upon request (see PRO-7403.2F, Providing Source Materials to Another Laboratory for Stockpile Creation).

REDACTED

A. REDACTED.

B. REDACTED.

C. REDACTED.

D. REDACTED.

E. REDACTED.

REDACTED.

F. REDACTED.

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REDACTED.

H. REDACTED.

I. REDACTED.

REDACTED

REDACTED

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C. REDACTED:

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G. REDACTED.

H. REDACTED.

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D. REDACTED:

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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 LOM 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 transitionary 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 Transitionary Training Exhibits from SFT.

7404.92 Training Samples and Materials Created in the Laboratory

A. The Associate Laboratory Director (ALD) determines the need for creation of samples or materials for forensic analyst training.

B. The TO or designee for the digital evidence and fingerprint disciplines creates training materials and seals them in an evidence container.

C. The TO for the chemistry discipline creates training samples from the Training Materials Stockpile.

D. If training samples are requested from SFT, laboratory personnel follow PRO-7403.2F, Providing Stockpile Materials to Another Laboratory or SFT.

E. REDACTED.

F. REDACTED.

G. REDACTED.

REDACTED

REDACTED

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I. REDACTED:

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6. REDACTED

J. REDACTED.

K. REDACTED.

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    b. REDACTED.
2. REDACTED.

L. REDACTED:

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4. REDACTED
5. REDACTED

REDACTED.

M. REDACTED

REDACTED.

REDACTED

A. REDACTED.

B. REDACTED:

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3. REDACTED

C. REDACTED.

D. REDACTED.

E. REDACTED

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F. REDACTED.

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B. REDACTED:

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REDACTED.

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H. REDACTED:

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B. REDACTED.

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C. REDACTED.

D. REDACTED.

E. REDACTED

REDACTED

A. REDACTED.

B. REDACTED.

Exhibit 1/74

ACRONYMS	
ADM	**Analysis of Drugs Manual**
ALD	Associate Laboratory Director
REDACTED	**REDACTED**
REDACTED	**REDACTED**
REDACTED	**REDACTED**
REDACTED	**REDACTED**
CDR	Case Details Report
REDACTED	**REDACTED**
DAA	**Deputy Assistant Administrator***
REDACTED	**REDACTED**
DEA	Drug Enforcement Administration
DESI	Desorption Electrospray Ionization
REDACTED	REDACTED
ES	**Evidence Specialist**
FC	**Forensic Chemist**
IA	**Investigating Agency**
IN	Office of Inspections
IPTP	Internal Proficiency Testing Program
LAO	**Laboratory Administrative Officer***
LD	**Laboratory Director**
LIMS	Laboratory Information Management System
MOA	**Memorandum of Agreement**
REDACTED	REDACTED
OC	**Chief of Operations**
REDACTED	**REDACTED**
REDACTED	**REDACTED**
REDACTED	**REDACTED**
OPR	Office of Professional Responsibility

See Also: LOM 7403.2
PRO-7306.22A, *Reviewing Destruction Requests and Creating LIMS Destruction Records*

ACTION BY:	***ACTION:***
Program Coordinator (PC)	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.
Laboratory Director (LD)	3. **Signs** and **dates** the memorandum authorizing the transfer of evidence.
ES / REDACTED	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.
PC and Witness	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. NOTE: *REDACTED.*
	9. **Record** all weights and units being transferred on the REDACTED.
	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.
PC	14. **Signs** and **dates** the DEA-86.
Witness	15. **Initials** and **dates** the DEA-86 as the reviewer.
PC	16. **Annotates** the REDACTED 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. • The unique stockpile identifier.

ACTION BY:	***ACTION:***
	• Initials and date of the PC.
	17. REDACTED.
REDACTED	18. REDACTED is annotated with required information.
	19. *REDACTED.*
	20. Once the material is transferred into a laboratory stockpile, **seals** the material in substitute containers and assigns a unique stockpile identifier.
PC	21. **Records** the actions in the logbook, in accordance with LOM 7404.
	22. 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)	1. **Prepares** a memorandum to the sending laboratory.
Program Coordinator (PC) at the Sending Laboratory	2. **Reviews** the request.
	3. **Determines** if the request can be fulfilled using exhibits approved for REDACTED or existing laboratory stockpile materials.
	4. **Notifies** the LD of the sending laboratory's capability.
LD at the Sending Laboratory	5. **Accepts, signs** and **dates** the request memorandum authorizing the transfer of material 5a. (goes to Step 6); OR 5b. If materials are not available, **returns** the request to the receiving laboratory with an explanation and files the memorandum.
PC at the Sending Laboratory	6. **Prepares** the material for transfer (in the presence of a witness) via: 6a. Permanent transfer of intact exhibit(s) in LIMS OR 6b. Repackaging the requested material from exhibit(s) or from exhibit laboratory stockpiles.
	7. **Records** the actions on the REDACTED and in LIMS, or in the logbook, in accordance with LOM 7404.
PC or Evidence Staff at the Sending Laboratory	8. **Attaches** a copy of the approved memorandum and other paperwork (i.e., annotated REDACTED, DEA-86) to the LIMS case file and/or stockpile logbook.
	9. **Prepare** a DEA-12 with the following:

ACTION BY:	*ACTION:*
	9a. date requested 9b. materials (drug) being shipped 9c. unique identifier, if applicable 9d. amount sent - gross weight of packages 9e. amount sent - net weight, if applicable (e.g. source material repackaged)
	10. **Packages** the item and paperwork for shipment.
	11. **Transfers** items and associated paperwork (i.e., DEA-12, annotated REDACTED, DEA-86) to the evidence staff for shipment, if needed.
	12. REDACTED
REDACTED at the Sending Laboratory	13. **Packages** the materials and paperwork for shipment.
Evidence Staff at the Sending Laboratory	14. **Sends** materials by commercial carrier whose operations allow for precise point-to-point traceability (e.g., registered mail with return receipt).
	15. **Tracks** the receipt of the DEA-12.
	16. **Complete** the transfer in LIMS, if appropriate.
	17. **Receives** and **inspects** materials.
	18. **Returns** DEA-12 to the sending laboratory.
PC at the Receiving Laboratory	19. **Enters** received item into stockpiles per PRO-7403.2A (or REDACTED

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.
LD	10. **Reports** discrepancies to the Office of Forensic Sciences (SF) and the Office of Professional Responsibility (OPR), if applicable.
	11. **Reports** stockpile inventory completion to SF within 30 calendar days of completing the inventory.

See Also: LOM 7404.4

ACTION BY:	***ACTION:***
Reference Material Coordinator (RMC)	1. **Reviews** the request. 2. **Determines** if there is sufficient quantity in the collection to fulfill the request and **notifies** the requesting laboratory. 3. **Removes** and **repackages** the material. Two personnel must be present when filling requests. 4. **Prepares** a label for each requested item with the following: 4a. full name of the compound (including salt and hydrate form, if applicable) 4b. lot number or unique identifier 4c. purity value (and uncertainty, if applicable) 4d. storage conditions, if other than ambient room conditions 4e. net weight (include bottle tare weight) 5. **Records** the actions in the logbook, in accordance with 7404. 6. **Prepares** a DEA-12 with the following: 6a. date requested 6b. drug being shipped 6c. lot number 6d. amount sent 6e. storage conditions, if other than ambient room conditions 6f. net weight (include bottle tare weight) 7. **Packages** the item for shipment. 8. **Provides** the package containing the DEA-12 and substance to the evidence staff.
Evidence Staff	9. **Sends** materials by commercial carrier whose operations allow for precise point-to-point traceability (e.g., registered mail with return receipt). 10. **Provides** the tracking number to the reference material coordinator.

ACTION BY:	*ACTION:*
RMC	11. **Tracks** the receipt of the DEA-12 and completes the transfer in the stockpile records.
	12. **Ensures** receipt of the signed DEA-12 and **maintains** documentation.

End of Document

See Also: 7404.91

ACTION BY:	*ACTION:*
Forensic Sciences Training Staff (SFT) Section Chief	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.
SFT Staff	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 and a DEA-12 for each item using the assigned IA case and exhibit number and accurately **describes** each item in box #16.
	6. **Ships** training materials, DEA-12s 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.
Evidence Specialist (ES)	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

See Also: REDACTED

ACTION BY:		***ACTION:***
REDACTED	1. *REDACTED*.	
	2. REDACTED. REDACTED.	
	3. REDACTED.	
	4. REDACTED.	
	5. REDACTED.	
	6. REDACTED	
REDACTED	6a. REDACTED 6b. REDACTED. 6c. REDACTED	
	7. REDACTED.	
	8. REDACTED.	
	9. REDACTED.	
	10. REDACTED NOTE: REDACTED.	
REDACTED	11. REDACTED.	
	12. REDACTED.	

ACTION BY:		***ACTION:***
	13. REDACTED.	
REDACTED	14. REDACTED.	
	15. REDACTED.	
	16. REDACTED.	
	17. REDACTED.	
	18. *REDACTED.*	

End of Document

See Also: REDACTED5
REDACTED
REDACTED

ACTION BY:		***ACTION:***
REDACTED	1. REDACTED.	
REDACTED	2. REDACTED.	
	3. REDACTED 3a.REDACTED 3b. REDACTED	
	4. REDACTED.	
REDACTED	5. *REDACTED.* 5a. *REDACTED* REDACTED.	
	6. REDACTED.	
	7. REDACTED.	
	8. REDACTED.	
	9. REDACTED.	
	10. REDACTED.	
	11. *REDACTED*.	

See Also: REDACTED
REDACTED
REDACTED

ACTION BY:	***ACTION:***
REDACTED	1. REDACTED: • REDACTED • REDACTED. • REDACTED. • REDACTED. • REDACTED. • REDACTED. • REDACTED. • REDACTED. • REDACTED. • REDACTED. 2. REDACTED: • REDACTED. • REDACTED. • REDACTED. • REDACTED. • REDACTED. • REDACTED. • REDACTED. • REDACTED. • *REDACTED.* • REDACTED.

ACTION BY:	***ACTION:***
	• *REDACTED.*
	• REDACTED.
REDACTED	3. REDACTED.
	4. REDACTED.
	4a. *REDACTED*
	4b. REDACTED
REDACTED	5. REDACTED

End of Document

See Also: REDACTED
REDACTED
REDACTED

ACTION BY:	***ACTION:***
REDACTED	1. REDACTED.
	2. REDACTED.
REDACTED	3. REDACTED.
	4. REDACTED.
	5. REDACTED.
	6. REDACTED.
	7. REDACTED.
REDACTED	8. REDACTED.

End of Document

See Also: REDACTED
REDACTED
REDACTED
REDACTED
REDACTED

ACTION BY:	***ACTION:***
REDACTED	1. REDACTED. NOTE: REDACTED.
	2. REDACTED.
	3. *REDACTED.*
	4. REDACTED.
	5. REDACTED.
	6. REDACTED evidence seals for signs of tampering.
REDACTED	6a. REDACTED.
	6b. REDACTED
	7. REDACTED.
REDACTED	8. REDACTED.
	9. REDACTED.

See Also: REDACTED

REDACTED:

1. REDACTED.
2. REDACTED:
    - REDACTED
    - REDACTED
    - REDACTED
    - REDACTED
3. REDACTED.
4. REDACTED.

5. REDACTED.
6. REDACTED.
7. REDACTED.
8. REDACTED.

End of Document

TABLE OF CONTENTS

CHAPTER 75 LABORATORY FINANCIAL AND RESOURCE MANAGEMENT

CHAPTER 75 LABORATORY FINANCIAL AND RESOURCE MANAGEMENT

Revisions
Additions

Exhibit 1/75 lists acronyms used in this chapter.

7501 DESCRIBING RESPONSIBILITIES

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

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. Submit 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) 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: During a continuing resolution (CR), allocated funding is prorated based on the length of the CR.

B. LDs may transfer funding from the laboratory operational account to an equipment account. Transfers may not exceed $10,000 total in 1 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.

2. Obtain approval from SF ADAA or DAA for their own official travel.
3. 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. DAA:

1. Authorizes foreign travel. Follow PRO-7504, Requesting Official Foreign Travel.
2. May designate the ADAA to authorize foreign travel.

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 (FCs), fingerprint specialists (FSs), and digital forensic examiners (DFEs).

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) when payment of professional certification fees is permitted.

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 (E2 authorization), 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

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.

CI. 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. FSs 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 chemistry equipment and chemistry-related products prior to acquisition. SFL1, along with the field laboratories, makes final recommendations regarding the suitability of the chemistry equipment or product to SF.

D. In the event a vendor offers to loan chemistry equipment or a chemistry related 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.

7507.1 Equipment/Instrument Inventories

LDs ensure the Property Inventory Management Module within Financial Information Reporting and System Tools (FIRST) is updated annually to accurately list accountable (see Financial and Acquisition Policy Manual) analytical, digital, and fingerprint equipment/instruments in the laboratory.

7507.2 Laboratory Equipment Requests

Each fiscal year LDs update the itemized list of accountable 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. 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 procedure.
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

LD:

A. Ensures that externally provided analytical supplies and services are suitable for use in the laboratory's own activities and to support laboratory operations.

B. Ensures the externally provided products and services conform to the laboratory established requirements before they are directly provided to the customer.

C. Ensures that laboratory analysts have access to analytical supplies and services 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, products, instruments, balances, software, reference materials, measurement standards, consumables, and reagents.

Laboratory Personnel:

D. Identify the items needed for procurement (e.g., DEA-19, product specification, statement of work).

E. Develop the method of evaluation and define the selection criteria.

F. Solicit vendors to identify products that meet specifications.

G. 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 requirements and performance criteria.

H. Proceed with procurement.

I. Verify product meets specifications and functionality then place into service.

J. Conduct performance monitoring (e.g., quality checks, monthly maintenance, Contracting Performance Assessment Reporting System (CPARS).

K. Notify management immediately in the event that analytical supplies or services are found to be deficient, defective, or yield unexpected results.

L. Discontinue service or remove the analytical supplies from use in laboratory casework until the unexpected result is investigated and resolved.

Exhibit 1/75

ACRONYMS	
ABC	**American Board of Criminalistics**
ADAA	Associate Deputy Assistant Administrator
BPA	**Blanket Purchase Agreement**
CC	**Office of Chief Counsel**
CCE	Office of Chief Counsel, Ethics and Standards of Conduct
CR	Continuing Resolution
DAA	**Deputy Assistant Administrator**
DEA	Drug Enforcement Administration
DEALS	Drug Enforcement Administration Learning System
DFCB	Digital Forensics Certification Board
DFE	Digital Forensic Examiner
DOJ	Department of Justice
EQMWG	**Equipment Working Group**
FAMPM	**Financial and Acquisition Management Policy Manual**
FC	Forensic Chemist
FIRST	Financial Information Reporting and System Tools
FS	Fingerprint Specialist
GMP	**Good Manufacturing Practices**
IAI	**International Association for Identification**
IEC	International Electrotechnical Commission
ISO	International Organization for Standardization
LD	**Laboratory Director**
SF	**Office of Forensic Sciences**
SFL1	Special Testing and Research Laboratory
SFL9	Digital Evidence Laboratory
SFM	Office of Forensic Sciences Laboratory Management and Operations
U.S.C.	**United States Code**

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 Empowerment Act of 2016

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 Modernization Act of 2014

15. Improper Payments Elimination and Recovery Act of 2012

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 13834: Efficient Federal Operations

See Also: LOM 7504

ACTION BY:	***ACTION:***
Traveler	1. **Verifies** official passport is current. 2. **Reviews** foreign travel policies and procedures: • Guide for Foreign Travel • DEA Requirements for Official Foreign Travel • DEA Travel Policy and Procedures Manual • Office of Finance Travel Page 3. **Follows** foreign travel policies and procedures to: 3a. provide on-site field support. **Generates** the following: • A travel cost estimate and proposed itinerary. • Provides information to the Laboratory Director (LD) via their supervisor. 3b. provide training assistance or attend seminars or meetings. **Creates** a request packet containing the following: • Proposed itinerary and information explaining the benefits and costs of the travel to DEA. (Provide if not submitting a Request for Acceptance of Travel Expenses from Non-Federal Source. NOTE: SF may request participation in international seminars or professional meetings. 3c. participate in foreign or domestic accreditation assessments. **Creates** a request packet containing the following: • Email from accreditation body requesting services • Memorandum of Agreement (MOA) • Request for Acceptance of Travel Expenses from Non-Federal Source 4. **Submits** the request packet (3b or 3c) to the LD or Section Chief. NOTE: Request packets (3b or 3c) must be submitted at least 45 days prior to travel.
LD or Section Chief	5. **Reviews** submission and 5a. **Submits** request for authorization of foreign on-site assistance to the Office of Forensic Sciences (SF) Deputy Assistant Administrator (DAA). or 5b. **Submits** request packets for training or accreditation assessment to the SF Administrative and Financial Management Section (SFA) mailbox.

ACTION BY:	*ACTION:*
SFA	6. **Reviews** request packet (3b or 3c) for completeness and forwards to DAA.
DAA	7. **Reviews** and **approves** the 7a. on-site assistance request and **notifies** the LD. Go to step 10. or 7b. request packet and **returns** the packet to SFA.
SFA	8. **Forwards** the packet. 8a. If packet is approved, **forwards** to CCE. 8b. If packet is not approved, **notifies** the laboratory.
	9. **Returns** CCE approved packet to the requesting laboratory.
LD or Section Chief	10. **Notifies** relevant personnel (e.g., Regional Director, Country Attaché, in-country Special Agent) to inform them of persons and places to be visited. NOTE: Relevant personnel may have initiated the request for the travel.
	11. 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	12. Upon receipt of approval, **makes** travel arrangements. NOTE: If Fly America Act Waiver is required, Financial Operations, Travel Services Unit (FNOT) approval is required prior to making travel arrangements.
	13. **Requests** country clearances through the eCountry Clearance application located at https://ecc.state.gov.

End of Document

See Also: LOM 7506
PRO-7506.2 *Evaluation of Equipment and Products*
Equipment/Product Evaluation Form

ACTION BY:	***ACTION:***
Forensic Analyst(s)	1. **Reviews** and **signs** non-disclosure agreement (NDA) prior to meeting with the vendor.
	2. **Obtains** an executed copy of the NDA from the vendor.
	3. **Observes** the vendor demonstration for equipment or product either in the laboratory or at another location.
	4. **Documents** the evaluation on the Equipment/Product Evaluation Form located on the Office of Forensic Sciences Document Control Center (SFDCC). EXCEPTION: SFL9 evaluates purchased software on the SFL9 Validation Worksheet.
	5. **Forwards** the completed Equipment/Product Evaluation Form and NDA to the supervisor.
Supervisor	6. **Reviews** and **signs** the completed Equipment/Product Evaluation Form.
	7. **Emails** the Equipment/Product Evaluation Form and NDA to the Office of Forensic Sciences (SF) Laboratory Management and Operations Section (SFM) mailbox. NOTE: SFL9 maintains Equipment/Product Evaluations and provides a copy to SFM.
SFM Equipment Program Manager	8. **Posts** the evaluation and NDA on SharePoint.
	9. **Notifies** the Equipment Working Group (does not apply to SFL9).
SFM Equipment Program Manager or Equipment Working Group Member	10. When appropriate**, recommends** to either the laboratory purchaser or to SF (chemists and fingerprint specialists only).

See Also: LOM 7506
Equipment/Product Evaluation Form

ACTION BY:	***ACTION:***
Supervisor	1. **Reviews** and signs agreement (e.g. equipment loans)/non-disclosure agreement (NDA) prior to meeting with the vendor.
	2. **Obtains** an executed copy of the agreement/NDA from the vendor and **submits** it to the Office of Forensic Sciences (SF). NOTE: Prior to obtaining/evaluating equipment loaned from vendors, **receives** approval from SF.
Forensic Analyst(s)	3. **Assigns** equipment or product evaluation to chemist(s), fingerprint specialist(s), or digital forensic examiner(s).
	4. **Receives** equipment or product for evaluation and **sets up** the installation for use in the labs.
	5. **Conducts** the evaluation using the Equipment/Product Evaluation Form located on the SF Document Control Center (SFDCC). EXCEPTION: SFL9 evaluates purchased software on the SFL9 Validation Worksheet.
	6. **Forwards** the completed Equipment/Product Evaluation Form and NDA to the supervisor.
Supervisor	7. **Reviews** and **signs** the completed Equipment/Product Evaluation Form.
	8. **Emails** the Equipment/Product Evaluation Form to SF Laboratory Management and Operations Section (SFM) mailbox. NOTE: SFL9 maintains Equipment/Product Evaluations and provides a copy to SFM.
SFM Equipment Program Manager	9. **Posts** the evaluation and NDA on SharePoint.
	10. N**otifies** the Equipment Working Group (does not apply to SFL9).
SFM Equipment Program Manager or Equipment Working Group	11. **Reviews** and **makes recommendations** during the annual procurement of equipment (chemists and fingerprint specialists only).

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CHAPTER 76 RESEARCH AND METHOD DEVELOPMENT

CHAPTER 76 RESEARCH AND METHOD DEVELOPMENT

Revisions
Additions

Exhibit 1/76 lists acronyms used in this chapter.

7601 COORDINATING RESEARCH AND METHOD DEVELOPMENT PROJECTS

Research and method development includes headquarter and laboratory-imposed projects. See PRO-7601, Headquarters/Laboratory-Imposed Projects.

A. The Special Testing and Research Laboratory (SFL1) manages and approves laboratory system-wide research and method development for the chemistry discipline.

B. The Digital Evidence Laboratory (SFL9) manages and approves laboratory research and method development for the digital evidence discipline.

C. The Office of Forensic Sciences (SF) Laboratory Management and Operations Section (SFM) reviews and approves research and method development for the fingerprint discipline.

D. Research and method development is documented on the Research Protocol Template located on the Blank Forms section on the Office of Forensic Sciences Document Control Center (SFDCC). The template contains the research project evaluation criteria.

REDACTED.

NOTE 2: See LOM 7401.1 for requests to manufacture controlled substances for training or research.

E. SFL1 Laboratory Director (LD) or SFM Section Chief:

1. Reviews protocols and provides feedback to the submitter within 14 calendar days of receipt.
2. Permanently maintains research protocols.
3. Assigns project numbers.
4. Maintains a list of all research and method development projects viewable by the laboratory system on the SF SharePoint site.

7601.1 Headquarters-Imposed Projects

Include topics that impact the laboratory system or field of study, and generally combine policy or procedural questions seeking technical solutions.

7601.2 Laboratory-Imposed Projects

Include topics very narrow in focus which are limited investigations of a particular substance, instrument, or analytical method.

NOTE: For *ad hoc* method development, SFL1 will determine whether a system-wide method is necessary and coordinate further method development and validation (see the ADM 1-3).

7601.3 Research Project Evaluation Criteria

Laboratory managers and researchers will follow the criteria listed in the Research Protocol template.

A. Laboratory Managers:

1. Evaluate the significance of the project.
2. Select appropriately trained personnel.
3. Ensure the scientific environment, in which work will be done, contribute to the probability of success.

B. Researchers determine the project scope and approach.

7601.4 Lean Six Sigma (LSS) Projects

Prior to initiation, laboratory management formally submits LSS project proposals to SF's Quality Assurance Section (SFQ) for review and approval (see the LSS SharePoint site). Laboratory management documents all projects using the LSS Charter.

7602 CONDUCTING RESEARCH AND METHOD DEVELOPMENT

A. Laboratory-imposed projects may not exceed 1 year and may not exceed 40 hours of staff time.

B. Headquarters-imposed projects will terminate on the expiration date. The responsible LD may request an extension by submitting a request to the SFL1 LD or SFM. 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 project at any time.

7603 REPORTING TECHNICAL/SCIENTIFIC FINDINGS

A. A progress report is required annually that summarizes research projects 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 Research Progress Report template is located on the Blank Forms section on the SFDCC.

B. The researcher completes a final report (e.g., method validation report, laboratory note) within 60 calendar days of study completion or termination and submits it to the SFL1 LD or SFM through the field laboratory chain of command.

NOTE: The Digital Evidence Laboratory (SFL9) LD reviews and approves research protocols for digital evidence and provides to SFM for notification.

C. SFL1 LD and/or SFM reviews research reports and technical/scientific findings and provides feedback within 14 calendar days of receipt.

D. The SFL1 LD or SFM:

1. Coordinates the peer review of research intended for publication.
2. Reviews intelligence alerts and provides feedback within 7 calendar days of receipt.
3. Reviews manuscripts and provides feedback within 14 calendar days of receipt.
4. Permanently maintains all final research reports.

7603.1 Publishing Technical/Scientific Findings

A. Researchers report results of projects through publications such as laboratory notes or open scientific literature, if applicable.

B. The Publication Review Board (PRB) must approve articles prior to publication external to DEA. See Congressional and Public Affairs Policy, Section 1215 Publications Review Board.

C. The SF Deputy Assistant Administrator (DAA) authorizes the SFL1 LD or SFM to submit publications to the PRB for review.

D. SFL9 submits any publications to SFM for review and disseminates results to the staff.

E. SFL1 posts approved publications to the SFL1 Research and Special Studies SharePoint site.

7603.11 Laboratory

Notes SFL1 LD or SFM:

A. Coordinates reviews of laboratory note submissions. See PRO-7603.11A, Publishing Laboratory Notes.

B. Limits laboratory notes to a topic intended for the 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.

NOTE: The Laboratory Note template is located on the Blank Forms section on the SFDCC.

7603.12 Open Scientific Literature

A. SFL1 LD or SFM coordinates reviews of submissions intended for publication in a third party publication. See PRO-7603.12A, Publishing in Open Scientific Literature.

B. The SFL1 LD or SFM submits manuscripts intended for publication in open scientific literature to the PRB for review.

C. Researchers submit manuscripts for publication only after receiving approval from SFL1 or SFM.

7603.2 Public Presentation of Information

A. Researchers may report results of projects through approved presentations at scientific meetings. See also LOM 7204.32 for attending meetings and conferences.

B. The SFL1 LD or SFM submits presentations to the PRB for review and approval. See Congressional and Public Affairs Policy, Section 1215 Publications Review Board.

NOTE: Presentation content previously approved by the PRB need not be resubmitted for review for subsequent presentation at a different conference or meeting.

7603.21 Abstracts

Presenters:

A. Submit abstracts for presentations to SFL1 or SFM for approval at least 45 calendar days prior to the due date. See PRO-7603.21A, Approving Abstracts.

B. 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 the Office of Chief Counsel's Ethics and Standards of Conduct Unit* (CCE) before attending.

7603.22 Oral and Poster Presentations

Presenters:

A. Prepare presentation(s) using data and results of research.

NOTE: Informational briefings on topics not related to scientific research (e.g., Scientific Working Group for the Analysis of Seized Drugs (SWGDRUG) updates, training presentation) 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. See PRO-7603.22B, Approving Presentations.

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.

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 LOM 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.

CI. Do not travel to a conference/meeting/seminar without the presentation approval, unless otherwise permitted to attend per LOM 7204.32.

7604 VALIDATING METHODS

A. SFL1 validates methods developed as a result of projects intended for use in casework in consultation with SFM/SFQ. SFL1 conducts validations in accordance with Analysis of Drugs Manual criteria. See PRO-7604.A Method Development and Validation.

NOTE: For *ad hoc* methods, validation may be conducted at the field laboratories in consultation with SFL1 (see the ADM 1-3).

B. SFQ/SFM incorporates new validated methods into applicable analytical schemes.

C. SFL9 conducts method (software) validation in accordance with Digital Evidence Examination Manual 1-5.4.

D. The fingerprint program validates latent print development techniques and procedures in accordance with Latent Print Evidence Manual 1-4.

7605 MAINTAINING TECHNICAL/SCIENTIFIC LITERATURE

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.

End of Document

Exhibit 1/76

	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
SFM	Laboratory Management and Operations
SWGDRUG	Scientific Working Group for the Analysis of Seized Drugs

See Also: LOM 7601
Research Protocol Template

ACTION BY:	***ACTION:***
Deputy Assistant Administrator (DAA)	1. For headquarters-imposed projects, **determines** the need and **assigns** topics to one or more Laboratory Directors (LDs) with a 30-day deadline to respond with a research protocol. NOTE 1: The DAA, or designee, may reassign the special study at any time.
LD	2. For laboratory-imposed projects, **determines** the need and **assigns** topics to one or more researcher. 3. **Assigns** special study to a researcher.
Researcher(s)	4. **Drafts** a research protocol for the assigned topic which includes: 4a**.** Headquarters-Imposed Project • Title • Laboratory • Researchers • Time requested for study • Statement of work • Approach • Required equipment/materials 4b**.** Laboratory-Imposed Project • 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). The template contains the research project evaluation criteria. 5. **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.

6. **Provides** research protocol to LD, or designee.

LD

7. **Submits** research protocol to the Special Testing and Research Laboratory (SFL1) LD or Laboratory Management and Operations Section Chief (SFM) for approval.

   NOTE 1: SFM technically reviews research protocols for the latent print discipline for approval.

   NOTE 2: The Digital Evidence Laboratory (SFL9) LD technically reviews and approves research protocols for digital evidence and provides to SFM for notification.

SFL1/SFL9 LD or SFM

8. **Reviews** research protocol to ensure the proposal does not duplicate research efforts internal or external to DEA.

   8a. **Responds** within 14 calendar days to the submitting LD with an approval or comments for improvement or rejection.

   8b. **Notifies** submitting LD of approval via email and includes the following:

   - Headquarters-imposed – project number in the format HI-SFLX-FY-XX (e.g., HI-SFL4-17-01 for the first project assigned to the Southeast Laboratory).
   - Laboratory-imposed – finalized project number in the format LI-SFLX-FY-XX.
   - Expiration and/or due date of the study, if applicable.

   8c. Assigns a senior researcher to mentor efforts, if requested.

9. **Updates** the SF SharePoint site with project details.

10. **Files** the research protocol according to the DEARIS file plan.

    NOTE: Research protocols require permanent retention.

LD

11. **Notifies** researcher(s) of decision.

12. **Establishes** the start date with the researcher**.**

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 calendar 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 calendar 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:*
	11. **Revises** and **submits** manuscript to the LD for review.
LD	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 final manuscript to the publisher.
	14. **Notifies** the LD.
LD	15. **Includes** submission information in the laboratory monthly report.
	16. **Includes** publication milestones in the laboratory monthly report (e.g., acceptance, publication date, final citation)
	17. **Submits** final manuscript to SFL1 LD.
SFL1 LD	18. **Posts** to SFL1 Research and Special Studies SharePoint site.

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 or SFM via email *at least 45 days* before the due date established by the conference organizer. NOTE 1: SFM technically reviews abstracts for the latent print discipline for approval. NOTE 2: The Digital Evidence Laboratory (SFL9) LD technically reviews and approves abstracts for digital evidence and provides to SFM for notification. 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.

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) LD or SFM via email *at least 45 days* before the date of the conference start. The email will include: NOTE 1: SFM technically reviews presentations for the latent print discipline for approval. NOTE 2: The Digital Evidence Laboratory (SFL9) LD technically reviews and approves presentations for digital evidence and provides to SFM for notification. • 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.

See Also: LOM 7604
Research Protocol Template
PRO-7601 *Headquarter/Laboratory Imposed Projects*

ACTION BY:	***ACTION:***
SFL1-8 Researchers	1. **Identifies** analytical need and define scope.
	2. **Conducts** literature search.
	3. **Submits** protocol for headquarters or laboratory imposed project.
	4. **Performs** research.
	5. **Publishes** research findings.
	6. **Submits** to SFL1.
SFL1 Researchers	7. **Develops** validation plan.
	7a. Assign validation protocol number.
	7b. Define method's scope
	7c. Include summary of Steps 2-5
	7d. Identify technical/instrumental needs, if any (procurement decisions)
	7e. Define how individual performance characteristics will be assessed: • Qualitative methods: selectivity, repeatability, reproducibility, accuracy. • Quantitative methods: Selectivity, linearity, repeatability, accuracy, and ruggedness **NOTE:** Include additional tests needed: solution stability studies, Limit of Detection (LOD), etc.
	7f. Provide preliminary validation timeline.
	8. **Submits** to the Office of Forensic Sciences (SF) Laboratory Management and Operations Section (SFM) and SF Quality Assurance Section (SFQ).
SFM/SFQ	9. **Reviews** and **approves** validation plan.
	10. **Notifies** SFL1.
SFL1	11. **Performs** method validation (standardization)
	11a**.** Fulfill all applicable Analysis of Drugs Manual (ADM) requirements.

11b. Complete validation report

12. **Publishes** final validation report after obtaining approval.

SFM/SFQ

13. **Incorporates** new method into analytical scheme.

    13a. Develop Laboratory System Order (LSO) or Standard Operating Procedure (SOP) (for immediate use).

    and/or

    13b. Incorporate into ADM (for future use).

14. **Updates** Laboratory Information Management System (LIMS) as necessary.

15. **Develops** performance verification procedures per ADM.

SFL1

16. **Provides** training.

End of Document

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CHAPTER 77 SAFETY

CHAPTER 77 SAFETY

Revisions
Additions

Exhibit 1/77 lists acronyms used in this chapter.

7701 SCOPE

The safety program provides safe and healthy working conditions by safeguarding 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).

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

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 in accordance with 29 Code of Federal Regulations (C.F.R.) 1960.56.

NOTE: The LD at the Digital Evidence Laboratory (SFL9) appoints a Safety Officer (SO) instead of a SOHS to perform the relevant duties assigned to the SOHS.

B. Provides names of the SOHS and deputy to SF and the chief of Safety and Workers' Compensation Unit (HRES).

C. Ensures safety and security plans are prepared, maintained, and updated periodically.

D. Ensures that a safety education program is presented to the staff at least semi-annually.

E. Ensures compliance and proper enforcement of the laboratory safety and health programs.

F. Encourages laboratory participation in safety programs and attends quarterly safety committee meetings.

G. 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.

SOHS:

A. Ensures trained personnel operate forklifts. Requirements are found here: REDACTED

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 REDACTED, 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

7703.1 Bloodborne Pathogen Plan

OSHA standard 29 C.F.R. Part 1910.1030, Bloodborne Pathogens, and REDACTED require a site-specific Exposure Control Plan (ECP).

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 a Respiratory Protection Plan.

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.

LD:

A. Makes the CHP available to laboratory personnel by posting on the SFDCC.

B. Reviews the CHP annually.

7703.4 Occupant Emergency Plan

A. 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.

B. The OEP is required by 41 C.F.R. 102-71.20 and 102-74.230, et.seq., Facility Management; and Department of Justice (DOJ) Policy Statement 1700.02, Occupant Emergency Plan. See the OEP template located on the Blank Forms section on the SFDCC.

C. LD:

1. Makes the OEP available to laboratory personnel by posting on the SFDCC and in a conspicuous place within the laboratory.
2. Reviews and updates the OEP each January and July.
3. Establishes an evacuation drill program, to include at least one evacuation drill per year.
4. Evaluates, documents, and reports on the results of drills to the staff.

D. REDACTED.

7703.5 Continuity of Operations Plan

DOJ Order 1702, Justice Continuity Program, requires the Continuity of Operations Plan (COOP).

LD:

A. Submits the COOP using REDACTED.

B. Updates the COOP using REDACTED semi-annually.

7704 MEETING SAFETY REQUIREMENTS

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, Job Hazard Analysis.)

C. Each laboratory will have at least four employees with formal first aid/cardiopulmonary resuscitation (CPR)/automated external defibrillator (AED) training, provided by either 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.

DI. The SOHS and deputy complete an OSHA Laboratory Standard training course within six months 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 six months of appointment.

H. The SOHS and deputy attend meetings and training courses and review safety and health publications to gain better understanding 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 formal training in DEALS for each employee.

7704.3 Medical Examinations

See also REDACTED or additional information.

A. DEA laboratory employees with possible routine hazardous exposure risk require annual physical examinations coordinated by the Health Services Unit (*HROH*).

NOTE: This includes but is not limited to physical science technicians, evidence specialists, fingerprint specialists, and digital forensic examiners.

B. All GS-1320 positions working in SF require annual physical examinations.

C. Clandestine laboratory certified employees require annual physical examinations.

D. The LD provides a memorandum to the HROH 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.

E. The SOHS maintains a current list of employees that require annual physicals to ensure periodic examinations are completed.

7704.4 Clandestine Laboratory Safety

A. The Office of Training provides clandestine laboratory training. Clandestine laboratory certified employees require annual recertification to maintain competency. (See REDACTED.)
B. Certified employees participating in clandestine laboratory seizures:
   1. Know what hazards are present or expected and the precautions required to avoid injury.
   2. Document exposure. Follow PRO-7704.4, Documenting Work-related Injury.

7705 PRACTICING SAFETY

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) 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.

H. If approved for use of contact lenses in the laboratory (or processing illicit hazardous environments), 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) 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. Forensic 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 or bodily fluids in receptacles designed for biohazards. Place sharps in puncture-resistant containers labeled with a biohazard label.

B. Place potentially-contaminated clothing or 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

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 3/7706 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.A.)

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 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. Part 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,15 U.S.C. 1261(f)(1)(a) defines the term “hazardous substance” as: *“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.

    1. Do not re-use empty drums for the storage of hazardous waste.
    2. Use a faucet with a spring-closing action and locking pin to withdraw contents from a drum.
    3. Attach a static grounding wire to drums containing flammable solvents before dispensing the contents.

J. Use safety siphons or an inclinator 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 provided by 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 and documents periodic inspections.

B. Submits a written report to identify unsafe conditions or equipment, and provides the proposed corrective action.

7707.1 Monthly Inspections

The SOHS:

A. Inspects the following:

    1. First-aid supplies to ensure adequate amounts are available and that expired items are removed.
    2. safety equipment to ensure functional working order.
    3. self-contained breathing apparatuses (SCBA). (See OSHA Standard 1910.134(h)(3)(i)(B).)

B. Documents the inspection, to include identifying low stock supplies and any required repairs.

C. Submits the results of the inspection to the LD.

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 the annual safety audit of the laboratory on the Occupational Safety & Health Inspection Checklist. See DEA Safety website.

C. Submits the following to the LD, SF, SF Safety and Security Program Manager, and the DEA Safety Manager.

1. Occupational Safety & Health Inspection Checklist.
2. Certification of Annual Safety & Health Inspection to confirm the inspection is complete, identify unsafe conditions or equipment, and provide proposed corrective action.
3. Safety & Health Hazard Abatement Plan for identified deficiencies that require more than 30 days to correct.

NOTE: SFT SOHS also forwards the annual inspection to the Quantico 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

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):

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 REDACTED.

C. For accidents requiring professional attention, a laboratory employee will accompany the patient to the emergency room of the nearest hospital.

NOTE: See REDACTED 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

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).

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). (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, training samples, proficiency test samples), 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, reverse undercover samples, training samples, proficiency test samples), all employees:

1. Wear particulate respirators (e.g., N95 disposable respirator). (See REDACTED for detailed information regarding use of respirators.).
2. Use a fume hood when opening REDACTED 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 3151-12-R Personal Protective Equipment, 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).

D. Self-Contained Breathing Apparatus (SCBA).

1. REDACTED contains detailed requirements.
2. SOHS ensures each laboratory has a minimum of two SCBA units available to use in the event supplied air is required for a chemical spill cleanup.

DI. 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).

DII. 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 Standard on Fire Protection for Laboratories Using Chemicals, 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

3. Personnel choose a suitable kit for liquid spills.
4. Personnel will neutralize alkali and acid spills.
5. Personnel will 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 forensic analysts, supervisors, SOHS, and evidence specialists receive training on the use of opioid antagonist delivery devices (e.g., naloxone auto injector, nasal spray).
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

7710.1 Managing Exposure to Bodily Fluids

DEA Bloodborne Pathogens Program contains DEA regulations regarding handling of potential biohazard materials. See REDACTED and laboratory Bloodborne Pathogen plans located on the SFDCC site.

7710.2 General Precautions

Personnel may be exposed to body fluids (e.g., vomit, feces, blood, saliva) 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) 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 by:

    1. Wearing appropriate gloves when handling, decontaminating, or analyzing potential biohazard evidence.
    2. Changing gloves after contact with bodily fluids.
    3. Wearing appropriate PPE (i.e., water-resistant gowns, full-face shields or goggles, and masks to cover the nose and mouth).
    4. Considering use of 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) contaminated by blood or other bodily fluids with an appropriate chemical germicide or by steam autoclaving. See 7710.3.
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. Forensic 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

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).

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 Light Amplification by Stimulated Emission of Radiation (laser) systems receive training prior to use.

Training includes:

1. Introduction
2. Medical (Eye Examination)
3. Laser Types and Operation
4. Laser Hazards
5. Laser Standards
6. Laser Classifications
7. Laser Hazards Evaluation
8. Personal Protective Equipment (PPE)
9. Laser Training

Exhibit 1/77

ACRONYMS	
AED	**Automated External Defibrillator**
APR	Air-Purifying Respirator
CDC	**Centers for Disease Control and Prevention**
C.F.R	Code of Federal Regulations
CHP	Chemical Hygiene Plan
COOP	Continuity of Operations Plan
CPR	Cardiopulmonary Resuscitation
DEA	**Drug Enforcement Administration**
DEALS	DEA Learning System
DOJ	Department of Justice
ECP	**Exposure Control Plan**
EPA	Environmental Protection Agency
FOH	**Federal Occupational Health**
FPMR	Federal Property Management Regulation
GSA	**General Services Administration**
HRES	**Safety and Workers' Compensation Unit**
HRLH	Health Services Unit
LD	**Laboratory Director**
Laser	Light Amplification by Stimulated Emission of Radiation
NFPA	**National Fire Protection Association**
NIOSH	National Institute of Occupational Safety and Health
OEP	**Occupant Emergency Plan**
OSHA	Occupational Safety and Health Administration
PIM	**Planning and Inspection Manual**
REDACTED	REDACTED
PPE	Personal Protective Equipment
RCRA	**Resource Conservation and Recovery Act**

ACRONYMS	
SCBA	**Self-Contained Breathing Apparatuses**
SDS	Safety Data Sheets
SF	Office of Forensic Sciences
SFDCC	Office of Forensic Sciences Document Control Center
SFE	Environmental Management Section
SFL9	Digital Evidence Laboratory
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 3/7706

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 REDACTED and registers using the following information (go to #2 if already registered): NOTE: An Employees' Compensation Operations and Management Portal (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 REDACTED.

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). 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).
Forensic 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 (SOHS) 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: 1. **Prepares** a disinfectant solution.

ACTION BY:	***ACTION:***

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).

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CHAPTER 78 HAZARDOUS WASTE AND CHEMICAL STORAGE

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Revisions
Additions

Exhibit 1/78 lists acronyms used in this chapter.

7801 DESCRIBING RESPONSIBILITIES

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.

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 of each year. See TSK-7802C, Chemical Inventory.

D. Laboratory personnel who 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).
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.

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

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 (40 Code of Federal Regulations (C.F.R) Part 261 et al.).

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 their 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 C.F.R. Part 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 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 four 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

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.

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 (UHWM), 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. Part 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 of the UHWM 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 are 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 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 (FSF), and SFE for contracting.

Follow PRO-7803.5, Laboratory Decommissioning.

End of Document

Exhibit 1/78

	ACRONYMS
CAA	**Central Accumulation Area**
CD	Certificate of Disposal
CFR	Code of Federal Regulations
DEALS	Drug Enforcement Administration Learning System
DOT	Department of Transportation
EPA	**Environmental Protection Agency**
EPCRA	Emergency Planning and Community Right-to-Know Act
FSF	**Facilities Operations Section**
GSA	**General Services Administration**
HWC	**Hazardous Waste Coordinator**
HWSOP	Hazardous Waste Standard Operating Procedure
LD	**Laboratory Director**
LOM	Laboratory Operations Manual
PM	**Program Manager**
RCRA	**Resource Conservation and Recovery Act**
SA	**Office of Administration**
SAP	Satellite Accumulation Point
SFDCC	Office of Forensic Sciences Document Control Center
SFE	Environmental Management Section
SOHS	Safety and Occupational Health Specialist
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:*
	A. Phase 1 – Scope of the Laboratory Decommissioning
Environmental Management Section (SFE) Program Manager (PM)	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). 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) and **reviews** any previous environmental issues (e.g., spills, hazardous chemical use, legacy materials). • 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 (FSF) representative, and the laboratory director (LD).
Decommissioning Team	2. **Evaluates** all spaces (e.g., laboratory, storage, administrative, engineering), seeking specific areas that will require additional attention (e.g., unmarked containers, evidence of spills). 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 • HVAC filters • All materials in laboratory which could absorb chemical

ACTION BY:	***ACTION:***
	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)
	2. **Submits** the SOW to FSF 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.
	CI. Phase 4 – Laboratory Preparation
LD	1. **Ensures** laboratory personnel survey all laboratory spaces (e.g., cabinets, drawers, chemical storage areas, fume hoods).
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.
	CII. Phase 5 - Verification

ACTION BY:	*ACTION:*
SFE PM	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)
    - 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 Environmental Management Section Program Manager.

NOTE: The inventory should be updated when a chemical is acquired for the first time.

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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

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