This on-site visit is: (select one)

☐ Initial on-site visit

☐ Annual on-site visit

Administrative information:

Date(s) of on-site visit:	
Vendor laboratory name:	
Vendor laboratory location:	
Vendor contact person:	
Vendor lab DNA Technical Leader:	
NCSCL on-site visit team leader:	

Technology:	
Platform:	
Amplification Test kit:	

Tour of the facility:

Facilities and Security:

	Yes	No	N/A
Was a tour of the facility provided?	◯	◯	◯
Is the laboratory designed to ensure the integrity of the analyses and the evidence? (QAS 6.1)	◯	◯	◯
Is access to the lab controlled and limited in a manner to prevent access by unauthorized personnel? (QAS 6.1.1)	◯	◯	◯
Do all exterior entrance/exit points have security control? (QAS 6.1.1)	◯	◯	◯
Is the distribution of all keys documented and limited to personnel designated by lab management? (QAS 6.1.1)	◯	◯	◯

Comments-

Evidence Control and Handling:

	Yes	No	N/A
Does the lab have and follow a documented evidence control system to ensure the integrity of physical evidence? (QAS 7.1)	○	○	○
Is the evidence marked with a unique identifier on the evidence package? (QAS 7.1.1)	○	○	○
Does the lab define what constitutes evidence and what constitutes work product? (QAS 7.1.1)	○	○	○
Does the lab document and maintain chain of custody in either hard or electronic format? (QAS 7.1.2)	○	○	○
Does the lab have secure, controlled access areas for evidence storage and work product in progress? (QAS 7.1.4)	○	○	○
Are reagents properly labeled?	○	○	○
Are examinations, DNA extractions, and PCR setup conducted at separate times or/space from one another? (QAS 6.1.2)	○	○	○
Is amplified DNA product generated, processed, and maintained in a room separate from pre-PCR activities? (QAS 6.1.3)	○	○	○

Comments-

Quality Assurance Program

	Yes	No	N/A
Review Quality Assurance Manual			
Was QA program satisfactory?	○	○	○
Is the Lab accredited?	○	○	○
Accrediting body			
Copy of certificate obtained? (QAS 17.1.1b)	○	○	○
Current external and internal audits reviewed?	○	○	○
Copy of latest external audit obtained? (QAS 17.1.1a)	○	○	○
Are audits of the laboratory completed and documented annually in accordance with the QAS? (QAS 15.1)	○	○	○
Did a second agency (external) participate in an annual audit of the lab at least once every two years, with at least one member who is or has been previously qualified in the lab's current DNA technologies and platform? (QAS 15.2)	○	○	○
Were all findings appropriately remediated, and any corrective actions submitted to the TL for review? (QAS 15.5)	○	○	○
Review any corrective actions from last audit			
Were the audits found to be satisfactory?	○	○	○
Any Protocol Modifications since last Audit?	○	○	○
If Yes, go over Validation			
Proficiency Test results for the last year of all qualified DNA analysts satisfactory?	○	○	○

Comments-

Casework documentation and review: Pull three completed case files (per analyst) for review.

	Yes	No	N/A
Number of personnel handling forensic casework			
How many analysts will work each individual case?			
Does the lab maintain all analytical documentation generated by analysts related to case analyses? (QAS 11.1)	○	○	○
Approval of the statistics database used	○	○	○
Does the lab conduct administrative and technical reviews of all case files and reports to ensure conclusions and supporting data are reasonable and in the constraints of scientific knowledge? (QAS 12.1)	○	○	○
Is completion of the technical review documented and does it include the elements specified in QAS 12.2?	○	○	○
Is completion of the administrative review documented and does it include the elements specified in QAS 12.3?	○	○	○

Comments-

Other QAS Standards and Documentation:

	Yes	No	N/A
Documentation that the vendor laboratory has established and maintained a quality system that meets QAS 3	○	○	○
Documentation that the vendor organization and management structure meet QAS 4	○	○	○
Documentation that vendor laboratory staff have education, training and experience that meets QAS 5	○	○	○
Documentation that vendor laboratory staff performed internal validation studies on new instrumentation and on novel forensic DNA methodologies before use in casework (QAS 8)	○	○	○
The vendor laboratory has and follows written analytical procedures approved by the vendor lab TL (QAS 9.1)	○	○	○
The vendor laboratory uses equipment that is suitable for the methods employed (QAS 10.1)	○	○	○

Documentation that vendor laboratory has a program for conducting performance checks and calibrating equipment and instruments (QAS 10.2)	◯	◯	◯
Are QC logs properly maintained?	◯	◯	◯
There are written procedures for note taking, report writing and analytical documentation as described in QAS 11.1	◯	◯	◯
Documentation that vendor staff perform administrative and technical reviews on all case files and reports as described in QAS 12.1	◯	◯	◯
Documentation that vendor laboratory DNA staff undergo external proficiency testing at regular intervals as described in QAS 13.1	◯	◯	◯
Documentation that the vendor laboratory has a corrective action plan whenever proficiency test discrepancies and/or casework errors are detected as described in QAS 14.1	◯	◯	◯
Documentation that the vendor laboratory conducts audits, annually, as described in QAS 15.1	◯	◯	◯
Documentation of agreement between NCSCL TL and vendor laboratory regarding the technical specifications that the vendor laboratory will use for DNA analysis of NCSCL casework samples. Note: The agreement date must predate the date that outsourcing began (QAS 17); only applicable for follow-up site visits	◯	◯	◯
Documentation of agreement between NCSCL TL and vendor laboratory regarding the issue of ownership of DNA data that the vendor laboratory generates. Note: This documentation date must predate the date that outsourcing began (QAS 17); only applicable for follow-up site visits	◯	◯	◯

Comments-

NCSCL DNA TL Approval:

_____ _____

Signature **Date**