Purpose

The management review shall examine the Quality System of each Section and determine if it meets the standards set by the Laboratory and ISO. The Management review shall examine Internal Audit Reports, past management review meeting minutes, Corrective Action Requests, Client Complaints, and Client Satisification Surveys to identify any risks that may threaten the impartiality of the laboratory. The review shall be conducted in January of each calender year by the Quality Manager.This Review shall be documented in a report by the Quality Manager and submitted to the Lab Director. The review shall also serve as a guide for future determinations regarding the effectiveness and direction of the Quality System due to changes in the organization, facilities, staffing, equipment, activities, or workload and the review shall be discussed in the management review meeting in Febuary.

To review the quality management system by the laboratory's management team
To ensure that:

- the quality management system continues to be effective and suitable fulfilling the changing and future needs of the laboratory and its customers
- the quality management system is updated as necessary
- the results of Internal Audits are reviewed
- the defined quality management system is being implemented and followed

Scope / Field of Application

Laboratory Quality Management System

Definitions and Acronyms

Management Review Meeting – formal evaluation of management review by top management of the status and adequacy of the quality management system in relation to quality policy and objectives.

Audit – A planned and documented investigative evaluation to compare various aspects of the Laboratory's performance against established requirements, standards, policies, and procedures.

Corrective Action Record (CAR) – Documentation, by which non-conformities are identified, tracked, investigated, and corrected.

Finding – An audit result stating non-compliance with accreditation criteria, Laboratory policies or Laboratory procedures.

Internal audit - An evaluation by Laboratory personnel to determine compliance with requirements of the QA manual and other Quality System documentation.

Non-conformity – A non-fulfillment of a requirement of the Quality Management System.

Objective evidence – Information substantiated through examination, measurement, test, interview or other means.

Observation – Objective evidence that may indicate a potential non-conformity.

On-the-spot corrective action - Immediate step taken to correct or resolve the non-conformity.

Management Review – A written assessment by management of the Quality System to determine effectiveness, suitability, and future direction.

Responsibility

The Lab Director or designee shall:

- Initiate Management Review Meeting annually in the month of February
- Designate personnel to attend meeting
- allocate follow-up actions and timelines to specific personnel

The Quality Manager or designee shall:

- draft the final management review
- as necessary, the Quality Manager shall provide any needed information and/or records for the review and forward them to the Technical Leaders
- archive the Minutes of the meeting as Quality Records
- provide a summary of supplier performance reports since the last Management review

Materials Required

Internal audit reports
Past Management review meeting minutes
Corrective Action Requests
Client complaints

Procedure

As necessary, the Quality Manager shall provide any needed information and/or records for the review and forward them to the Technical Leader of each dicipline.

The management review shall consider, but not be limited to, the following:

- The suitability, adequacy, and completeness of PCSO Forensic Services Unit Laboratory policies, practices, and procedures for meeting the quality objectives of the PCSO Forensic Services Unit.
- Any reports from managerial and supervisory personnel.
- The outcome of annual quality audit program.
- Any preventive, follow-up, and/or corrective actions
- Any external assessments
- The results of proficiency tests program and interlaboratory comparisons
- Changes in the volume and type of work being performed in the PCSO Forensic Services Unit
- Any feedback or complaints from contributors/jurisdictions and PCSO Unit personnel
- Any recommendations for improvement
- The adequacy of the organizational structure, staff training, and resources to implement the PCSO Forensic Services Unit quality system
- The overall objectives
- Unit quality audits
- Testimony review (to include documentation of employees who did not testify)
- Proficiency testing
- Personnel training
- Staffing issues
- Quality issues
- Inspection records

Corrective or preventive actions identified during the management review shall be addressed as provided in the Procedure for Corrective Action and Procedure for Preventive Action.

In February the management review findings and observations shall be assessed in a meeting with Laboratory Top Management. This meeting Log# *4-15-1-L1, Management*

review meeting checklist shall be documented by the Quality Manager , provided to the Lab Director and shall include a review of the overall effectiveness of the Quality System.

The Quality Manager shall retain the management reviews and audit reports for ten years.

Documentation

Minutes from the Management Review meeting are signed by the Lab Director or designee and the Quality Manager. They are maintained by the Quality Manager.

References

Quality Manual

REVISION HISTORY		
CURRENT VERSION	**EFFECTIVE DATE**	**SUMMARY OF CHANGES**
1	2016/07/01	Original Version
2	2018/04/01	Revision history table changed, issue date changed to effective date,rev# changed to ver#, Under responsibility of Latoratory Director change review meeting from January to February.
3	2020/01/15	Under purpose added examining risk of impartiality.