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1 INTRODUCTION

1.1 The mission of the Forensic Services Group (FSG) is to maintain an effective and efficient quality assured forensic service in support of police investigations. The management system is designed to ensure that this level of service is provided in accordance with the provisions of the ISO/IEC 17025 and AS 5388 standards. The management system is documented and available to all Forensic Services Group staff through the FSG Intranet website.

1.2 As a supplement to these documents, QPS-wide administrative procedures and human resource policies are available via the QPS Corporate Intranet website.

1.3 Any departures from the documented procedures are only permitted in exceptional circumstances and must be fully justified and documented. All minor or one off departures from administrative processes must first be approved by the Officer in Charge of the establishment or the Quality Assurance Officer (QAO)/ Forensic Coordinator (FC). Significant or ongoing departures must be approved by the Inspector, Quality Management Section.

2 MANAGEMENT SYSTEM OBJECTIVES AND POLICY

2.1 General

2.1.1 The FSG has identified management system policies and objectives. These policies and objectives are set out in the following, which is issued under the authority of the chief executive, the Commissioner of Police, Queensland Police Service.

2.2 Management System Objectives

2.2.1 To ensure that high standards are maintained and that clients are satisfied with the quality of the forensic science service provided to them; and

2.2.2 To provide management with continuing confidence that results and conclusions are timely, accurate, impartial and relevant.

2.2.3 The Forensic Services Priority Statement outlines the Mission and priorities for FSG.

2.3 Management System Policy

2.3.1 The Forensic Services Group:

1. will provide a high standard of service to their clients;
2. has a requirement that all personnel are familiar with the management system documentation and adhere to policies and procedures at all times;
3. will ensure that personnel have necessary qualifications, training and experience to perform their duties;
4. is committed to good professional practice and the quality of its services to its clients and;
5. is committed to compliance with the ISO/IEC 17025 and AS 5388 standards.

2.3.2 FSG personnel shall comply with the Procedural Guidelines for Outside Employment and the Code of Conduct, to ensure that:

1. they will not engage in any activities that might diminish trust in their competence, impartiality, judgment or operational integrity; and
2. staff are free from internal and external commercial, financial and other pressures that might adversely affect the quality of their work.

2.3.3 Documented policies and procedures exist within the QPS Operational Procedures Manual, the Queensland Police Powers and Responsibilities Act the Police Service Administration Act, the Code of Conduct and the Human Resource Management Manual to ensure the protection of clients' confidential information and proprietary rights.

3 ORGANISATIONAL STRUCTURE

3.1 The Queensland Police Service (QPS) is a legally identifiable organisation within the State of Queensland, under the auspices of the 'Queensland Police Service Administration Act'.

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The QPS is the parent organisation of the Forensic Services Group (FSG). The services provided by FSG are outlined in section 4 of this document.

3.2 The position of FSG in the overall organisational structure of the QPS is documented in the organisational structure maps in Appendices 1 and 2.

3.3 FSG operates multiple facilities throughout the State. The individual site locations and their functionality are listed in Appendix 2. These sites are divided into collection sites and testing sites. Collection sites are limited to procedures aimed at detecting and collecting evidence. Testing sites are authorised to perform analytical and/or comparative examinations. All forensic sites fall within the scope of this document.

3.4 The establishment of new sites must be approved by the Superintendent, Forensic Services Group prior to commencement of operations. Prior to approval an assessment will be undertaken of:

1. The feasibility of delivering the service from an established accredited site.
2. The appropriateness of the accommodation including access to staff resources, consumables, equipment and exhibit storage and exhibit examination.
3. Additional resourcing requirements.
4. The limitations that would be required in relation to the application of detection, enhancement and screening methods.
5. The line control and supervisory arrangements.
6. Local procedures and forms required to undertake day to day operation.
7. A risk assessment which outlines the overall cost/resource benefit.

3.5 The Superintendent, Forensic Services Group (FSG) is the ‘Laboratory Director’ for FSG and has control over the technical operations of all FSG personnel. The Inspector, Quality Management Section is the ‘Quality Manager’ having overall responsibility for the management of the quality system including ensuring compliance with the international standard ISO17025. The Quality Manager is independent of operations and reports directly to Laboratory Director. Each Forensic Service Area has a Forensic Coordinator (FC) and each section at headquarters has a Quality Assurance Officer (QAO). It is the responsibility of the FC/QAO to ensure that all activities within their area of responsibility are conducted in accordance with the quality system. The authority of each of these positions is provided by virtue of Section 1.4 of the Operational Procedures Manual (OPM).

3.6 The FSG comprises of personnel who are permanently employed by, or under contract to the QPS. Position descriptions and the provisions of s1.4 of the OPM define organisational expectations of personnel. Employment conditions, including hours of duty, leave time and salaries are covered in the relevant awards and Enterprise Bargaining Agreements.

3.7 The role(s), responsibility, authority and interrelation of all personnel who manage, perform or verify work affecting the quality of the forensic services provided has been documented in the form of position descriptions. The organisational structure provides for technical management, which has overall responsibility for the operations and the resources needed to ensure the quality of services provided.

4 FORENSIC SERVICES PROVIDED

4.1 Forensic support services are provided to officers of the Queensland Police Service and, in instances approved by the Laboratory Director, to clients external to the QPS. The Laboratory Director, Forensic Services Group, is responsible for the quality of services provided to operational police and for ensuring that the numbers of forensic officers available within their region are commensurate with the quantity of forensic support services required.

4.2 The FSG is composed of a number of separate functions, each of which provides a specialist service as outlined in Appendix 1. The scope of accreditation for each site is outlined in Appendix 4.
5 SERVICE TO CLIENTS

5.1 Requests for Service

5.1.1 The FSG perform both scene and laboratory based examinations. Requests for service may be received verbally or by way of QPRIME task. The following must be satisfied prior to undertaking an examination:

1. An approved documented procedure must be in place that covers the requested examination. All requests for examinations that deviate significantly from procedure must be first approved by the Quality Manager.
2. An appropriate authorised officer must be available to undertake the test.
3. Adequate resources must be available.
4. The examination must be completed within a reasonable or negotiated timeframe.

5.1.2 If a forensic facility is not able to perform the requested examination/test, the investigator should be contacted immediately and advised of this. If appropriate, arrangements will be made to perform the requested examination/test by another facility which meets these conditions. If there is any ambiguity as to what is required, the examiner is to contact the investigator for clarification prior to commencing any examination.

5.2 Outsourcing of Tests/Examinations

5.2.1 As a general rule, the FSG does not subcontract any of the tests/examinations that it performs. Should the need arise for an outside laboratory to perform tests that the FSG undertake, a competent NATA accredited subcontractor will be used.

5.2.2 Exhibits collected are routinely submitted to various external laboratories for further testing outside the expertise of FSG (e.g. biological samples are submitted to Queensland Health Forensic Scientific Services for DNA analysis). Details of approved external forensic service providers, including their NATA accreditation status, are recorded in the External Forensic Services Provider Register.

5.2.3 Where expertise outside the scope of the FSG is required, in some instances it may be impossible to utilise a NATA accredited provider due to a lack of recognised standards for the area of expertise. In such instances, only competent subcontractors as a result of their experience or qualifications are to be used. Any report referring to the results from non-accredited subcontractors must clearly and unambiguously indicate that the results were provided by a laboratory that does not hold NATA accreditation.

5.3 Client Feedback System

5.3.1 The client feedback system is completely electronic and responses are stored on the Forensic Register. Feedback can be triggered in two ways:

5.3.1.1 Mechanism 1

When the investigating officer clicks on the hyperlink in QPRIME to view the forensic photographs, a popup window will appear requesting feedback in relation to the job. There are certain rules built into the system to ensure that investigating officers do not receive multiple or frequent requests for feedback. This means that forensic officers whose core business involves general photography (SOCOs and Photographic Section) will have their feedback automatically triggered (there is no need for these officers to use Mechanism 2).

5.3.2.1 Mechanism 2

This mechanism of feedback is used by forensic officers whose core business does not involve the taking of general photographs (Scientific Section and Fingerprint Bureau). Once an admin review has been completed there is an option to seek feedback from the investigating officer by clicking on the mail icon at the bottom of the admin review screen. This will trigger an email to be sent to the current investigating officer as below:
5.3.3 How to View Feedback

5.3.3.1 To view received feedback, conduct a Case File Search by entering the registered number of the officer and select the Feedback checkbox at the bottom of the page. Feedback received is displayed in the Case Management list with this symbol.

5.4 Client Confidentiality

5.4.1 Policy and procedures relating to the release of information are outlined in s1.10 of the OPM.

5.5 Complaints

5.5.1 In addition to the client feedback process, clients are able to raise problems with the service provided by sending details of the issue to email 'Quality Manager PFS'.
5.5.2 Should the client not be in a position to provide details of their complaint in writing, the FSG member receiving the complaint is to forward the details in an email to ‘Quality Manager PFS’.

5.5.3 The Quality Manager will consult with the relevant regional or section manager to ensure the complaints relating to work quality are appropriately investigated. The results of such investigations are reviewed at the Management Review.

5.5.4 Breaches of discipline and misconduct allegations against staff are to be handled in accordance with the provisions QPS policy.

6 TRAINING, AUTHORISATION AND MAINTENANCE OF PRACTITIONER COMPETENCY

6.1 Training

6.1.1 A training program has been established and documented for each functional area. The training programs include:

1. the performance of competency test(s) in all applicable areas;
2. the presentation of evidence in court. Practitioners must develop the communication, technical and personal skills to present their findings competently in court. Such training includes moot court and actual court observation.

6.1.2 New members of staff, whatever their qualifications or previous experience, shall have satisfactorily completed the appropriate training program or stages thereof before being authorised to work independently. Credit for experience/training can be evaluated as appropriate in a particular case.

6.1.3 Records of relevant qualifications and training (including completion of internal training modules and attendance of workshops, courses and conferences) are maintained on the Forensic Register. The Quality Manager is responsible for overseeing the maintenance of these records and identifying training needs.

6.1.4 Members undergoing training may perform work under the supervision of an authorised officer, however only the authorised officer may report on the results.

6.1.5 The ongoing competency of staff is assessed through individual proficiency testing, court monitoring and the peer review processes. Professional development is assessed as a component of the corporate PRD process. Periodic review of training programs will take into account the results of proficiency tests, frequency of detected non-compliances and customer feedback.

6.2 Authorisation

6.2.1 The Superintendent, FSG has the responsibility for formally authorising staff to perform work independently. Such authorisation will only be given after the practitioner has completed appropriate training and competency has been demonstrated. Such training is recorded on the Forensic Register. Officers are not to report results unless they are authorised.

6.2.2 Authorisation requests are made by way of report to the Superintendent, FSG detailing the training undertaken, the form of assessment and the level of competency demonstrated. A list of the various authorisations is contained in Appendix 3.

6.2.3 Certain procedures require officers to have undertaken specific training and competency testing prior to performing the procedure. For these procedures, the specific requirements are outlined in the ‘scope’ of the procedure. Such training, including the outcome of the competency assessment, must be recorded in the Forensic Register prior to the officer performing these functions.

6.2.4 Police officers throughout the state who have completed forensic training, but are not presently part of the Forensic Services Group, may be used on a relief/part time basis to deliver forensic services provided they are authorised by the Superintendent, Forensic Services Group. Such relief/part time authorisation will be for a defined period and will be only be given if the officer has passed all relevant proficiency tests and completed all relevant internal training initiatives.
6.2.5 An authorisation to carry out a particular type of examination will be withdrawn if an officer has not undertaken the particular examination for more than two years. Authorisations may be returned after the officer has:

1. Undertaken documented training in relation to new test methods or major changes to relevant procedures. (The training must be equivalent to what has been provided to other officers holding the same authorisation over the period of absence. Relevant staff from FSG responsible for that training must be consulted in relation to mode of delivery and be involved in the assessment.)
2. Demonstrated practical competency in carrying out the new test methods.
3. Demonstrated ongoing proficiency by completion of proficiency tests as administered by the QMS.
4. In the case of field examiners, has demonstrated ongoing proficiency by undertaking a field assessment. The assessment is to be conducted by a relevant supervisor in consultation with the FC/QAO.

6.2.6 A request for reauthorisation is made by way of a report outlining the training provided, the method of assessment and the competency demonstrated. This report must be forwarded via the FC/QAO to Superintendent, Forensic Services Group.

6.3 Proficiency Testing

6.3.1 The FSG has a program of proficiency testing which measures the capability of its examiners and the reliability of its analytical results for their particular area.

6.3.2 Each laboratory participates in proficiency testing programs, which are provided by external test providers approved by NATA and the National Institute of Forensic Science (NIFS). The QMS is responsible for distributing laboratory proficiency tests. The Officer in Charge of the laboratory is responsible for ensuring the test is completed as per routine laboratory procedures including quality assurance checks. All laboratory test results are returned to the QMS with the exception of the After the Fact interactive test which is completed online. The QMS is responsible for the submission of test results to the external test provider, review of results against manufacturing instructions and the maintenance of external proficiency test records.

6.3.3 Each practitioner within the laboratory must complete at least one proficiency test annually in each class of test which is a major component of their work and every two years in each other subclass of test in which they perform casework. Collaboration is not permitted during the completion of individual proficiency tests. External laboratory tests can be utilised provided no collaboration occurs and the performance criteria (answers) are unknown. Internal tests may also be used for testing of individuals. Appendix 3 provides a guide to the minimum number of proficiency tests to be completed by practitioners in the various disciplines (additional tests may be required for some officers who hold additional authorisations). A record of the practitioner's involvement in the test is recorded on the Forensic Register Proficiency Record (including electronic copies of analysis results).

6.3.4 Where external tests are unavailable, internal proficiency tests may be prepared. This may include reuse of external proficiency tests, re-examination by another examiner of evidence that was previously completed or monitoring of actual performance by a supervisor.

6.3.5 A record is to be maintained of how an internal test was prepared including a description of the materials, equipment and process used together with the expected result. Participants of a particular proficiency test must not be involved in the preparation of that test.

6.3.6 Practitioners are provided feedback in relation to their performance in such tests.

6.4 Court Monitoring

6.4.1 The court testimony of each practitioner is to be monitored in each year that testimony is given. The areas assessed are outlined in the Courtroom/Witness Evaluation form.

6.4.2 Assessment is to be carried out by a supervisor or officer of the court observing the testimony of the practitioner. Observations regarding the testimony are recorded in the Courtroom/Witness Evaluation form. The officer being assessed must be given timely feedback in relation to their performance.

6.4.3 Each assessment is recorded in a practitioner's Proficiency Test Record on the Forensic Register.
6.5 Separation from Forensic Services Group

6.5.1 All forensic officers and professional civilian staff undertake extensive training and development in order to perform their duties. To assist management to establish the best strategies to deal with staff retention, information is required from officers and civilian staff separating from forensic services. An effective method to gather relevant data from separating officers and staff is to have them complete a separation questionnaire.

6.5.2 The questionnaire is designed to obtain relevant information including the reason the person left FSG. This information will be collated at the Quality Management Section, FSG where it can be made available to senior management. The information will remain confidential and will only be made available to those who have a genuine need for it.

6.5.3 The manager of the separating member is to notify the QMS of the separation. A questionnaire will be sent to the separating officer by QMS staff. Completion of the questionnaire will be voluntary. Once the questionnaire has been completed it will be returned to the Quality Management Section (QMS) through the online QPS Checkbox Survey process. This information will be accessible by Checkbox qualified staff within QMS.

6.5.4 Any requests for information relating to the data gathered from these surveys will need to be made through the Inspector, Quality Management Section, FSG. The Inspector will consider each request on a case by case basis bearing in mind the privacy of the separating officer and the need for the information to benefit the QPS.

6.5.5 It is the responsibility of the OIC or FC to ensure that any person leaving FSG returns all items owned by the QPS such as cameras, SD cards, keys to facilities and any other specialist forensic equipment. They are also to inform the Forensic Technology Unit of the separation date from forensics to ensure access to the Forensic Register is denied after the date of separation.

7 PROCEDURE VALIDATION AND CONTROL

7.0.1 Each functional area of the FSG has documented test/examination procedures. These are accessible electronically via the Forensic Services Group intranet website.

7.0.2 Test/examination methods used are generally accepted in the forensic science field and have been supported by literature or data generated and recorded in a scientific manner.

7.0.3 Departures from documented methods may be required from time to time and such variations must be fully validated, justified and documented in the case notes. Such departures will require approval from the Quality Manager/FC.

7.0.4 Where an examination/analysis is requested that does not have a documented procedure, a method must be written, validated and approved by the Quality Manager prior to use.

7.1 Validation

7.1.1 Methods that must be validated include:

1. Methods that are not generally accepted by the forensic science field;
2. Laboratory developed methods;
3. Methods used outside their intended scope; and
4. Where there is modification to a documented method.

7.1.2 As a minimum validation, the method must be tested using known samples (e.g. proficiency test samples or other samples of known composition/characteristics). Additional validation may include comparison with other established methods.

7.1.3 A record must be made of the validation results, the validation techniques used and a clear statement of the suitability of the method for the intended use. The Quality Manager will provide approval if the method is deemed suitable. The records of such validations are maintained by the QMS.

7.2 Procedure and Form Control

7.2.1 Electronic copies of all documents that form part of the management system are available on the QPS Forensic Services Group intranet website and are readily available to all staff.
Access is ‘read only’ to all members other than QMS who have read/print access. Only approved current documents are available on the website.

7.2.2 All approved documents are uniquely identified by: a code to indicate the location it is applicable to, a document number, a revision version, and a date to indicate last update. Each page of a multi-page document is numbered (page X of Y).

7.2.3 A list of location codes is attached as Appendix 5. These codes are also used in the Forensic Register.

7.2.4 When a document is modified, the new version is created and the old version is archived. The old version will be no longer available on the website. Obsolete documents will be retained for the same period as the case records to which they pertain.

7.2.5 When a new version is issued, modifications to the previous version are shown in green text and with a vertical line in the margin.

7.2.6 Hardcopies of procedures may be provided to work units where the procedures followed are highly technical. A request for hardcopies of procedures may be made through the Quality Manager. Obsolete hardcopy procedures must be disposed upon being superseded by a new version.

7.2.7 When a significant change is made to a document, the QMS will send a forensic wide email message indicating that the document has been changed. Minor changes to procedures can be viewed on the relevant update page of the website.

7.2.8 The information on the website is backed up on a regular basis as part of normal practices within the QPS.

7.2.9 The Quality Manager is responsible for:

1. Initial approval of all documents and approval of subsequent modifications;
2. Ensuring all documents on the website which form part of the quality management system are reviewed and approved prior to issue;
3. Ensuring obsolete documents are removed from the website and archived; and
4. Ensuring documents are reviewed and, where necessary, revised to ensure continuing suitability and compliance with applicable requirements. Such review will take into account results from management reviews, preventive actions, improvement processes, audits, client feedback and complaints.

8 CONTROL OF EQUIPMENT AND SUPPLIES

8.1 Procurement

8.1.1 The QPS Procurements and Contracts Manual outlines the procedures to follow when purchasing supplies or services. This manual and associated documentation is available through the QPS Corporate Intranet.

8.1.2 Approved suppliers of support services, equipment or supplies are recorded on the Approved Suppliers List.

8.2 Reagents and Consumables

8.2.1 All reagents and consumables must be of adequate quality for the procedure used. It is the responsibility of the officer in charge of each facility to ensure that the lot/batch numbers, expiry/manufacture dates and purchase details of critical or standard reagents and consumables are recorded (these are recorded on the Supplies Inspection Record attached to the Budget Package, See PFS 112 - Budget Package).

8.2.2 All critical reagents must be routinely tested before use. Any specific requirements in relation to reagents/supplies/consumables are included in the relevant procedure manual (e.g. approved suppliers and grade of chemicals where they are critical to the analysis). Storage and handling requirements are also included.

8.2.3 Purchased consumable materials are not to be used until they have been inspected or otherwise verified as adequate. The inspection is to include:

1. Checking to ensure that the supplied items were purchased from an approved supplier;
2. For chemicals and reagents, examination of chemical labels to ensure that the chemical composition, concentration and analytical grade concurs with what is described in the relevant procedure; and

3. For consumables used to package exhibits, examination to ensure that they are of adequate quality to prevent contamination, loss or deterioration.

8.2.4 Supplied items that are found to be of inadequate quality should be isolated and withdrawn from use. The supplier is to be contacted and made aware of the problem. The action taken to correct the problem should be noted on the Supplies Inspection Record. In such cases, the QMS is to be notified of the situation. The QMS will evaluate the issue and determine if the defective supply may have affected previous results provided by the laboratory involved, or any other facility, and implement an improvement process if required.

8.2.5 Absolute Ethanol (99.95% pure) is an excisable product and as such the person or Section purchasing the product must be licensed. QPS Sections are able to apply for a concessional license since it is being used for scientific purposes. A ‘Supplies Inspection Record’ must be completed when Ethanol is received and must state the amount received and the purpose that it is to be used for (swabbing and cleaning).

8.2.6 Standards and Reagents must be labelled with:

1. Name of the standard/reagent;
2. Concentration, where appropriate;
3. Preparation date; and
4. Identity of preparer.

Where necessary, the following must also be included on labels:

5. Expiry date;
6. Storage conditions; and

8.2.7 Reference standards and critical reagents must not be used beyond their expiry date.

8.3 Equipment

8.3.1 The Quality Manager is responsible for coordinating the evaluation of equipment suitability and calibration. Each item of equipment (including software) that has the potential to influence reported results is recorded on the Forensic Equipment Register. Instructions for the use of the register are outlined in the PFS 112 - Forensic Register User Manual.

8.3.2 The details recorded on the Forensic Register for each item of equipment includes:

1. Asset number,
2. Item description including make model and serial number,
3. Purchase date and supplier,
4. History of service, calibration and internal checks,
5. The location of the item, &
6. The location of the manufacturer’s instruction manual.

8.3.3 Where equipment consists of a number of components that are used exclusively together and are not interchangeable due to the effects that this may have upon calibration and/or reliability of results (e.g. laboratory instrument, computer & software), each item is recorded in the Forensic Register with the same asset number.

8.3.4 Prior to being used in actual case work, each new item of equipment must be tested to ensure that it is functioning correctly, is suitable for the purposes of the procedure it will be applied to and provides results within the accuracy requirements of the procedure. This may include testing with known samples. The trial or evaluation of all new types of equipment is to be approved and coordinated by the Quality Management Section and further information is included in PFS 131 – Research and Equipment Approval. The results of such evaluations are recorded on the PFS 80 - Equipment Evaluation Report which is to be forwarded to the QMS.

8.3.5 Suppliers of imported equipment must provide proof that it has been checked for compliance with local standards (electrical, mechanical, safety).
8.3.6 All equipment that has a significant impact on a test result will be maintained and calibrated in accordance with international standards (ISO/IEC 17025). All other equipment is to be maintained in proper working order. Maintenance procedures are to be documented in the relevant procedure manual or manufacturer’s instruction manual.

8.3.7 Equipment known or suspected to be defective will be taken out of service and clearly labelled or marked until it has been repaired and shown by calibration, verification or test to perform correctly. A record of the item being out of service must be made in the Service History field of the Equipment Register. In such cases an evaluation must be made to determine if any prior results may have been affected by the defective equipment. Upon reinstatement of the item, a record indicating that the item is functioning reliably is to be made in the service history field for that particular item of equipment.

8.3.8 When, for whatever reason, equipment goes outside the direct control of the FSG for a period of time, it shall be ensured that the function and, where necessary, the calibration status of the equipment are checked and shown to be satisfactory before the equipment is returned to service. A record indicating that item is functioning reliably is be made in the Service History field of the Equipment Register for that particular item of equipment.

8.3.9 Documented operating instructions (e.g. manufacturer’s operating instructions) are to be made available for each significant item of equipment and the location of the manual is to be noted in the Comment field of the Equipment Register.

8.3.10 The relevant procedure manuals provide guidance on the safe handling, transport, storage and use of equipment to prevent contamination and deterioration.

8.3.11 It is the responsibility of each member to maintain personal issue equipment. Such equipment is to be regularly checked to ensure that it is in working order. Any damage, loss or theft must be reported to the relevant supervisor.

8.4 Calibrations and Internal Checks

Calibration Usually carried out by an external calibration authority which provides an endorsed test report. A calibration provides measurement traceability across the instruments full measurement range.

Internal Check A check of at least one point in a range of a measuring instrument against a known value to confirm that it has not deviated significantly from its original calibrated value. This check does not replace an external calibration.

8.4.1 The NATA document – General Equipment – Calibration and Checks provides guidance on how often equipment should be calibrated or checked. This schedule outlines the following:

1. the nature of the calibration or check;
2. calibration and check intervals for each instrument are identified; and
3. performance criteria to be identified.

8.4.2 These intervals are generally considered to be the maximum appropriate in each case providing that:

1. The equipment is of good quality and of proven adequate stability; and
2. the section has both the equipment capability and staff expertise to perform adequate internal checks; and
3. if any suspicion or indication of overloading or mishandling arises, the equipment will be checked immediately and thereafter at frequent intervals until it can be shown that stability has not been impaired.

8.4.3 Where more stringent requirements are dictated by the methods for which a laboratory is registered, then appropriately shorter intervals will be necessary.

8.4.4 Some items of equipment, such as balances, require rechecking or re-calibration if they are moved or repaired.

8.4.5 Internal check procedures performed in-house are to be fully documented within the appropriate Section’s technical procedures.

8.4.6 The officer in charge of each establishment is responsible for ensuring that the necessary calibrations and checks are conducted at the specified intervals. Each calibration and check
performed on an item of equipment is recorded on the Forensic Register in the Service History. Equipment requiring in-house operational checks (e.g. forensic light source) must be labelled with a PFS Admin 23 - Calibration Check including the date when last checked and the date when the next check is due. This is in addition to entering details onto the Service History on the Forensic Register.

8.4.7 All calibrations are undertaken by either:
1. a NATA accredited calibration laboratory; or
2. a CSIRO National Measurement Laboratory.

8.4.8 All items of equipment that are to be used for critical measurements are to be calibrated and identified as such.

8.5 Reference Materials

8.5.1 Reference materials are traceable to national or international certified standard reference materials, where possible and are to be uniquely identified.

8.5.2 Purchase of these materials is to be controlled and recorded by each section of FSG.

8.5.3 The responsibility for the safe distribution, transport, handling and storage of reference materials is with the officer in charge of the relevant functional unit.

9 ACCOMMODATION REQUIREMENTS

9.1 Security

9.1.1 All doors providing access to the forensic facility will be controlled using keys or other access devices limited to authorised personnel. Each access device (including keys and electronic swipe cards) must be uniquely identified and recorded in the Forensic Register along with the name of the person who has been issued the device. The entire perimeter of each section will restrict unauthorised access. Where the forensic facility is not within a police station (such as a demountable), doors are to remain secured at all times regardless of whether staff are present or not.

9.1.2 Visitors are not to have unrestricted access to operational areas such as laboratories and exhibits store. A record is to be retained of all visitors to operational areas on the PFS 18 - Visitors Register form.

9.1.3 Persons other than FSG staff, who have a legitimate reason for requiring access to operational areas of the laboratory (e.g. cleaners), may be given authorisation by the laboratory management to access specific areas of the facility without the need to be accompanied by the facility’s staff. These persons will require security clearance and must be made aware of the relevant procedures and limitations of their access. Such persons must enter each visit in the visitors register.

9.1.4 Facilities are monitored during vacant hours by an intrusion alarm, police or by security personnel dependent on site location.

9.1.5 See Section 4.4 of PFS 105 - Health and Safety Guidelines for specific requirements for Contractors.

9.2 Emergent Access

9.2.1 For facilities within Headquarters, emergent access can be gained by contacting State Government Security personnel. In other areas where the facility is collocated with a police establishment, an emergency access key should be available. The key should be secured to prevent unauthorised access. For instance the key may be held in a break glass key holder in an area that is accessible only by police personnel. Signage should indicate the emergency access procedure.

9.2.2 Each emergent access must be recorded. The officer in charge of the facility is to be advised of the time, date and reason for such access. These details are to be recorded in the visitor’s register.
9.3 Secure Internal Areas
9.3.1 Internal areas requiring limited/controlled access must have a lock system. This includes drying cabinets and DNA examination rooms.
9.3.2 Short and long term evidence storage areas must have limited/controlled access.

9.4 Investigation of Unauthorised Access
9.4.1 The FC/QAO shall investigate any unauthorised entry. Such investigations will assess:
1. The risk posed to the integrity of exhibits under examination or stored within exhibit storage areas;
2. The possibility of contamination of facilities; and
3. Alteration of or damage to equipment/instruments.
9.4.2 Records of such investigations are to be forwarded to the Quality Manager. Where appropriate, an Improvement Action should be instigated. If an unauthorised access may constitute a criminal act, breach of discipline or misconduct, the matter will be dealt with in accordance with the relevant legislation and QPS policy.

10 EXHIBITS
10.1 Packaging and Identification
10.1.1 Exhibits are collected and packaged in accordance with specific procedures relating to that type of evidence.
10.1.2 Any hazardous material is to be marked with an appropriate warning label to alert others of the potential hazard.
10.1.3 The general guidelines for the packaging of exhibits are:
1. Exhibits are to be packaged in the appropriate container and sealed as soon as possible;
2. A container is properly sealed only if its contents cannot readily escape or become contaminated and only if the subsequent opening of the container is obvious due to damage/alteration of the seal. Examples of how an item may be sealed are:
   a. Tamper proof evidence tape placed over the container opening. The tape must be signed/initialled and dated by the person sealing the item.
   b. Certain items may be heat sealed in plastic with the date and signature/initials of the person sealing the item marked across the seals in indelible ink.
10.1.4 The Forensic Services Group has a standing arrangement with Australia Post and West End Supply Centre for the supply of approved packaging/containers for exhibits that are available to all facilities.
10.1.5 At a minimum, each item or, where appropriate, group of items collected by a forensic officer is to be labelled with a unique forensic exhibit number and marked with the Forensic Register number on the proximal container. The forensic exhibit number remains with the item throughout its life in the laboratory. A brief description of the item including the assigned forensic exhibit number is recorded on the Forensic Register.
10.1.6 A chain of custody record is maintained using QPRIME, which is the recognised system for tracking exhibit movement in the QPS. Each item of property is automatically entered onto QPRIME through the Forensic Register interface. A property tag is then generated which is attached to the exhibit. All further movement is recorded in QPRIME.
10.1.7 Sealing large exhibits may be impractical or inappropriate. In such cases, the area of the exhibit that is subject to examination is to be protected from loss, deterioration or contamination by some type of seal. Such exhibits may be stored in limited access areas such as a locked garage.
10.1.8 Exhibits received that are inadequately sealed or labelled are to be appropriately sealed and/or relabelled. Exhibits that are inappropriately packaged, where it is believed that the inappropriate packaging could lead to the degradation or contamination of the exhibit, are to be repackaged as soon as possible. A record is to be made in the case file of the original packaging and how it was repackaged. In some cases the inappropriate packaging may
preclude a certain type of test or examination due to the possibility of contamination or deterioration (e.g., inappropriately packaged fire debris for the detection of accelerant). The submitting officer is to be consulted if there is any doubt as to the suitability of an item for examination. Exhibits may be rejected if there is the possibility of contamination or deterioration that may impact upon the reliability of test/examination results. When items are received in inappropriate packaging, any report or statement produced must include a description of the inappropriate packaging and any impact on the integrity of the evidence.

10.2 Storage

10.2.1 The following guidelines in relation to storage of exhibits must be followed by all FSG staff:

1. When not under examination, exhibits are to be stored in a designated exhibit storage area. Designated exhibit storage areas include lockable exhibit cupboards/fridges or rooms dedicated to the storage of exhibits.
2. Evidence that is still the subject of an examination may be stored unsealed, however, must be secured within a locked examination room or drying cabinet in such a condition as to protect against loss or contamination. Signage is to be used identifying that the items are under examination and are not to be disturbed. The sign is to include the examiner’s name.
3. Once an examination is complete, exhibits are returned to their original packaging, sealed and returned to the designated exhibit storage area.
4. If the original exhibit packaging is damaged or deemed inappropriate, the exhibit and the original packaging is retained and resealed within new packaging.

10.2.2 Procedures for the retention and disposal of exhibits are detailed in the QPS Operational Procedures Manual that is located on the QPS Corporate Intranet site.

10.2.3 Secure forensic vehicle examination areas are located at a number of centres throughout the State. These facilities may be used for storage of vehicles or other large items subject to forensic examination. Where a vehicle examination area is not available, suitable facilities external to the QPS may be used for the purposes of the examination such as a local garage. Consideration should be given to use of a police guard or other security measure when external facilities are utilised.

10.3 Order of Examination

10.3.1 Where the quantity of physical material is limited, consideration is to be given to the order of examination to ensure that, as far as practicable, non-destructive techniques are conducted before destructive techniques.

10.3.2 Consultation with specialists (e.g., fingerprints, scientific, pathologists, botanists, biologists) may be necessary to determine the most appropriate sequence and method of collection to minimise contamination or destruction of other evidence.

11 REPORTING PROCEDURES

11.0.1 Results of examinations or tests may be reported in one of the formats outlined below.

1. QPRIME Forensic Supplementary Report – For routine crime scene examinations, the results are placed on QPRIME as a result of completing examination details on the Forensic Register and sending an automatically generated QPRIME supplementary report.
2. Report Format - This format can be used when the results are not required by a court of law.
3. Statements or Certificates - When a report is issued for court purposes, the report will be issued in a statement format. See 11.2 for more information on creating statements. The only exception for this is where a certificate is issued under a specific legislative authority (e.g., Analyst’s Certificate). This format is not to be used for preliminary or interim reports. Refer also to the s3.8 of the OPM.
4. Email (other than QPRIME update) - A record of the date of the email, the recipient and the contents of the message is to be retained on the case file (electronic or hardcopy).

11.0.2 Only members who have received authorisation by the Superintendent, Forensic Services Group to conduct a test/examination have the authority to issue reports under their name.
The NATA endorsement may be used on any formal written report, provided that all examinations/analysis have been performed in accordance with the management system. If a report includes results of testing that is outside the scope of accreditation, the notation 'NATA accreditation does not cover the performance of this service' must be included in the report.

11.0.3 The NATA endorsement may not be used on preliminary or interim reports. Preliminary or interim written results must be clearly indicated as such. Any written interim or preliminary report must contain text which clearly indicates its status as such. If preliminary or interim results are issued orally, this must be recorded in the case file including the date, the person spoken to, and the details of the results provided. This record should be made either in an electronic case notation or in the activity log. All comparative identifications (e.g. fingerprint, firearm or footwear) are to be verified or technically reviewed prior to release of an official report. Where clients require results prior to such verification, interim results may be released provided it is clearly explained to the client that the result is unverified and that the information should not be acted upon until verification is received. This disclaimer must be clearly expressed in any written report or recorded when such results are provided orally. This record should be made either in an electronic case notation or in the activity log. Once the results have been peer or technically reviewed or are otherwise ready for release, this caveat must be removed.

11.0.4 The use of emotive language that could imply a level of bias must be avoided.

11.0.5 All reports that are issued for court or external purpose (statements, technical reports and certificates) must be peer and technically reviewed prior to release. The reviewer must record the review on a Case Management screen of the relevant Forensic Register entry (refer to PFS 112 - Forensic Register User Manual). Where reports are stored in hardcopy form, the date and name of person performing the review is to be recorded on the hardcopy case file.

11.0.6 The final version of a statement, technical report or certificate is to be attached to the appropriate Case Management entry on the Forensic Register (either in Word or PDF format). A signed and scanned copy of the peer reviewed statement or certificate is also stored on QPRIME. For instructions on how to attach a statement to QPRIME, see the PFS 112 - Case Management Entries. The name of the PDF version is to be the same as the word copy – "Forensic_Statement_-_FR#####".

11.0.7 The Quality Manager is responsible for periodic assessment of the adequacy of report review activities.

11.0.8 If a report is to be withdrawn, it is the responsibility of the case officer to contact each and every recipient and organise for its return. The reason for the report being withdrawn is to be recorded in the case file.

11.1 Addendum Statements and Supplementary Reports

11.1.1 If a supplementary/addendum report is issued, it must clearly reference the original report (e.g. Addendum Statement, Supplement to report dated 16 February 2015).

11.1.2 If a report is to be completely replaced by another, then this to be clearly indicated (e.g. Replacement of original report dated on 16 February 2015).

11.2 Format of Statements

11.2.1 Prior to creating a statement, all images are to be described using the 'Image Label' link on the Examination Summary. The description of photographs should be sufficient to enable a person reading the statement to identify the content of the photograph.

11.2.2 Forensic statements are to be initially created using the 'Create Draft Statement' link in the Forensic Register.

11.2.3 Each paragraph is to be numbered.

11.2.4 The format, grammar and wording of some paragraphs within the draft statement created by the statement generator will not always agree in tense or number. Incorrect formatting, grammar and wording must be corrected before the statement is released. Descriptions and locations of exhibits imported from the Forensic Register are to be modified so that they are readily understandable.
11.2.5 The date in paragraph one of the Justices Act declaration must be the same as the date of the statement shown on the first page. The date of the statement and Justices Act must be the same date or before the peer review date.

11.2.6 Exhibits are to be referred to by their forensic exhibit number. If an exhibit is also allocated an item number, then this number may be used in addition to the forensic exhibit number. ‘Forensic exhibit number’ will be the term used to describe the label and fingerprint graph which contains a unique barcode and number, and is attached to an exhibit or appears in a photo.

11.2.7 All blue, italicised text inserted by the statement generator is for assistance in creating the content of the statement and is to be either removed or changed to black, normal font text.

11.2.8 The Results Published tick-box on the ‘Statement/Technical Report Status’ Case Management entry is to be completed by the person who publishes or forwards the statement on the day that this is done.

11.2.9 Requests for statements must be completed as soon as reasonably possible.

11.3 Reporting of Opinions

11.3.1 Opinions are to be differentiated from other sections of the report or statement.

11.3.2 The author of an opinion is to take into account all relevant observations and results from the examinations.

11.3.3 The author of an opinion is to take into account only those observations, analyses or facts directly related to or resulting from the examination. If an investigator expressly requests an examiner to evaluate the results of their examinations in a particular context, then the context and the circumstances of the request shall be clearly stated in the report or statement.

11.3.4 A result that, when interpreted, tends to support or tends to refute a hypothesis, should not be reported in such a way as to appear neutral. The term “consistent with” is not to be used without a qualifying statement suggesting the weighting to be given to the opinion.

12 RECORD CONTROL

12.0.1 Retention times and the process for disposal of records are documented in the QPS Records Retention and Disposal Handbook.

12.0.2 All records must be:

1. legible and indelible and recorded in such a manner that prevents amendment or loss of the original (i.e. handwritten notes must be in ink. Pencil may be used for diagrams or plans);
2. stored and retained in such a way that they are readily retrievable in facilities that provide a suitable environment to prevent damage, deterioration or loss;
3. held secure and in confidence to clients; and
4. accompanied by the identity of the person making the record.

12.1 Management System Records

12.1.1 Management system records not specifically mentioned in the QPS Records Retention and Disposal Handbook such as supply inspection records, corrective action records, client feedback records, audit records, and management review records must be maintained for a minimum of four years.

12.1.2 Hard copies of the following records pertaining to the management system are to be retained by the QMS.

1. Internal audit records
2. Management review records
3. Client feedback records

12.1.4 Each FC will maintain a personnel record which includes court testimony monitoring records for all staff and proficiency records for Scenes of Crime staff. Copies of local training records may be kept at a local level, however all original training records are to be
forwarded to the Quality Management Section. Training records for all Scenes of Crime 
officers, regional Scientific and Fingerprint officers will be maintained by the QMS.

12.1.5 Proficiency records for Regional Scientific Officers will be maintained by the QMS and 
Regional Fingerprint Officers will be maintained by the Fingerprint Bureau.

12.1.6 For all forensic officers stationed at Police Headquarters, their training and proficiency 
records will be maintained by the relevant QAO.

12.2 Case Records

12.2.1 All data and observations and any other analytical or administrative records, which support 
conclusions, are to be maintained as part of the case record in either electronic or hardcopy 
form. Observations shall be objective, verifiable, comprehensive and complete. They shall 
not draw on any assumptions, prejudices or preconceptions. Case records are to include 
the following:

1. Administrative documents related to the case submission;
2. Observations recorded at the time of the examination/analysis;
3. Details of all examinations/analysis conducted and instrument operating parameters 
   where applicable;
4. Justification for the deviation from any specific procedure;
5. A chain of custody record for exhibits or cross reference to property register (QPRIME 
   No);
6. Reasons for rejecting any test result or observation;
7. Where appropriate, observations or test results must be preserved by photography 
   (e.g. physical matches). Photocopies may also be suitable (e.g. questioned 
   documents);
8. Original instrument printouts, photographs, negatives, video printouts or other direct 
   copies of original material. Results from batched analysis may be kept in a central 
   location as specified in the relevant procedures;
9. Notation of all relevant discussions, emails and telephone calls; and
10. A copy of the report/statement issued in relation to the examination analysis.

12.2.2 Calculations and data transfers are to be checked by a second practitioner or, in the case of 
sole practitioners, at a time other than the time of transfer.

12.2.3 The number of significant figures reported shall reflect the precision of the instrumentation 
used.

12.2.4 Procedures for the preparation of case files are detailed in:

   SOC 100 – Case File Procedure
   SCI 116 – Case File Management
   FPB 100 – Case File Procedure
   PHO 100 – Case File Procedure
   ERS 304 - Case File Management

12.3 Computers

12.3.1 Computer databases in operation within the FSG include the NAFIS system (National 
Automated Fingerprint Identification System) and the Forensic Register. These systems 
have in-built redundancy and resilience to protect from loss of data.

13 MECHANISMS FOR ASSURING THE QUALITY OF RESULTS

13.1 Internal quality assessments

13.1.1 FSG actively seeks opportunities to improve the quality of its forensic services. This 
includes conducting ongoing assessments of the work performed at each facility. The 
Quality Manager is responsible for managing assessments and for overviewsing the 
improvement process. This includes setting a schedule of assessments and selecting 
assessors. Assessors are not permitted to examine their own work. Each aspect of the 
quality system is assessed ever year. Identified quality issues may be actioned through 
the improvement process.
13.2 Improvement process

13.2.1 Forensic officers and clients are encouraged to notify senior forensic management of any identified quality issues. Such issues may include:

1. Suggestions to improve documented procedures
2. Suggestions to improve equipment or facilities
3. Suggestions to improve workplace practices and service delivery
4. Feedback and complaints from clients
5. Failure of equipment to meet calibration or checking requirements

13.2.2 The process to formally initiate an improvement process is outlined in PFS 101 – Corrective and Improvement Processes.

13.2.3 The results of the improvement process are submitted for management review.

13.3 DNA Elimination database

13.3.1 A DNA elimination database consisting of the profiles of forensic officers is maintained. The sole purpose of the database is to detect and filter out inadvertent contamination by forensic officers. The procedures for the administration of the database are included in PFS 129 - DNA Elimination Database.

13.3.2 Only officers who have agreed to participate in the elimination database by providing a sample of their DNA are permitted to undertake DNA related examinations.

13.4 Management Review

13.4.1 The quality management system and testing activities shall be reviewed annually by FSG management to ensure their continuing suitability and effectiveness, and to introduce any necessary changes or improvements. Participants include the Laboratory Director, Quality Manager, Forensic Coordinators and Quality Assurance Officers.

13.4.2 In addition, the Quality Manager and FC/QAOs are responsible for continually reviewing the management system to ensure its continuing suitability.

13.5 Technical Reviews

13.5.1 The technical review process examines the process by which conclusions or opinions are reported in individual case records. Working notes and technical information including sampling, examination and testing information are checked against the relevant operational procedures and acceptable forensic practice. A technical review does not involve the examination of the actual exhibits or items of interest. The technical reviewer checks that the correct procedures are followed and that the conclusions reached are supported by the observations/results documented in the case file. A technical review does not shift the primary responsibility for the findings from the examiner to the reviewer, however the reviewer shares responsibility for any scientific findings they endorse.

13.5.2 Technical reviews may only be performed by staff who are qualified in the relevant discipline. The frequency of technical review is outlined in various case file and technical procedures.

13.5.3 For scenes of crime officers, a technical review must be performed on all examinations pertaining to major crime. See SOC 100 - Case File Procedure for further information.

13.5.4 A technical review of the case file must be performed prior to the release of a statement or report. This is in addition to any peer review requirements (see section 13.7).

13.5.5 The completion of a technical review is recorded on the Forensic Register by adding a Technical Review case management entry. For hard copy case files, the date of the review and an identification of the officer who performed the review must also be recorded in the case file. If the officer performing the review is satisfied with the content of the case file, there is no need for additional comment to be entered in the case management entry or case file.

13.5.6 Where a review reveals an issue with the contents of the case file, the reviewing officer must first discuss the matter with the case officer to ensure the matter is fully clarified. Where additional case specific information resolves the issue, the case officer is to add this information to the case file in the form of addendum information. When the issue has been
resolved, the reviewing officer adds a Technical Review case management entry, including a brief précis of the discussion and the agreed outcome within the ‘Comments’ field.

13.6 Verification of Identifications

13.6.1 All non-biometric comparative examinations that result in a positive identification (e.g. shoeprint or firearm match) must be verified by a second authorised examiner. Verification involves the examination of the actual exhibits or test data (e.g. test impression) relied on by the case officer. The verifying officer and case officer share responsibility for the scientific findings. The member performing the verification must independently examine the physical evidence and complete an examination summary on the Forensic Register which includes their findings.

13.6.2 Where the verifying officer agrees there is support for a particular hypothesis, but disagrees as to the level of that support, the case officer and verifying officer are to discuss their findings and the significance of the features observed. The purpose of the discussion is to achieve consensus. If consensus is unable to be achieved, the more conservative result is generally reported. If the case officer alters their findings as a result of the discussion, the reason for the change must be justified and documented in the case file.

13.6.3 Where there is a difference of opinion such that the verifying officer and case officer support opposing hypotheses, the relevant inspector is to initiate an investigation into the matter and determine the findings to be reported. It may be prudent to conduct another independent examination of the evidence in these circumstances. This process must be documented in the case file. Corrective action is to be implemented where it is established that an incorrect opinion has been expressed within the case file.

13.7 Peer Review of Statements

13.7.1 The peer review will check that the notes and other documentation in the case file support the conclusions and observations made in the statement, that the statement is free from grammatical and spelling mistakes and that the person making the statement is qualified / authorised to present any opinions formed. Peer reviews may only be performed by staff who are qualified in the relevant discipline. The peer reviewer must check that the times, dates, places and numbers in the statement correlate with information contained in the case file, and that a technical review of the case file has been completed.

13.7.2 A peer review is to be recorded on the Forensic Register using a Case Management Entry. See section 3.2 of PFS 112 – Case Management for details on recording the peer review process. The peer reviewer must sight and approve the release of the final version of the statement.

13.8 Administrative Reviews

13.8.1 All case records are to be administratively reviewed to ensure compliance with the relevant case file procedure. Any member of the QPS who is authorised to perform forensic procedures is authorised to conduct administrative reviews of case records. Administration officers may also perform reviews after appropriate instruction and demonstration of competence.

13.8.2 The reviewer must record the review on a Case Management screen of the relevant Forensic Register entry (refer to PFS 112 - Forensic Register User Manual). Where hard copy case files are in existence, the member carrying out the review is to initial and date the appropriate box on the case file cover.

13.8.3 In the event of a discrepancy being found, the reviewer is to bring this to the attention of the case officer. The case officer should then correct the discrepancy, and future case records are to be checked to ensure that the discrepancy does not reoccur. If a particular discrepancy continually reoccurs, the reviewer is to bring this to the attention of the officer in charge of that particular area, and the improvement process should be followed.

13.8.4 Administrative reviews are not required for examination summaries of assisting officers, or supervisors who have entered their registered number into the supervisor field of the primary examination. At simple scenes, all of the details of what the assisting officer did at the scene should be included in the primary officer’s notes.
13.8.5 At more complex scenes where officers worked independently, each officer will need to complete an exam summary which will need to be admin reviewed.

**SOC 10 – Admin Review Guide**
**SOC 100 – Case File Procedure**
**SCI 116 – Case File Management**
**FPB 100 – Case File Procedure**

### REVISION HISTORY

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Version</th>
<th>Rationale</th>
<th>Author</th>
<th>Authorised By</th>
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<tr>
<td>23/12/10</td>
<td>34</td>
<td>Client feedback, preventive action and complaints procedure updated</td>
<td>A/S/Sgt Von Papen</td>
<td>Insp Neville</td>
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<tr>
<td>24/03/2011</td>
<td>35</td>
<td>Correction of link to Commissioners Circular. Incorporation of Monitoring of Practitioner Competency components.</td>
<td>Insp Neville</td>
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<td>25/05/2011</td>
<td>36</td>
<td>Authorisation to carry out examinations will be withdrawn if officer has not undertaken examination for more than two years. Authorisation can be returned. Change Blood splash examination to Bloodstain Pattern Analysis.</td>
<td>Insp Neville</td>
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<tr>
<td>27/06/2011</td>
<td>37</td>
<td>Appendix 2. Laboratory sites divided into collection sites and testing sites; Appendix 6 NATA Technical Note No 6 removed.</td>
<td>A/S/Sgt Campbell</td>
<td>Insp Neville</td>
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<tr>
<td>22/07/2011</td>
<td>38</td>
<td>Modification to Appendix 4 – Proficiency Test Interval Guide</td>
<td>Insp Neville</td>
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<tr>
<td>28/09/2011</td>
<td>39</td>
<td>No official authorisation is required for Miscellaneous Technical Procedures</td>
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<td>8/11/2011</td>
<td>40</td>
<td>Modification to callipers calibration procedure (Appendix 6) Change to Improvement Process</td>
<td>S/Sgt Smallwood</td>
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<td>30/03/2012</td>
<td>41</td>
<td>Addition of Calamvale. Record control addition. Update of Appendix 6 to align with FAD. Removal of Field Fire Scene Assessment requirement. Addition of Marijuanilla. Some minor editing.</td>
<td>AO3 Lawrence</td>
<td>Insp Neville</td>
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<td>1/10/2012</td>
<td>43</td>
<td>Caboolture and Bundaberg revert to Collection Sites. Admin review updated to include assisting officers.</td>
<td>A/Insp Crick</td>
<td>A/Insp Crick</td>
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<td>9/05/2013</td>
<td>44</td>
<td>Clarification of admin reviews for supervisors and assisting officers (13.7.4). Classes of test expanded to include microscopic examination of hair. Peer Review updated.</td>
<td>S/Sgt Crick</td>
<td>A/Insp Smallwood</td>
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<td>31/06/2013</td>
<td>45</td>
<td>Revised due to restructure. Hyperlinks updated. Added requirement to record findings of tech reviews (13.5.5).</td>
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<td>A/Insp Smallwood</td>
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<td>Revision</td>
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<td>1/05/2014</td>
<td>46</td>
<td>Update to FSG units and org chart. Added requirements for new facilities and tech reviews.</td>
<td>AO3 Tankey S/Sgt Crick</td>
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<td>29/08/2014</td>
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<td>Addition of Thursday Island facility. Changes to tech review requirements. Clarification of proficiency testing, verification, and statement review requirements. New formatting requirements for statements (11.2). Appendix 3 expanded to include proficiency tests and classes. Appendix 4 (from previous version) deleted.</td>
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<td>Amendments to sections on security (9.1), exhibit storage (10.2), technical reviews (13.5) and verifications (13.6).</td>
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<td>Include information re ongoing competency of staff (6.1.5).</td>
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<td>Updated sections on equipment and exhibits (8, 10). Added section on reporting of opinions (11.3). Updated case records (12.2) and tech reviews (13.5.1). Appendix 5 incorporated in Section 8.4</td>
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<td>19/08/2015</td>
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<td>Reviewed and updated. Removed reference to ‘class 1 laboratories’.</td>
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Assistant Commissioner
Operations Support Command

Superintendent
(Laboratory Director)
Forensic Services Group

Sergeant
Staff Officer

AO2
Admin Assistant

Inspector
Fingerprint Bureau
- Latent Fingerprint Unit
- Tenprint Searching Unit
- Training & Research Unit
- Quality Assurance Unit
- DNA/Fingerprint Unit
- Regional Fingerprint Experts

Inspector
Scientific Section
- Ballistics Unit
- Physical Evidence Unit
- Analytical Services Unit
- Document Examination Unit
- Regional Scientific Experts

Inspector
Photographic Section
- Specialist Imaging Unit
- Visual Identification Unit
- Photographic Lab
- Electronic Recording Lab
- Training Unit

4 x Regional Forensic Coordinators (Insp)

Inspector
State Scenes of Crime Coordinator
- DVI Coordinator
- Far Northern FC
- Northern FC
- Southern FC

Senior Sergeant
Forensic Support

Inspector
Coronial Support Unit
- State Coroner’s Liaison Officer

Inspector
(Quality Manager)
Quality Management Section
- Monitoring Unit
- Standards Unit
- Training Unit
- Research Unit

Inspector
DNA Management Unit
- DNA Quality Management Unit
- Sample Management
- Results Management

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# Appendix 2 - Regional Multiple Site Locations

## Superintendent Laboratory Director

### Inspector FC

#### South Brisbane Area
- Upper Mt Gravatt
- Yamanto
- Calamvale
- Cleveland

#### North Brisbane Area
- New Farm
- North Lakes
- Caboolture
- Redcliff
- Hendra
- Indooroopilly

#### State SOC Coordinator

#### Northern Area
- Ayr
- Mt Isa
- Townsville

#### Southern Area
- Toowoomba
- Warwick
- Kingaroy
- Charleville
- Dalby
- Roma
- Longreach
- Dalby
- Roma
- Longreach

#### Far North Area
- Innisfail
- Mareeba
- Cairns
- Thursday Island

Legend:
- Testing Site
- Collection Site
### APPENDIX 3 – AUTHORISATIONS & PROFICIENCY TESTS

#### 17.1

All forensic officers who conduct and report on forensic investigation must be authorised by the Superintendent, Forensic Services Group. Officers undergoing training may conduct supervised examinations using procedures related to the below mentioned authorisations, however they may not report the results. See Section 6.

<table>
<thead>
<tr>
<th>Authorisation</th>
<th>Forensic Area</th>
<th>Related Procedures</th>
<th>Proficiency Test</th>
<th>Freq. (Years)</th>
<th>Class/subclass</th>
<th>Required to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explosive Screening</td>
<td>ASU</td>
<td>ASU</td>
<td>ASU CTS 536 - Flammable Fluid Analysis</td>
<td>18.03.01</td>
<td>18.03.01</td>
<td>Examine and report on Explosive residue.</td>
</tr>
<tr>
<td>Flammable Fluid Examination</td>
<td>ASU</td>
<td>ASU</td>
<td>ASU CTS 536 - Flammable Fluid Analysis</td>
<td>18.03.01</td>
<td>18.03.01</td>
<td>Examine and report on fire debris and flammable fluids.</td>
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<td>Glass Examination</td>
<td>ASU</td>
<td>ASU</td>
<td>ASU CTS 548 - Glass Analysis</td>
<td>18.03.03</td>
<td>18.03.03</td>
<td>Examine, compare and report on glass.</td>
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<tr>
<td>Gun Shot Residue Analysis</td>
<td>ASU</td>
<td>ASU</td>
<td>FTS 14 - Gunshot Residue Analysis</td>
<td>18.03.01</td>
<td>18.03.01</td>
<td>Report on Gun Shot Residue Analysis.</td>
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<tr>
<td>Lachrymatory Agent Analysis</td>
<td>ASU</td>
<td>ASU</td>
<td>Collaborative Trial – Self-defence spray</td>
<td>18.03.04</td>
<td>18.03.04</td>
<td>Examine and report on capsicum spray analysis.</td>
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<tr>
<td>Polymer Examinations</td>
<td>ASU</td>
<td>ASU</td>
<td>ASU CTS 545 - Paint Analysis</td>
<td>18.03.02</td>
<td>18.03.02</td>
<td>Examine, compare and report on the analysis of polymers (including paint, plastics and textiles).</td>
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<tr>
<td>Firearm Examination</td>
<td>BU</td>
<td>FTE</td>
<td>CTS 526 - Firearms Examination</td>
<td>18.05.01</td>
<td>18.05.01</td>
<td>Examine and report on weapons.</td>
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<tr>
<td>Firearm Identification</td>
<td>BU</td>
<td>FTE</td>
<td>CTS 5250 – Serial Number Restoration</td>
<td>18.05.01</td>
<td>18.05.01</td>
<td>Examine, identify and report on weapons.</td>
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<td>Range Determination</td>
<td>BU</td>
<td>FTE</td>
<td></td>
<td>18.05.03</td>
<td></td>
<td>Determine and report on firearm range determination.</td>
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<td>Toolmark Examination</td>
<td>BU</td>
<td>FTE</td>
<td>CTS 519 - Toolmarks Examination</td>
<td>18.05.02</td>
<td>18.05.02</td>
<td>Examine, compare and report on toolmarks.</td>
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<tr>
<td>Crime Scene Examination</td>
<td>CSE</td>
<td>CSE</td>
<td>NIFS - After the Fact PFS 51 - Field Scene Ass.</td>
<td>18.08.01</td>
<td>18.08.01</td>
<td>Conduct examinations of scenes of crime.</td>
</tr>
<tr>
<td>Crime Scene Management</td>
<td>CSE</td>
<td>CSM</td>
<td>NIFS - After the Fact PFS 51 - Field Scene Ass.</td>
<td>18.08.01</td>
<td>18.08.01</td>
<td>Management of major crime scenes.</td>
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<td>Latent Fingerprint Development</td>
<td>CSE</td>
<td>LFD</td>
<td>PFS 51 - Field Scene Ass.</td>
<td>18.08.01</td>
<td>18.08.01</td>
<td>Examine, recover and report on latent fingerprints at crime scenes and on exhibits.</td>
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<td>Authorisation</td>
<td>Forensic Area</td>
<td>Related Procedures</td>
<td>Proficiency Test</td>
<td>Freq. (Years)</td>
<td>Class/subclass</td>
<td>Required to</td>
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<td>Photographic and Video Recording</td>
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<td>PVR</td>
<td></td>
<td>18.08.01</td>
<td></td>
<td>Photo and video crime scenes and evidence.</td>
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<td>Presumptive Screening Tests</td>
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<td>PST</td>
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<td></td>
<td>Carry out Presumptive Screening Tests.</td>
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<td>Instrumental Document Examination</td>
<td>DEU</td>
<td>DEU</td>
<td></td>
<td>18.06.02</td>
<td></td>
<td>Examine, compare and report on document examination using instrumental techniques.</td>
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<td>Machine Printed Document Examinations</td>
<td>DEU</td>
<td>DEU</td>
<td>CTS 521 - Questioned Documents Examination</td>
<td>1</td>
<td>18.06.02</td>
<td>Examine and report on documents created by typewriters or other electronic or mechanical means.</td>
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<td>Signature and Handwriting Examination</td>
<td>DEU</td>
<td>DEU</td>
<td>CTS 524 - Handwriting Examination</td>
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<td>18.06.01</td>
<td>Examine, compare and report on signatures and handwriting.</td>
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<td>Audio Analysis</td>
<td>ERS</td>
<td>ERS</td>
<td>SP2014 – Signal Processing &amp; Spectral Solfege</td>
<td>1</td>
<td>18.09.01</td>
<td>Analyse digital and analogue audio recordings.</td>
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<tr>
<td>Audio Enhancement</td>
<td>ERS</td>
<td>ERS</td>
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<td>18.09.01</td>
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<td>Enhance digital and analogue audio recordings.</td>
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<td>Video Enhancement</td>
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<td>18.09.02</td>
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<td>ERS</td>
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<td>18.09.02</td>
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<td>Enhancement digital and analogue video recordings.</td>
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<td>FPB</td>
<td>CTS 515 - Latent Prints Examination</td>
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<td>Examine and report on latent fingerprint identification.</td>
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<td>FPB</td>
<td>ALFD</td>
<td>PFS 51 - Field Scene Ass.</td>
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<td>18.08.02</td>
<td>Carry out advanced instrumental and chemical techniques to examine, recover and report on latent fingerprints at crime scenes and on exhibits.</td>
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<td>Crime Scene Examination – Provisional (FYSOC)</td>
<td>FYSOC</td>
<td>CSE SOC</td>
<td>See SOC 101 for additional supervision requirements.</td>
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<td>18.08.01</td>
<td>First year scenes of crime officers to conduct and report on examinations of scenes of crime.</td>
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<td>Authorisation</td>
<td>Forensic Area</td>
<td>Related Procedures</td>
<td>Proficiency Test</td>
<td>Freq. (Years)</td>
<td>Class/subclass</td>
<td>Required to</td>
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<td>Photographic and Video Recording – Provisional (FYSOC)</td>
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<td>Forensic Services Training Officer</td>
<td>FYSOC</td>
<td>SOC</td>
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<td>Supervise FYSOC officers.</td>
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<td>Interactive Forensic Imaging System</td>
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<td>Record crime scenes using the interactive forensic imaging system.</td>
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<tr>
<td>Visual Image Comparison</td>
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<td>VIC</td>
<td>Internal - Image Comparison</td>
<td>1</td>
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<td>Provide opinions on image comparison and height determinations within photographs.</td>
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<td>Bloodstain Pattern Analysis</td>
<td>SCI</td>
<td>BPA</td>
<td>CTS 561 - Bloodstain Pattern Analysis</td>
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<td>18.04.02</td>
<td>Document, classify, interpret and report simple bloodstain patterns.</td>
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<tr>
<td>Bloodstain Pattern Analysis - Advanced</td>
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<td>BPA</td>
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<td></td>
<td></td>
<td>Complex bloodstain patterns and to supervise and review work carried out by BPA authorised officers.</td>
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<td>Cannabis Examination</td>
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<td>CAN</td>
<td>NIFS – Cannabis Identification</td>
<td>1</td>
<td>18.01.03</td>
<td>Analyse and report on Cannabis. Also require appointment under the DMA 1986.</td>
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<tr>
<td>Cannabis Examination - Provisional</td>
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<td>CAN</td>
<td>See CAN 100 for additional supervision requirements when less than 30 certificates have been issued.</td>
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<td>ESE</td>
<td>Bomb Scene Examination</td>
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<td>Examine and report on post blast scenes.</td>
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<tr>
<td>Fire Scene Examination</td>
<td>SCI</td>
<td>FSE</td>
<td>Fire Refresher Training or PFS 51 - Field Scene Ass.</td>
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<td>18.08.01</td>
<td>Conduct and report on examinations of suspicious fires.</td>
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<td>Hair Examination</td>
<td>SCI</td>
<td>MIS</td>
<td>Basic Hair Screening</td>
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<td>Examine and report on hairs.</td>
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<td>Marks Comparisons</td>
<td>SCI</td>
<td>MC</td>
<td>CTS 534 - Imprint/Impression Evidence</td>
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<td>18.08.03</td>
<td>Compare and report on impression evidence.</td>
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<td>Authorisation</td>
<td>Forensic Area</td>
<td>Related Procedures</td>
<td>Proficiency Test</td>
<td>Freq. (Years)</td>
<td>Class/subclass</td>
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<td>Vehicle Identification</td>
<td>SCI</td>
<td>VI</td>
<td>CTS 5250 Serial Number Restoration</td>
<td>2</td>
<td>18.08.01</td>
<td>Examine and report on suspect vehicles.</td>
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</table>
### APPENDIX 4 - SCOPE OF ACCREDITATION FOR EACH SITE

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<th>Testing Sites are shown in bold. All other sites are Collection Sites.</th>
<th>Controlled Substances Identification (18.01.03)</th>
<th>Forensic Chemistry (18.03)</th>
<th>Forensic Biology (18.04.02 BPA &amp; Firearms (18.05)</th>
<th>Document Examination (18.06)</th>
<th>Fingerprints (18.07)</th>
<th>Crime Scene Investigation (18.08)</th>
<th>Signal Processing (18.09)</th>
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<tbody>
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<td>Testing Sites are shown in bold. All other sites are Collection Sites.</td>
<td>Controlled Substances (18.01.03 Botanical Identification)</td>
<td>Forensic Chemistry (18.03)</td>
<td>Forensic Biology (18.04.02 BPA &amp; Firearms (18.05)</td>
<td>Document Examinations (18.06)</td>
<td>Fingerprints (18.07)</td>
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### APPENDIX 5 - LOCATION CODES

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