

## **Incident / Corrective Action Plan Form** **Internal Audit: BCCL-23-1370**

**Incident/Corrective Action Number:** 2024-10

**Date of Discovery:** June 17, 2024

**Incident Date(s):** September 25, 2023 - March 6, 2024

**Section:** Seized Drugs

**Reported By:** Quality Assurance Manager

**Classification:** Corrective Action

**Incident Type:** Procedural

**Description of Non-Conformity:** A number of nonconformances were found during the 2024 Internal Audit, with a few findings originating from BCCL-23-1370.

- 1) Exhibit 1 included individual centrifuge vials that were not labeled. However, the evidence bag containing all of the centrifuge vials for Exhibit 1 was properly sealed.
- 2) The description of Exhibit 002\_002 did not match both on paper and in LIMS - "all" was missing in LIMS.
- 3) There were multiple data sheets throughout the case file of both Phenethyl 4-ANPP and one of Fentanyl that included the printout but the peak was not labeled on the TIC.
- 4) Exhibit 4 was not being sealed properly. The evidence bag was only closed with clear tape after the contents being analyzed.

### CS-05-07 Systematic Examination of Seized Drugs

*7.3 All original exhibits shall be re-packaged in the original container, if possible. The evidence shall be re-sealed in a manner that would detect tampering. If samples are taken from an exhibit for preservation, such as in bulk cases, the samples shall be treated as original exhibits and sealed in a manner that would detect tampering.*

### LOG-20-05 Case Documentation and Records

*3.4.1 Case documents and records shall contain sufficient detail and organization to allow a reviewer to evaluate, interpret and form reasonable scientific opinions.*

### LOG-25-07 Evidence Control

*4.3.1.1 A proper seal may be achieved by:*

## Incident / Corrective Action Plan Form Internal Audit: BCCL-23-1370

*4.3.1.1.1 Placing a piece of evidence tape in such a manner as to completely seal the evidence. The tape shall be initialed by the person making the seal and the date should also be noted.*

### *4.10 Subdivided Evidence*

*4.10.1 When evidentiary material is collected from an evidence exhibit or an exhibit is subdivided, the sub-evidence exhibit shall be packaged in such a manner to minimize or prevent loss, deterioration and contamination; and shall be marked appropriately for identification.*

**Root Cause Analysis:** When speaking to the analyst, it did not appear that they knew why they did not identify the above-mentioned findings other than they were missed. All of the other analyst's cases audited had properly labeled TICs and were properly sealed with evidence tape, their initials and the date.

**Level of Non-Conformity:** I

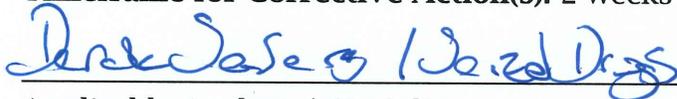
**Level of Non-Conformity Determination and its Impact on Casework:** There was no impact on casework since the evidence envelope was properly sealed and there was no evidence of tampering. The case file was complete either on paper or in LIMS. With the laboratory's transition to paperless, we should no longer see issues of this kind. Corrections that needed to be made to the paper case file were made by the analyst during the case documentation review portion of the 2024 Internal Audit.

**Preventive Action(s):** N/A

**Proposed Corrective Action(s):**

1. Have the analyst seal evidence exhibit 4.

**Timeframe for Corrective Action(s):** 2 weeks



Applicable Analyst / Discipline



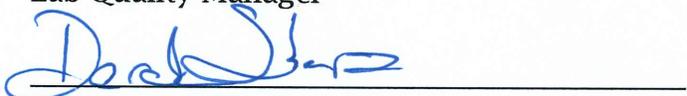
Date



Lab Quality Manager



Date



Laboratory Director



Date