Rhode Island State Crime Laboratory

2026 - 17025 - Y1 - Surveillance Assessment With Witnessing

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Data collected on 2026-03-02

ANSI National Accreditation Board

United States

Description

This assessment report summarizes the outcome of the recent accreditation activity. A separate document, the assessment plan, provides information on the type of activity (*e.g.,* reassessment, surveillance activity, scope extension), the date(s) of the activity, the assessment team members, the requirement documents and refers to the scope of the discipline(s) assessed for each location. The assessment plan, together with this report, provide a complete picture of the accreditation activity.

The ANSI National Accreditation Board (ANAB) evaluated the competence of the laboratory and conformance with all applicable accreditation requirements for the scope of accreditation referenced in the assessment plan. Objective evidence of implementation was assessed. The results of an assessment activity are based on a sample of records, locations, and personnel that were available at the time of the activity. Witnessing is an additional technique used in most activities.

REQUIREMENTS:

ISO/IEC 17025:2017 General requirements for the competence of testing and calibration laboratories & ANAB Accreditation Requirements for Forensic Testing and Calibration (AR 3125) evaluated over the accreditation cycle are summarized in the following broad categories:

General requirements related to the laboratory's commitment to impartiality and confidentiality in its activities.

Structural requirements related to the range of activities, management structure, the authority, roles and responsibilities of personnel. Documented procedures which ensure a consistent application of activities and the validity of results.

Resource requirements related to the impartiality of personnel. Requirements for a training program, competency testing, authorizations, and ongoing monitoring to ensure the competence of personnel. Facility and security suitability for activities. Records and procedures for equipment to ensure proper functioning and where applicable, establishment of metrological traceability. Requirements for externally provided products and services.

Process requirements related to the handling of test and calibration items in a manner to maintain the integrity of the item. Requirements for chain-of-custody of items to be tested and appropriate methods and procedures. Ensuring the required performance of the methods along with monitoring the validity of the results. Requirements to ensure results are supported by sufficient technical records and are reported accurately, clearly, unambiguously, and objectively. Procedures for nonconforming work and a documented process for handling complaints. Requirements related to the laboratory information management system protection and integrity of data and information.

Management system requirements related to policies and objectives appropriate for the scope of activities. Requirements to control internal and external documents and records. Requirements to address risks and opportunities and timely, well-documented corrective actions. Requirements for an internal audit program and management reviews.

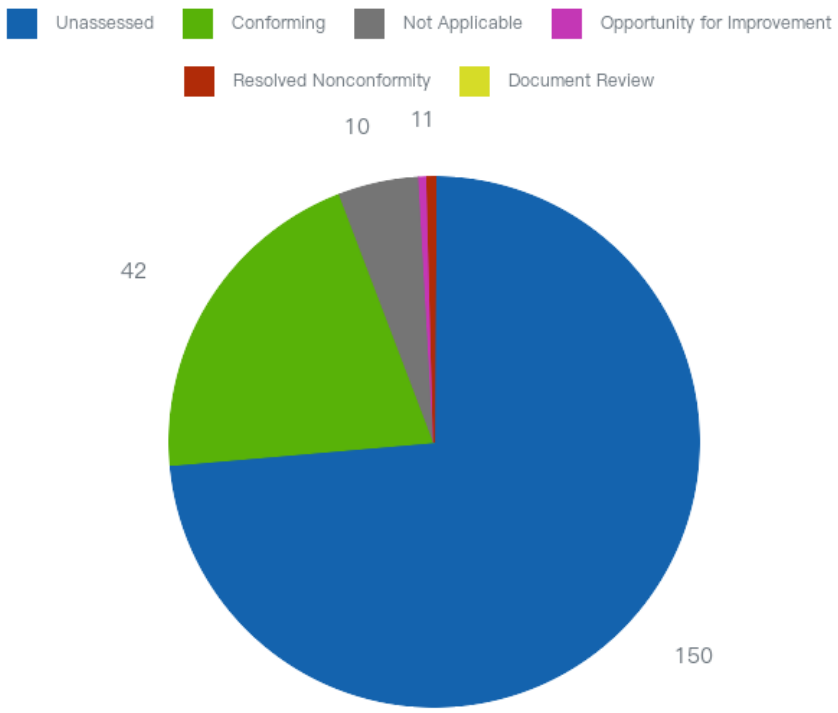
The accreditation activity also evaluates the laboratory’s conformance with their own management system requirements.

ASSESSMENT RESULT:

Based on the assessment techniques and a sample of the objective evidence reviewed during the assessment activity, the assessment team found that the laboratory demonstrated competence to operate a management system that fulfills all applicable accreditation requirements, including those specified within their management system.

Any opportunities for improvement or nonconformities identified during this assessment activity are noted below. All nonconformities will be resolved prior to an accreditation decision by ANAB and a summary provided in a subsequent assessment activity report.

Summary of Objective Evidence



Audit Objective Evidence

6.2 Personnel

6.2.2 ISO/IEC 17025:2017

Opportunity for Improvement : 0

Requirement

Does the laboratory document the competence requirements for each function influencing the results of laboratory activities, including requirements for education, qualification, training, technical knowledge, skills and experience?

ANAB NOTE: See GD 3152 for guidance on the phrase “influence the result of laboratory activities”.

Objective Evidence

The laboratory would benefit from developing a more comprehensive Firearms Training Manual that clearly defines competency requirements, particularly when authorizing personnel for specific tasks. Establishing well-defined expectations would help ensure that all elements of competency are properly documented, objectively evaluated, and consistently applied across the discipline.

7.7 Ensuring the validity of results

7.7.1 ISO/IEC 17025:2017

Resolved Nonconformity

Requirement

Does the laboratory have a procedure for monitoring the validity of results? Is the resulting data recorded in such a way that trends are detectable and, where practicable, statistical techniques are applied to review the results? Is the monitoring planned and reviewed and include, where appropriate, but not be limited to:
a) use of reference materials or quality control materials?
b) use of alternative instrumentation that has been calibrated to provide traceable results?
c) functional check(s) of measuring and testing equipment?
d) use of check or working standards with control charts, where applicable?
e) intermediate checks on measuring equipment?
f) replicate tests or calibrations using the same or different methods?
g) retesting or recalibration of retained items?
h) correlation of results for different characteristics of an item?
i) review of reported results?
j) intralaboratory comparisons?
k) testing of blind sample(s)?

Nonconformity Resolution

The laboratory does not currently have a documented procedure addressing the technical review in cases submitted for NIBIN entry only, specifically when conducting triage, class characteristic analysis, and suitability determinations.

Corrective Action Closure Note: An evaluation of the nonconformity was conducted to determine its extent and cause, which was identified as the laboratory's failure to recognize that analysis was being performed during the triaging of NIBIN cases. Effective March 9, 2026, NIBIN reports were returned to a Technical Report format and the requirement for technical review was reinstated; a memorandum issued to staff outlining this change was reviewed. NIBIN reports were reviewed and confirmed to have undergone technical review. Authorization memoranda effective March 9, 2026, were also reviewed, confirming personnel were authorized to perform technical reviews of NIBIN reports. A random selection of previously reported NIBIN cases was technically reviewed, and all results were deemed acceptable with no issues identified. This nonconformity has been resolved.